

INCEPTION REPORT

# EVALUATION OF UN WOMEN'S WORK ON THE CARE ECONOMY IN EAST AND SOUTHERN AFRICA



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## SOUTHERN AFRICA



**INDEPENDENT EVALUATION SERVICE**

**UN WOMEN**

New York, October 2024



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# Acronyms

3R	Recognize, Reduce and Redistribute
5R	Recognize, Reduce, Redistribute, Reward and Represent
CSOs	Civil Society Organizations
DAMS	Donor Agreement Management System
DRR	Disaster Risk Reduction
EMG	Evaluation Management Group
ERG	Evaluation Reference Group
EVAWG	Ending Violence Against Women and Girls
GATE	Global Accountability and Tracking of Evaluation System
GDP	Gross Domestic Product
GEA	Gender Equality Accelerators
HA	Humanitarian Action
HQ	Headquarters
IEAS	Independent Evaluation and Audit Service
IFIs	International Financial Institutions
ILO	International Labour Organization
LFS	Labour Force Survey
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PGAMS	Partner and Grant Agreement Management System
RMS	Results Management System
TOC	Theory of Change
TUS	Time Use Survey
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WEE	Women's Economic Empowerment
WPS	Women, Peace and Security

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## I. INTRODUCTION

The inception phase for the evaluation of UN Women's work on the Care Economy in East and Southern Africa has involved:

- Inception meeting with regional and country focal points
- Survey of country focal points
- Document review, including portfolio analysis and literature review
- Interviews with country focal points and regional office focal points.
- Feedback from the Evaluation Reference Group that included UN Women focal points, government, civil society, research institutions and UN entities.

This inception report is intended to provide the framework and plan for the primary data collection component of the evaluation, including the timeline and workplan for conducting the evaluation.

The rest of the report is set out as follows:

**Section 2** introduces the evaluation objectives and scope;

**Section 3** provides the context of the care economy work in the East and Southern Africa region;

**Section 4** sets out the evaluation questions, which is followed by the evaluation approach and overall methodology. This includes detail on the approach used for the secondary data review (portfolio analysis, literature review and evaluation synthesis), and the plan for the primary data collection;

**Section 5** sets out the summary portfolio analysis;

**Section 6** discusses the corporate theory of change, based on the work done as part of the inception phase and

**Section 7** sets out how the literature review and evaluation synthesis that will guide the evaluation.

The **Annexes** include the stakeholders and documents consulted, the full literature review, evaluation synthesis and detailed portfolio analysis, the stakeholder mapping

and sample for the primary data collection, the evaluation matrix, data collection tools, the data management plan, the composition of the evaluation reference group, and the evaluation Terms of Reference.

## II. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

The UN Women Evaluation Policy and the UN Women Evaluation Strategic Plan 2022-25 are the main guiding documents that set forth the principles and organizational framework for evaluation planning, conduct and follow-up in UN Women. These principles are aligned with the United Nations Evaluation Group Norms and Standards for Evaluation in the UN System and Ethical Guidelines. Additionally, the toolkit for paid and unpaid care work and the UN System Wide Policy paper on transforming care systems<sup>1</sup> will be a guiding document, setting out the current definition and language used by UN Women.

The purpose of this developmental evaluation is to support sharing of real-time insights to feed into decision-making about the way forward for work in the care economy. The evaluation is also intended to highlight UN Women work on the care agenda in the region and inform future programming. The evaluation will not be a summative evaluation, i.e. the evaluation will not come to an assessment of the region's work on the care economy, given the current status of this work.

The topic of care economy lends itself to a developmental evaluation approach, given this area of work has not always been labelled 'care economy programming' at UN Women. Corporately, the programmatic and measurement approaches and theory of change have recently been developed. A development evaluation approach can generate findings to help inform future programming, measurement efforts and theory of change, and to increase the evaluability of this portfolio of work.

The key objectives to be addressed by the developmental evaluation include the following:

1. Build an understanding on common approaches of UN Women efforts related to care economy work across the region by mapping existing activities.
2. Review the corporate Theory of Change.

<sup>1</sup> United Nations. (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and

3. Test the theories of change (assessing outcomes, enablers and barriers) and review what is working well and what could be improved.
4. Explore different approaches to measuring the outcomes of care economy work in different contexts of UN Women programming.
5. Identify UN Women's comparative advantage in this area of work and propose recommendations for a way forward (in terms of operational, normative and coordination work) and strategic entry points.

#### Use:

**The intended use of this evaluation is to support learning and identify effective and promising strategies, to inform future programming in this area.** The primary users are expected to be the East and Southern Africa regional office and country offices in the region who will use the evaluation findings to inform the direction of future work on the care economy. Secondary users are UN Women HQ personnel working on the Care Economy, other UN agencies, partners, government, civil society representatives and donors delivering similar interventions in-country, to derive learning on effective and promising practices.

#### Scope:

**The evaluation uses the UN Women Toolkit on Paid and Unpaid Care work (2022) and the UN System Wide Policy paper on transforming care systems as its main framework to define and categorize work on the care economy.** UN Women defines care work as a universal right and responsibility and essential for families, societies and economies to function and thrive. It adopts the 5R framework for decent care work, which emphasizes recognizing, reducing, and redistributing unpaid care work, alongside rewarding and representing paid care workers. These categories were used to define the boundaries used for the portfolio analysis.

**The evaluation recognizes that interventions on the care economy go beyond the WEE thematic area and also cuts across other thematic portfolios and areas of work,** including social norms work, political participation and leadership, climate initiative, gender statistics, normative

policy work including on gender responsive budgeting, taxation and labour standards, work life balance and activities at the macro, meso and micro level. The evaluation will explore how work on the care economy contributes to the outcome and impact areas as set out in the UN Women 2022-25 Strategic Plan.

**The evaluation covers the period between Q1 2018 to Q2 2024,<sup>2</sup>** to align with the timeframes of the UN Women Strategic Plan 2018-21 and Strategic Plan 2022-25.

**The evaluation covers all countries in the UN Women East and Southern Africa region,<sup>3</sup>** with in-depth dives conducted in two - three countries, selected during the inception phase based on selection criteria set out in the terms of reference.

### III. CONTEXT

**UN Women defines care work as follows:**

**Care work** consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.<sup>4</sup> It includes **direct caregiving** activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as **indirect or domestic work** such as cooking, cleaning, and collecting water, food and firewood.

**Paid care work:** Direct care for persons performed within a household or institution for pay or profit. Paid care work spans both public and private spheres and is provided in a variety of settings, in both formal and informal economies. Care work is a significant source of work for women globally.

**Unpaid care work:** All unpaid services provided by individuals within a household or community for the benefit of its members, including care of persons. Women and girls have disproportionate responsibility for unpaid care and domestic work; globally they spend three times as much time on this work as do men and boys. Unpaid care work is one of the main barriers preventing women from moving into paid employment and better quality jobs.<sup>5</sup>

**Comprehensive care systems** that address the diverse needs of individuals with disabilities, the elderly, those with illnesses, and children, while employing an intersectional approach, are essential. Such systems are defined as a set of policies designed to create a new social organization of care aimed at supporting and assisting those in need. This

<sup>2</sup> Q1 (January – March), Q2 (April – June)

<sup>3</sup> Burundi, Ethiopia, Kenya, Malawi, Mozambique, RO, Rwanda, SAMCO, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zimbabwe

<sup>4</sup> UN Women (2024): [The Care Agenda: A Regional Perspective for East and Southern Africa](#)

<sup>5</sup> UN Women (2022): [A Toolkit on Paid and Unpaid Care Work](#).



includes recognizing, reducing, and redistributing care work—predominantly carried out by women—from a human rights, gender, intersectional, and intercultural perspective. To be effective, these policies must be implemented through inter-institutional coordination with a focus on a people-centered approach.<sup>4</sup>

**The Care Economy is a priority area in both the 2018-21<sup>6</sup> and 2022-25<sup>7</sup> UN Women Strategic Plans.**

<b>Strategic Plan 2018-21</b>	One of the three key focus areas in the area of women's economic empowerment is policies that promote decent work and social protection for women, including support to address women's disproportionate share of unpaid domestic and care work.
<b>Strategic Plan 2022-25</b>	<p>Under the women's economic empowerment thematic area, a key intervention is supporting key partners in transforming the care economy by strengthening and implementing the 5Rs: recognize, reduce, and redistribute unpaid care and domestic work, and reward and represent care workers. The strategic plan also cites key partnerships with the International Labour Organization (ILO), OHCHR, UNDP, UNFPA, UNICEF, key line ministries, regional bodies, regional economic commissions, and the IFIs on the care economy.</p> <p>Specific areas of work on the care economy are also included against the following outcomes:</p> <ul style="list-style-type: none"> <li>• <b>Positive social norms, including by engaging men and boys:</b> promoting men's shared responsibility in care work.</li> <li>• <b>Production, analysis and use of gender statistics and sex-disaggregated data:</b> supporting the collection of comparable data to fill data gaps on women's unpaid care work.</li> <li>• <b>UN System coordination for gender equality:</b> advocating for</li> </ul>

	gender equality and women's empowerment to be mainstreamed and prioritized in inter-agency mechanisms, products, processes and decisions on issues related to the care economy.
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#### **The Regional Office (RO) Strategic Note (SN) (2022-2025)**

commits to developing tools and guidance on investing in the care economy and social protection systems. The Strategic Note also highlights the importance of addressing key questions regarding gender power relations, including "Who does what?" (labor markets, unpaid household work, and care work).

**The care economy portfolio in the ESA region includes programmes specifically focused on the 5R Framework as well as work in other areas with components covering the care economy.** Not all care economy interventions have always used the term 'care economy' as such. For example, programming such as: i) agricultural programmes supporting energy and time-saving technologies and ii) work on safe cities, such as providing lighting in markets and childcare centers, are expected to contribute positively to the care economy.

**The Care Economy also forms a key component of the UN Women's Economic Empowerment Strategy, published in 2024.<sup>8</sup>** The Strategy identifies three priority areas, or Gender Equality Accelerators (GEAs), where UN Women can make the most significant impact, with *transforming care systems* forming one of these priorities. The GEA on transforming care systems calls for comprehensive policies to recognize, reduce, redistribute, represent and reward paid and unpaid care and domestic work.

**The WEE Strategy's three Gender Equality Accelerators are underpinned by three cross-cutting areas:** (i) gender-responsive macroeconomic policies, (ii) addressing discriminatory social norms, and (iii) increasing financing for gender equality. **The strategy also outlines five key pathways that leverage UN Women's comparative advantage in advancing gender equality:** (i) global norms, (ii) public policy and government collaboration at the country level, (iii) partnerships with women's organizations

<sup>6</sup> [UN Women Strategic Plan 2018–2021 | UN Women – Headquarters](#)

<sup>7</sup> [UN Women Strategic Plan 2022–2025 | Digital library: Publications | UN Women – Headquarters](#)

<sup>8</sup> [Women's economic empowerment strategy | Publications | UN](#)

[Women – Headquarters](#)

and other diverse stakeholders, (iv) generating and applying gender data and statistics, and (v) convening key actors for collective action.

**A gaps analysis on global efforts for women's economic empowerment highlights care deficits as a critical opportunity for UN Women to accelerate progress.** Care deficits are growing across the world regions, with caregivers often unpaid or poorly paid, and the work is unrecognized, undervalued and poorly supported. The unequal distribution of care responsibilities limits women's time, choices, and opportunities, driving gender inequality and trapping many in low-paid and insecure jobs.<sup>9</sup>

**The WEE Strategy sets out to contribute to several SDG targets through its work on care,** including reducing time spent on unpaid domestic and care work (SDG 5.4) and decent work (SDG 8.3, 8.5), migration (SDG 10.7).

SDG 5.4 specifically mentions the need to “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate”. The target includes one key indicator which is the “proportion of time spent on unpaid domestic and care work, by sex, age and location”.

**To transform care systems, UN Women plans to focus on the following areas globally:**

1. **Costing and financing investments in care systems:** support governments and partners to apply policy tools i. to assess the gaps and costs of care services, the investments needs ,and related expected economic and social returns, including job creation; and ii. Support governments to expand engendered fiscal space for financing investments in the care economy and social protection.
2. **Policy development:** collaborate with governments, civil society and the private sector, to develop comprehensive policies that recognize, reduce, redistribute, represent, and reward care work. Analyze the intended and unintended impacts of such policies on women, including

their access to quality care and the potential for decent job creation

3. **Promote investments in basic and care-related infrastructure:** Working with both the government and the private sector to promote long-term investments in quality basic and care-related infrastructure.
4. **Support paid care workers:** Engage with the private sector, trade unions, civil society and men's group to ensure quality care services, decent work conditions and representation for care workers. Support the private sector to implement care supporting care policies that enable all employees and workers across the supply chain to balance their paid and unpaid work responsibilities and to receive and provide quality care.
5. **Champion egalitarian social norms:** partner with women's movements, media, advocacy groups, and organizations like MenEngage Alliances, HeForShe and Unstereotype Alliance to develop tools and approaches to change norms and social perceptions of care work, ensuring it is recognized, valued and compensated.

**The recent UN Women Corporate Evaluation on Women's Economic Empowerment (2022) noted,**

*‘UN Women has made significant and pioneering contributions on transforming the care economy around the world, placing the issue on the global agenda, generating evidence and advocating for change. The Entity is well positioned to continue its leadership role (for instance with the Action Coalition on Economic Justice and Rights and the Global Alliance for Care). UN Women brings significant experience and expertise in research and data, convening and advocacy in this area and in its collaboration with partners including ILO, UNICEF and African Development Bank.’*

The evaluation also highlighted UN Women's critical role in developing laws and regulations relating to the care economy and to the development of key policy tools, and recommended that UN Women identify and address gaps in internal technical capacity on priority policy areas, which include the care economy.<sup>10</sup>

<sup>9</sup> [Women's economic empowerment strategy | Publications | UN Women – Headquarters](#)

<sup>10</sup> UN Women Independent Evaluation Service. Draft corporate Women's Economic Empowerment Evaluation.

## Portfolio Analysis Overview

In total, 38 care economy projects were identified. Annex 3: Detailed Portfolio Analysis Most of the projects—22 in total—are short-term, ranging from a one-day event to a two-year project. 16 projects are long-term, spanning from three to six years.

The care projects primarily target caregivers and care recipients, with a focus on women, youth, men (especially in projects targeting social norms change), and governments. Additionally, there were nationwide initiatives, such as Time Use Surveys (TUS) and initiatives support policy development.

Within the care economy, projects in the Women's Economic Empowerment (WEE) thematic area account for the largest share, totaling 33 projects (including *"Economic Empowerment of Women through Climate Smart Agriculture in Arid and Semi-Arid Central Areas"* in Kenya), 2 events –CSW side event and the Regional Knowledge Sharefair on the Care Economy, and 3 social norms change programmes including the *"Using HeForShe Campaign"*.) There are 3 projects in Governance & Participation in Public Life including *"Enhancing the Gender Responsiveness of the House of Peoples' Representatives and the Effective Leadership of Women Parliamentarians Project"* in Ethiopia, 2 in Ending Violence Against Women and Girls (EVAWG) such as *"Targeted response to cases of SGBV which occurred during COVID-19 period: Addressing the social protection needs of teenage mothers"* in Rwanda and none in the Women, Peace, and Security, Humanitarian Action, and Disaster Risk Reduction (WPS, HA, and DRR) thematic area.

For projects where care activities were integrated, determining the budgets for these activities proved challenging, particularly when no specific outcomes were allocated exclusively to care. Of these, only 5 had an explicit reference to the budget for care activities which totaled USD 5.8 million. In total, across the 38 mapped projects either focused on care or involving a component of care, the budget was USD 34.6 million<sup>11</sup>.

From 2018 to 2024, budget trends show a peak in allocations around 2019 and 2021, with the highest total commitments reaching USD 8.65 million and USD 7.47 million, respectively, for multi-year projects. However, there is a decline in budget allocations in later years, mainly in 2024, where project budgets drop to USD 1.9 million and below. The average budget per project follows a similar trend, with higher averages exceeding USD 100,000 in the

early years and decreasing to around USD 5,000–USD 10,000 by 2024.

The main category of implementing partners consisted of government bodies, including ministries, local authorities, and National Statistics Offices. Additionally, UN Women partnered with various Civil Society Organizations (CSOs) and academic institutions, such as universities and research organizations.

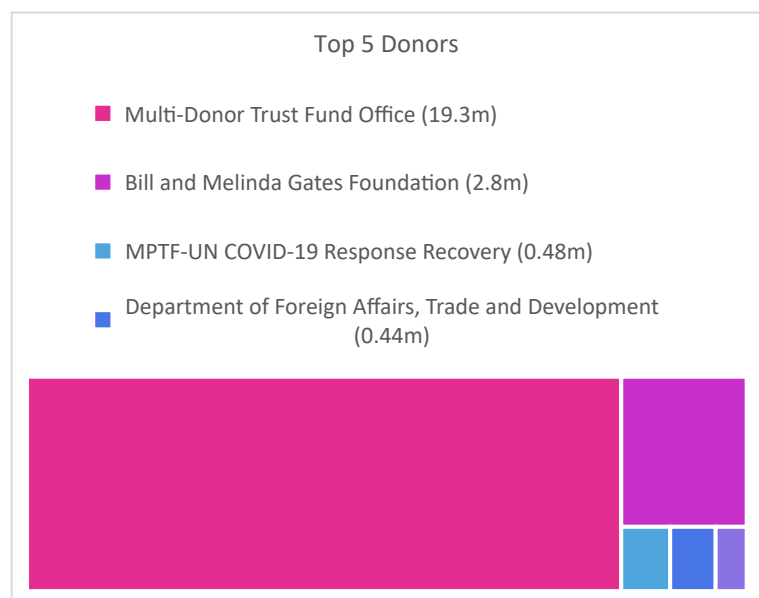
The analysis also grouped the projects into different care approaches;

- **Data and research** (such as TUS in Kenya and Malawi, Making Every Woman and Girl Count Programme, Gender Pay Gap Report)
- **Policy advocacy** (such as *"Promoting decent employment for women through inclusive growth policies and investments in the care economy"* in Ethiopia, and the *"Amendment of the Childcare Bill"* in Malawi)
- **Care Services and investments** (such as *"Empowering Women Through Safe, Resilient, Gender Responsive Food Markets and Systems in response to Covid 19"* in Zimbabwe, and *"Piloting Early Childhood Development Centers services in Nyaruguru"* in Rwanda.
- **Labour market investment** (e.g. *"Support To The Process Of Implementing Social Protection For Women Workers In The Informal Economy In South Africa"* in South Africa.
- **Infrastructure investment** (e.g. Rwanda/ South Africa: 3R programme)
- **Social norms change** (e.g. *"Azali Health Care: 'Takuwani Riime' Men's Movement- Men's Parliament"* in South Africa.

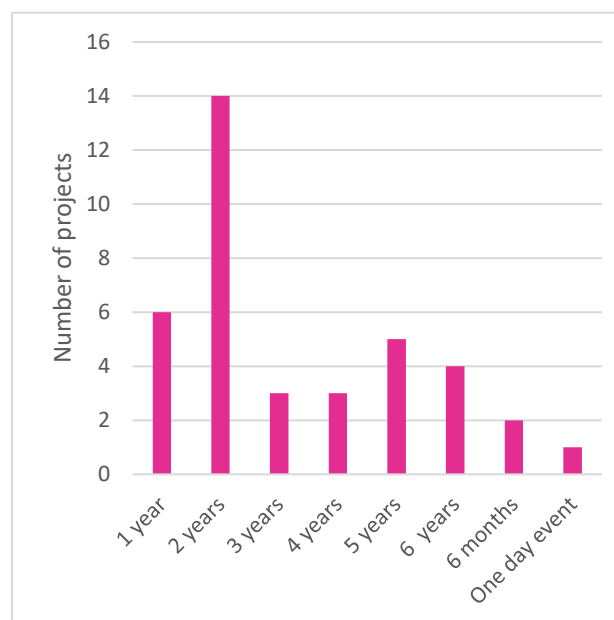
<sup>11</sup> This data was retrieved mainly from donor reports uploaded on the Donor Agreement Management System.

## DEVELOPMENTAL EVALUATION OF UN WOMEN'S WORK IN THE CARE ECONOMY IN EAST AND SOUTHERN AFRICA 2018 -Q2 2024 – PORTFOLIO ANALYSIS

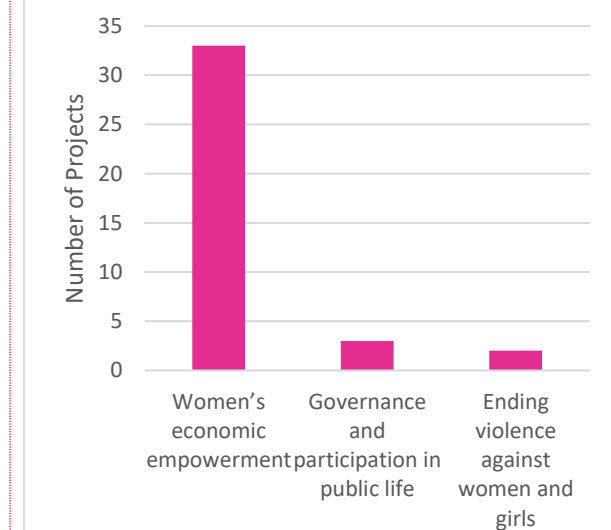
### Top Donors to Care Economy in the Region



### Number of projects by Duration

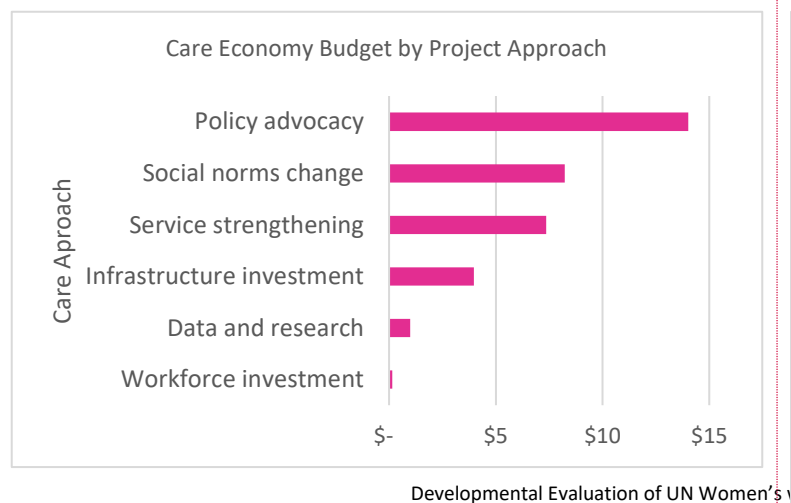


### Number of Projects by Thematic Areas

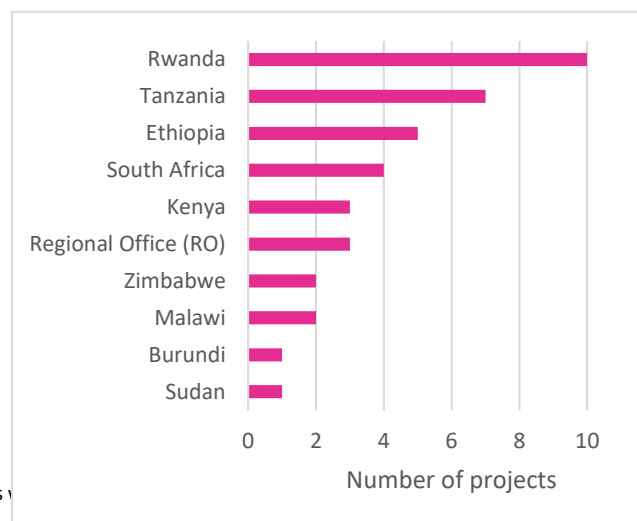


No projects were mapped against the Women, Peace and Security, Humanitarian Action, and Disaster Risk Reduction

### ESAR Care economy Budget by Project Approach, US\$ million



### Number of projects by Country/Regional Office



### Number of Projects by Care Approach



## IV. METHODOLOGY

The evaluation will use a mixed method, theory based approach. The methodology section introduces the evaluation criteria and questions, the overall approach, data collection and analysis approach, ethics, risks and limitations and how these will be mitigated and the dissemination plan, and workplan.

The desk review (literature review, portfolio mapping, evaluation and knowledge products synthesis) is set out in sections 5 and 6 and has informed the data collection tools.

### Evaluation Criteria and Questions

This developmental evaluation is intended to generate learning to help inform future programming, rather than assess effectiveness or performance. Hence, the evaluation questions are exploratory in nature. Findings will be arranged against the DAC criteria, but the evaluation will be driven by the evaluation questions and a learning approach.

The table below sets out the evaluation criteria and questions, and a summary of the proposed approach. Additional details are set out in the evaluation matrix in Annex 6.

Evaluation question	Approach
<b>Effectiveness</b>	
<i>Approaches</i>	
What are the current approaches undertaken by UN Women in East and Southern Africa in its care economy work?	Portfolio analysis, interviews with internal and external stakeholders at the regional and country level.
What synergies are there across these different approaches?	
<i>Outcomes</i>	
What is working well and what could be improved?	Portfolio analysis, literature review, evaluation synthesis, interviews with internal and external stakeholders at the regional and country level.
What outcomes have been observed?	
What are the main enablers and barriers to achieving care outcomes? (What are the key assumptions?)	
<i>Theory of change and measurement</i>	
Is the <i>TransformCare</i> theory of change holding true for programmes in the region and what needs to be refined?	Portfolio analysis, internal workshop, interviews with internal and external stakeholders at the regional and country level.
What measurement approaches are most effective? (How can we best track results?)	
<b>Relevance and coherence</b>	
What is UN Women’s comparative advantage in this area of work?	Literature review, evaluation synthesis, interviews with internal and external stakeholders at the regional and country level.
How can future programming (in terms of operational and normative) be strengthened? (What approaches can be scaled? What are the opportunities and strategic entry points? What are the challenges that need to be managed? How can work be better coordinated across thematic areas?)	
How can work on care be better coordinated with other stakeholders, including UN Agencies?	
What is the role of the Regional Office to support this work?	

## Evaluation Approach

The evaluation will employ a non-experimental, theory-based approach which is most suited for developmental evaluation.

Gender equality and human rights will form a critical component of the evaluation in the following ways<sup>12</sup>:

**Stakeholder analysis and methodology:** The stakeholder analysis has been used to select a diverse group of stakeholders to engage in the evaluation, including women and men, as well as those most affected by rights violations, and those who are marginalized and may be difficult to reach. The evaluation will carefully consider outreach efforts to ensure their participation. Data will be triangulated across different sources and stakeholders.

**Reporting:** Human Rights and Gender Equality and Leave no one Behind analysis will be integrated in all sections of the report (findings, lessons learned, recommendations).

## Secondary Data Collection

The secondary data collection was undertaken during the inception phase. It consisted of the following forms of desk review.

### Portfolio Analysis

The portfolio analysis involves mapping of existing activities and approaches to care economy interventions, including measurement approaches and reported outcomes, through review of project documents, monitoring reports, reviews and evaluations, and financial information.

The following information was captured from project documents, results frameworks and donor / monitoring reports:

- Descriptive information, including:
  - Budget
  - Duration
  - Donors
  - Country
  - Target groups
  - Results achieved

- Gather information on the different approaches used by programmes in the region, including any linkages across different approaches
- Review monitoring reports to capture lessons learned and best practices
- Collect available theories of change
- Review indicators and measurement approaches being used by programmes

The specific steps undertaken were:

### 1. Frame for selection

The evaluation covers the period 2018 to Quarter 2 2024. The analysis reviewed all projects that started in 2018 or afterwards. Portfolio analysis will involve both the identification of projects with explicit reference to care economy and projects with identified parameters/key terms (mentioned below) that are related to care economy. The aim was to canvas all efforts related to Care Economy by the Regional Office and Country Offices. Examples of care economy programming at the Regional and Country Office Level are included in Annex 3 below.

### 2. Process of identifying projects (and sampling if required)

We searched in PGAMS, RMS and DAMS to identify projects contributing to the care economy.

#### Key terms include:

Care economy, care work, care job, paid care, unpaid care, caregivers, care recipients, persons with disability, elderly care, supervisory care, childcare, recognize, reduce, redistribute, reward, represent, social protection, care service provision, care leave, parental leave, maternity leave, paternity leave, labour policies, domestic work, care responsibility, care system, care analysis, social justice, household care, labour market, decent work, gender incentive, employment incentive, social policy, purple economy, social enterprise, time-use survey, labour force survey, household survey, migrant workers, informal economy, informal sector, climate change, care-climate nexus, physical infrastructure, social infrastructure, austerity measures, system of national accounts, GDP, time poverty, energy and time-saving technologies, social norms, positive masculinity, access to essential services, care diamond, Unstereotype Alliance.<sup>13</sup>

<sup>12</sup> Building on the Integrating Human Rights and Gender Equality in 26 Evaluation -- Towards UNEG Guidance

<sup>13</sup> These terms have been derived from referencing key documents

such as the [Promoting Women's Economic Empowerment: Recognizing And Investing In The Care Economy Issue Paper](#) and the [Toolkit on Paid and Unpaid Work: From 3Rs to 5Rs](#).



A **parallel approach** to validate the search terms was undertaken through survey and discussion with RO and CO staff, to discuss relevant projects/interventions. The evaluation team used these discussions to cross-check and refine the search terms.

Using the search terms, the draft list of projects was then reviewed using the following guiding questions.

- Are any of the 5Rs mentioned in the project objectives or goals?
- Does the project identify as a problem women's care and/or domestic responsibility, women's poverty of time, and/or time inequality between women and men?
- Does the project involve caregivers, domestic workers, and/or their children as participants or target beneficiaries?
- Do any project activities and/or strategies contribute to the 5Rs objectives?

A project did not need to answer all of these questions affirmatively to be included. Instead, a comprehensive evaluation was conducted based on the overall alignment with the criteria.

The evaluation team also validated the list of projects identified through the search terms above with RO and CO colleagues, to identify if there are any that actually do not relate to the care economy.

### **Literature Review, Evaluation and Knowledge Products synthesis**

The literature review and evaluation and knowledge products synthesis are intended to provide a foundation of knowledge on care economy and give the evaluation team a means to identify gaps in UN Women's care economy programming and opportunities to strengthening programming. This output will also help address questions on what is working well and what could be improved.

The literature review contributed to answering the evaluation questions by: exploring synergies between approaches in external programmes outside UN Women

such as Oxfam and ILO; collating available theories of change; and reviewing the literature on what measurement approaches are being used, and the effectiveness of these approaches.

#### **Literature Inclusion criteria:**

- **Source type:** Peer reviewed journals, articles, conference proceedings, government reports, dissertations, theses, editorials, Goggle Scholar
- **Key words:** were used to search for relevant documents<sup>14</sup>.

#### **Literature Exclusion criteria:**

- Reports published in languages other than English.

#### **Evaluation and knowledge products Inclusion criteria:**

- **Area:** Evaluations and knowledge products covering the region or countries within the region
- **Timeframe:** evaluations and knowledge products from 2018 and afterwards.
- **Key words:** were the same as the literature review key words.

#### **Identification of evaluations and knowledge products**

This will be done using UN Women Evaluations -Global Accountability and Tracking of Evaluation Use- (GATE) System where key terms will be used to find evaluations undertaken. To identify knowledge products, key terms will be used to search the UN Women website.

### **Areas to further explore during the primary data collection phase**

Building on the findings from the portfolio analysis, areas to further delve into during the data collection phase include:

- **Humanitarian and peacebuilding contexts:** There are no care projects linked to the thematic areas of: Women, Peace and Security; Humanitarian Action; and Disaster Risk Reduction. There are also no care projects in Mozambique, South Sudan or Somalia. The evaluation will explore the relevance of care economy programming in conflict settings, and potential entry points. The evaluation team will aim to interview stakeholders working on the care economy in conflict

<sup>14</sup> These were 3R, 5R, Care economy, care work, care job, paid care, unpaid care, caregivers, care recipients, persons with disability, elderly care, supervisory care, childcare, recognize, reduce, redistribute, reward, represent, social protection, care service provision, care leave, parental leave, maternity leave, paternity leave, labour policies, domestic work, care burden, care system, care analysis, social justice, household care, labour market, decent work, gender incentive, employment incentive, social policy, purple

economy, social enterprise, time-use survey, labour force survey, household survey, migrant workers, informal economy, informal sector, climate change, care-climate nexus, physical infrastructure, social infrastructure, austerity measures, system of national accounts, GDP, time poverty, time-and labour saving technologies, social norms, positive masculinity, access to essential services, care diamond, Unstereotype Alliance.

settings.

- **Budgeting and costing for care economy work:** Projects that incorporated components of care economy work did not separately budget for this work. Not all knowledge products had clear budget allocation. The evaluation will explore what, if any, are the challenges around capturing expenditure on care economy.
- **Learning around holistic programming and comprehensive approaches:** A learning from programming is that programming needs to go beyond economic support and capacity building, to also promote a favourable environment and strengthen women's agency, including through sensitizing and training communities and government on the 5Rs and working with financial institutions and businesses. The evaluation will further explore learning around this area, and opportunities to introduce more comprehensive programming.
- **Importance of contextualization and entry points:** Transforming care services requires programming responsive to local needs. The evaluation will build on the literature review that sets out the country specific context, and consult with national level stakeholders, to understand what the specific entry points for each country office are.
- **Projects with care as a component:** Building on the experience of projects incorporating care as a component within a larger scope of work, the evaluation will identify learning for how to strengthen effectiveness and contribution to care outcomes.
- **Tracking policy influence of knowledge products:** The mapping has not yet fully captured how the knowledge products have been used. The evaluation will further explore with offices any tangible policy influence of knowledge products, beyond purely dissemination, and review the effectiveness of dissemination and tracking plans. The evaluation will also explore how knowledge products are prioritized, and the extent to which the scoping builds on needs assessments and specific use cases.
- **Coverage Across 5Rs and target outcomes:** Coverage is stronger against the 3Rs (recognize, reduce and redistribute) rather than the other 2Rs of represent and reward. Around a third of projects worked either on all 3Rs or 5Rs. The evaluation will seek to understand how the target areas were selected, and any opportunities to incorporate other approaches to support more holistic programming, where relevant to the national and regional context.

**Targeting businesses and increasing decent paid jobs:** In terms of target groups, only 3% of projects explicitly had businesses and private sector as target groups. Also in terms of target outcomes, those targeting outcome 2 – increased decent paid jobs – was the lowest across all outcomes, at 39%. The evaluation team will explore how the target outcomes were selected, and any opportunities to increase work on paid care and with businesses.

Areas to explore during primary data collections emerging from the literature review and devaluation synthesis set out in Annex 2.

### Primary Data Collection

The evaluators have designed the evaluation to ensure participation of stakeholders at all evaluation stages, with a particular emphasis on rights holders. Rights holders who have directly participated in or are affected by UN Women programming efforts will be engaged in discussing the outcomes of the programming efforts from their perspective and analyzing the findings of the evaluation. The evaluation team will visit programme participants in areas convenient for their travel. In the case that it would be too costly for rights holders to participate, a representative of the rights holders engaged by UN Women will be contacted for feedback.

All data will be disaggregated by sex and age where possible, including through specific questions in the questionnaire and data collection tools. With the support of programme partners, programme participant data will be disaggregated by geographical region, ethnicity, and disability status. Data will be managed as per the data management plan, set out in Annex 8.

Specifically, the primary data collection includes:

1. Three **Country case studies**, involving interviews with project implementers, selected participants involved in the projects, and other county/district level stakeholders
2. **Interviews** with regional and country level stakeholders
3. **Internal workshop** to share and validate findings with the Regional Office and Country Office focal points.

Further detail is set out below on the country case studies and interviews with other regional and country level stakeholders.



### Country case studies

Three country case studies have been selected for more in-depth work, to test the theory of change and measurement approaches. The criteria for the country case studies were:

1. Provides good **coverage** across all 5 areas of care economy work (the 5Rs) and where work is undertaken at different levels (i.e. household, institutional and policy levels)
2. Countries where **significant work** has been done on the care economy in terms of level of investment, which has **received minimal evaluation and/or review work**
3. A mix of countries with diverse **contexts** in terms of income levels and care legislation

The full review of offices against the criteria are set out in Annex 11. The table below sets out the proposed case studies mapped against the selection criteria.

Table 1: Country case study selection

Kenya	
Coverage	1 project at the community level and 2 at the nation-wide level, involving evidence-generation and care related policies. Covers all 5 Rs and works at the household, institutional and policy levels.
Level of care work and Evaluation	3 projects mapped. No evaluations on care economy programming.
Country Context	Country with draft National Care Policy, and strong domestic worker protection, lower-middle income. Policies on childcare and maternity and parental leave.
Ethiopia	
Coverage	Projects in both urban and rural areas. Targets 4 out of the 5Rs (Reduce, Redistribute, Recognize, Represent). Working at the household, institutional and policy levels.
Level of care work and Evaluation	6 projects mapped. No evaluations on care economy programming.

Country Context	Low income. Maternity and parental leave legislation, but limited legislation on other types of care.
Tanzania	
Coverage	Projects working across all of the 5Rs, working at the household, institutional and policy levels.
Level of care work and Evaluation	7 projects mapped, including those focused on care (3R project) as well as part of other programmes, such as the joint programme on Rural Women's Economic Empowerment. No evaluations on care economy programming.
Country Context	Lower middle income, some policies on domestic work protection and maternity and parental leave, limited legislation on other types of care.

The following stakeholder categories will be covered per country case study. Further information is set out in Annex 5.

- Government partners
- Local authorities
- Civil society partners
- Donors, including international financial institutions
- Research / academic institutions
- Women rights organisations and programme participants
- Private sector and labour unions
- UN agencies
- Media
- Organizations of persons with disabilities

### Other Interviews with regional and country level stakeholders

Beyond the country case study visits, the evaluation team will also interview relevant stakeholders across the other countries in the region and at the regional level. The evaluation applies a purposive sampling approach to ensure a diverse range of perspectives is taken into account.

A stakeholder mapping has been undertaken with the support of the regional office and country offices, to identify relevant stakeholders to interview, and is set out in Annex 5. The stakeholders consist of current partners and key actors in the care economy sector, including members of care working groups where these are in place.

## Total sample

In total, the evaluation team is proposing to cover a sample of approximately 80 stakeholders. In total, the full stakeholder list comprises 123 stakeholders.<sup>15</sup> The full list is set out in Annex 5.

## Data collection tools

Two data collection data tools have been developed – one for UN Women and partners, and one for external stakeholders. The tools cover questions based on the evaluation matrix and emerging findings from the portfolio analysis, literature review and evidence synthesis. These sections in the report also highlight specific areas that will be further explored in the primary data collection phase.

The data collection tools are set out in Annex 7. It is expected that the in-country case studies will include deeper reviews into the mapped care projects.

## Analysis

The data analysis will employ mixed methods. Quantitative data will be obtained from the financial analysis and partner reports. NVivo qualitative analysis software will be used to analyse qualitative data from interviews and focus group discussions.

Analysis will include using the following methods of validation:

- Triangulation: to validate results reached by different methods, or initiate new enquiries where findings cannot be confirmed
- Feedback: through programme management team engagement, meetings with Evaluation Reference Group, comments on reports, and a validation workshop.

Findings will also be analyzed according to country contexts – considering factors such as social, economic and political conditions, policy framework, level of paid care economy, and disaggregated by conflict / post conflict / stable contexts.

## Ethics

The evaluation will comply with the relevant UNEG and UN Women standards on ethics<sup>16</sup>. Specifically, the evaluation will be delivered as follows:

### Integrity:

The evaluators will ensure compliance with the Code of conduct, and to deliver the evaluation with honesty, professionalism and impartiality. The evaluators are independent from the program delivery and will document any areas of disagreement between the evaluation team and the MCO, and changes to the evaluation findings.

### Accountability:

The evaluation follows a transparent process through the inception report and sampling approach. Analysis will be transparently done in NVivo and Stata. All evaluation findings will be clearly mapped to the evaluation objectives and evaluation questions, with clear reference to the underlying evidence.

### Beneficence and Do No Harm:

The evaluation team will seek informed consent, clearly explaining the purpose of the evaluation and how the information will be used. Explicit oral consent will be sought. The evaluators will also highlight potential benefits and harm to participating. All responses will be kept confidential. Evaluators will highlight that participants can stop the interview or focus group discussion at any point. The evaluators will carefully considering the setting, scope, structure and participant selection in interviews and focus group discussions, to avoid any harm to participants, for example, those affected by violence. This will be guided by UN Women protocol<sup>17</sup> Vulnerable participants may include survivors of violence and HIV positive participants, as well as other intersectional vulnerabilities such as age, status, background. To ensure a trauma informed approach, the evaluation team will remind participants that participation is voluntary, provide participants with multiple decision points to continue / stop throughout the interview, and transparently describe what questions will be asked. Only absolutely needed identifying information will be requested. The evaluation team will set aside time to put

<sup>15</sup> Not all targeted stakeholders are expected to be available for interview.

<sup>16</sup> The evaluation will adhere to UNEG and UN Women Ethical Guidelines and Code of Conduct, UNEG guidance on integrating Human Rights and Gender Equality in evaluations with gender responsive and human rights approaches integrated into the approach

<sup>17</sup> <https://www.unwomen.org/sites/default/files/2022-12/Safe-consultations-with-survivors-of-violence-against-women-and-girls-en.pdf>

the participant at ease and take breaks as needed, and carefully monitor any signs of distress or trauma, at which point the interview will be immediately stopped. In case of any arising issues, the evaluators will refer cases to local services, based on guidance of UN Women colleagues.

#### Respect:

The evaluation will meaningfully engage evaluation stakeholders, and not only as subjects of data collection. The evaluation team will share the evaluation brief with all evaluation stakeholders and respondents. To ensure fair representation of different voices, the sampling approach takes into consideration coverage of different categories of stakeholders, including those hard to reach.

#### Risks, Limitations and Mitigations

**Data collection sensitivity:** The evaluation team has shared data collection tools with the relevant regional and country offices for review, to ensure potentially cultural and political sensitivities are addressed.

**Availability of project and monitoring data:** This is the first evaluation of this thematic area at regional level, and work on the care economy has not always been termed as such. Hence, careful mapping of existing work in this area is critical. This will rely on the evaluators having a good understanding of what interventions fit under the care economy work, and to ask questions around issues linked to the care economy, including time burdens and time poverty, domestic workers and work-life balance. There are several evaluations managed by country offices that will provide evaluative evidence.

**Bias and reliability of findings:** To avoid the risk of bias and ensure reliability of findings, the evaluation team will triangulate evidence and ensure there are no findings relying on single points of evidence. Data will be validated with stakeholders through emerging findings presentations to the evaluation management group and the evaluation reference group.

**Stakeholder ownership of findings and use of evaluation:** To strengthen regional and country office and evaluation reference group ownership of findings and recommendations, two separate workshops will be used to validate findings and co-create recommendations.

#### Dissemination and Use

The table below sets out the dissemination plan for the targeted primary and secondary users.

Dissemination approach	How this will be tracked
<b>UN Women ESA Regional Office</b>  Evaluation team to host validation meeting and share two-page brief and host a meeting to discuss findings and next steps.	Uptake of findings and extent to which meeting results in concrete, actionable next steps
<b>Country Office and HQ colleagues</b>  Evaluation team to host validation meeting and share two-page brief and host webinar.	Number of stakeholders the brief is shared with  Number of attendees at webinar
<b>National partners and others working in the sector</b>  Evaluation team to share two-page external facing brief and infographic.	Number of stakeholders the brief is shared with

The infographic will present visually key activities that UN Women has been supporting regarding the care economy, and some of the key outcomes achieved.

Once the report is signed off by IEAS management, the Regional Director leads the follow-up process to facilitate its use such as in the form of issuing a management response within 6 weeks of the report finalization and other dialogue with the regional or country management as deemed appropriate.

#### Evaluation Management and Quality Assurance

The Director of IEAS and Chief of IES will review and sign off on all evaluation products, which will comply with relevant guidance.<sup>18</sup> Supported by the evaluation analyst, the Team Lead will be overall responsible for the evaluation, including data collection, analysis and reporting. The

<sup>18</sup> UN Women Evaluation Policy, UNEG Norms and Standards for Evaluation

evaluation will also be subject to the Global Evaluation Report Assessment and Analysis System (GERAAS) process, which assesses the quality of the report and the level of confidence readers can place on the evaluation.

The External Evaluation Reference Group and Evaluation Management Group (see Annex 9 for composition and terms of reference) are responsible for providing technical review and support and ensuring a high quality, transparent process. The IES peer reviewer will support with providing another layer of review.

### Evaluation Plan

Task	Date
Primary Data collection	October - November 2024
Data analysis	December 2024
Preliminary findings	December 2024
Draft report	February 2025
Validation meetings	February 2025
Final Report	March 2025
Report brief	March 2025

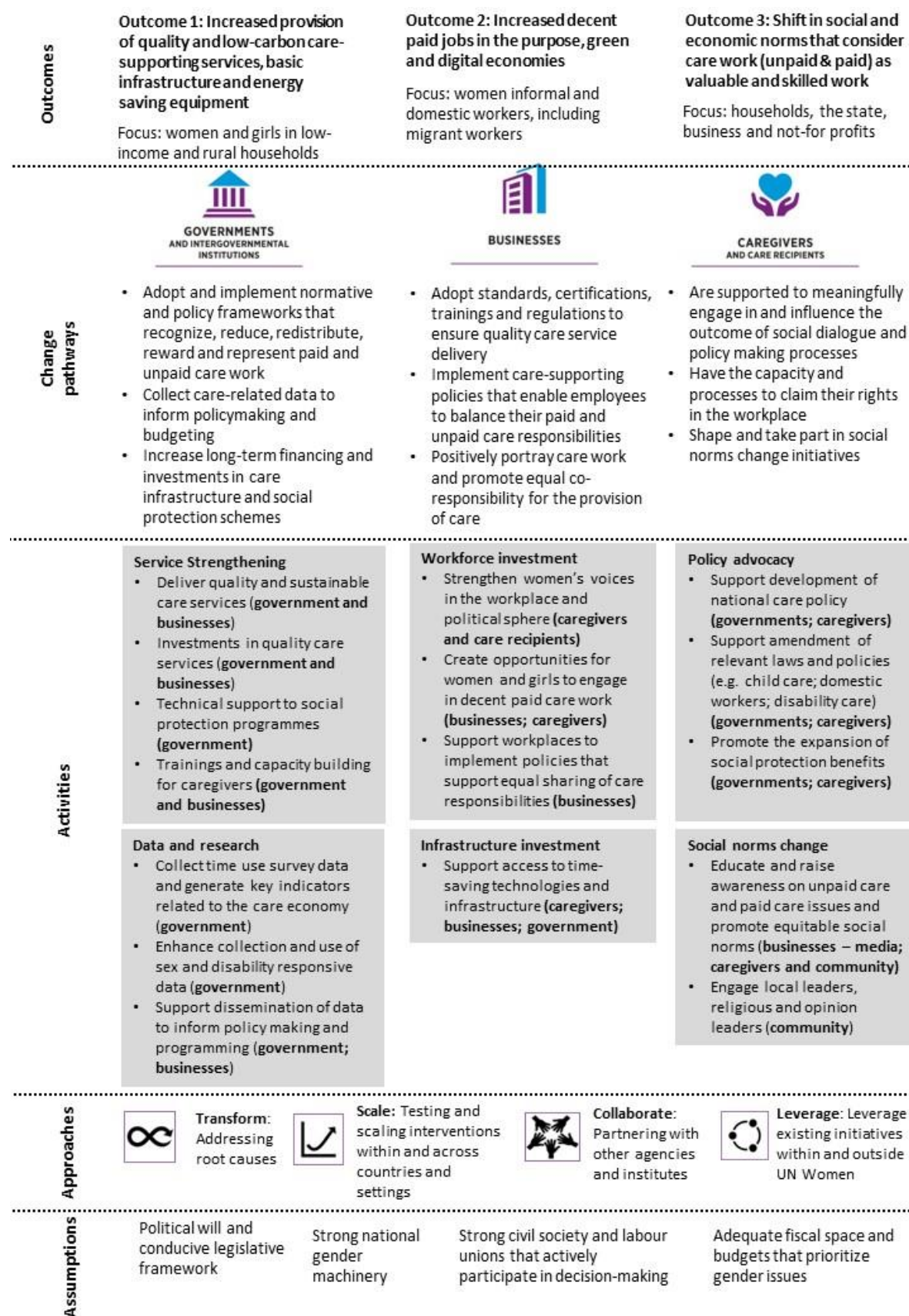
## V. THEORY OF CHANGE

This section presents the global theory of change and also reviews programming in the region against the theory of change. The evaluation team will use the data collection phase to further test the global theory of change, to identify areas where programming in the region can be strengthened to align with the global theory of change and to also identify if any amendments are needed to reflect the regional specific context.

The diagram on the next page sets out UN Women's corporate *TransformCare* theory of change along with assumptions from the Gender Equality Accelerator Theory of Change on Care<sup>19</sup>. Developed in 2024, the activities have not yet been fleshed out, and are being developed collaboratively between UN Women country, regional & global offices and partners. Building on the key categories of activities the evaluation team has seen in the portfolio analysis, 6 categories of activities have been introduced to the theory of change. Individual activities have also been mapped to the target stakeholders in the change pathways. These areas will be further explored and validated during the data collection phase.

<sup>19</sup> Transform Care is the Gender Equality Accelerator on Care, but two slightly different theories of change have been presented.

Figure 1: Theory of change





The global theory of change reflects well the work that is being done in the East and Southern Africa region. Coverage across the different outcomes, change pathways, activities and approaches is mixed though. The data collection phase will involve delving further to understand how UN Women is prioritizing its strategies across the region and in different countries, in terms of balancing considerations around effectiveness of different approaches; opportunities; costs and funding availability for different activities; and what other key stakeholders are doing in this space.

### Outcomes

Work being done across the region also contributes to the high-level outcomes, at the regional, national and sub-national levels:

- **Outcome 1-** Increased provision of quality and low-carbon care-supporting services, basic infrastructure and energy-saving equipment, especially benefitting women and girls in low-income and rural households

Projects contributing to this outcome supported early childhood development centers and time use saving technologies.

- **Outcome 2-** Increased decent paid jobs in the purple, green and digital economies, especially benefitting women informal workers and domestic workers, including women migrant workers

Projects contributed to this outcome through policy advocacy work to support governments to develop inclusive growth policies and amend legislation, and through research into the barriers to implementing social protection for women workers in the informal economy.

- **Outcome 3-** Shift in social and economic norms that consider care work (unpaid & paid) as valuable and skilled work, and as a shared responsibility within households, and between households, the state, businesses and not-for-profits.

A number of projects sought to change social norms around the care economy, including working with men's movement and parliament.

### Change pathways and activities

These outcomes aim to be achieved through three main change pathways, that is **governments and intergovernmental institutions; businesses; and**

**caregivers and recipients.** The portfolio analysis identified that the care projects primarily target caregivers and care recipients, with a focus on women, youth, men (especially in social norms projects), and governments. While there were significant collaborations also with unions, private sector institutions, media, and business associations, there were fewer projects targeting *workforce investment*, and contributing to supporting care businesses to adopt standards and certifications and to businesses adopting care-supporting policies. There were also fewer collaborations with media to support positive portrayals of care work. Generally, fewer interventions targeted paid care work. The evaluation will further explore the reason for this, and any entry points to scale this work.

In terms of change pathways, the programmes and literature also identify the importance of working with women's organizations, unions, workers' associations and community to engage and influence policy and claim their rights in the workplace. It is important to consider these stakeholders under the change pathway focusing on **caregivers and recipients**. Additionally, media also forms an important partner for the change pathway under **businesses** in terms of positively portraying care work.

### Approaches

Across the four main approaches of 1. Transform; 2. Collaborate; 3. Scale; and 4. Leverage, projects typically used more than one of these approaches. The most common approaches are TRANSFORM and COLLABORATE. A number of projects used the TRANSFORM approach by seeking to change the causes underpinning the current unequal organization of care, such as harmful social and gender norms, the absence of public care services, and the lack of access to the formal labour market. In many cases, projects take a step further and aspire to transform some structural drivers through advocacy on labour and economic laws and public policies. Many projects also used the COLLABORATE approach. For example, there were extensive collaborations collaborating with other UN entities such as the ILO, IFAD, WFP, UNFPA, and UNDP to implement the projects. The data collection phase will explore the extent to which the *SCALE* and *LEVERAGE* approaches were also incorporated, and any opportunities to scale this.

### Assumptions

The assumptions build on the assumptions and risks set out in the *Transforming the Care Economy* Gender Equality Accelerator Theory of Change. These form the

key potential enablers and barriers, and differentiators between effective and ineffective interventions. The evaluation will further review these during the data collection phase and identify if there are other key assumptions that need to be added in the East and Southern Africa regional context.

## VI. LITERATURE REVIEW AND EVALUATION AND KNOWLEDGE PRODUCTS SYNTHESIS

The literature review and synthesis of evaluation and knowledge products developed to accompany the evaluation is set out in Annex 2. This section provides a brief overview to the review and synthesis, pulling out a few highlights and also setting out areas where the evaluation team will further explore during the data collection phase.

### Section 1 sets out definitions of care and care economy.

**Care work** includes all the physical and emotional labour involved in nursing babies, minding children, supporting frail elderly persons and dependent persons living with a disability, and tending to those suffering from illness. It also involves the **domestic activities** that are the ‘pre-conditions’ for caring, such as cooking, cleaning, and sourcing water and fuel.<sup>20</sup>

Care work is distributed across households/families, community organizations, the public sector (government), and the private sector (markets).<sup>21</sup> When it is provided by families and communities, it is often **unpaid**. Conversely care provided by the public and private sectors is typically **paid**. How societies distribute care across these four points of the “**care diamond**” (Figure 2) differs significantly, with families (usually women) and communities bearing a greater responsibility for care in some contexts, and government or private service providers taking on a greater role in others.

Households are vital centers for **unpaid care work**, often assuming the primary responsibility for addressing care

needs. The State takes on care responsibilities through public services and infrastructure, such as implementing care-friendly policies, supportive labor regulations, and ensuring access to resources like water and energy. The Private Sector is also key in the market provision of care services, contributing to employment, innovation, and investment across various caregiving sectors while ensuring that care workers receive protection and adequate benefits. Community involvement is essential, but challenges persist in supporting it without reinforcing gender disparities.<sup>22</sup>

To ensure holistic and inclusive policy measures that consider both caregivers and care recipients, as well as the planet, it is essential to adopt a **life-course approach**. This perspective integrates policies and services for all ages and emphasizes the importance of age- and gender-responsive data. It acknowledges the changing roles and care needs individuals experience throughout their lives, as well as the impact of lifelong discrimination. For instance, unpaid caregiving can disrupt the education of adolescent girls, while older women often face heightened poverty risks due to inequities in childcare. Moreover, many women in lower-income contexts find themselves balancing unpaid care with informal paid work in their later years. By embracing this comprehensive approach, we can create more equitable and effective support systems for everyone involved.<sup>23</sup>

The **care economy** is broadly defined as all the unpaid and paid activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied

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<sup>20</sup> UN Women. (2019). Progress of the World's Women 2019-2020: Families in a Changing World. United Nations.

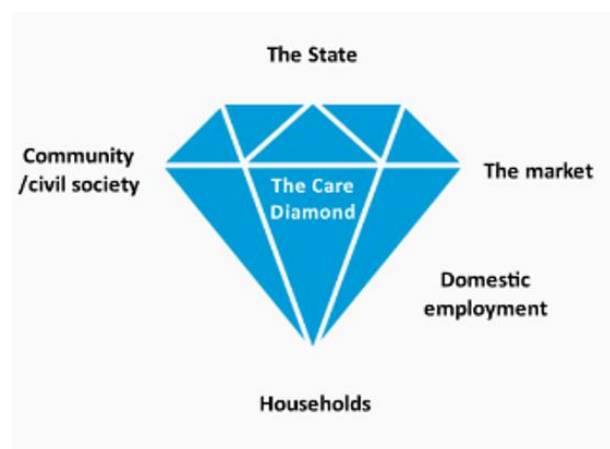
<sup>21</sup> \*Razavi, S. (2007). The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. UNRISD. [https://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/2A9EC0C1E146F6F8C1257413004526AC/\\$file/razavi.pdf](https://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/2A9EC0C1E146F6F8C1257413004526AC/$file/razavi.pdf)

<sup>22</sup> [The Care Agenda: A Regional Perspective for East and Southern](#)

[Africa](#)

<sup>23</sup> UN Women. (2018). Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development. New York: UN Women.

Figure 2: The care diamond



*These definitions have been used by the evaluation team to frame what constitutes care economy programming, and to guide the portfolio mapping to identify relevant care economy programmes.*

**Section 2 sets out the global and regional context for care work.** At the Global level, the literature review sets out some examples of comprehensive care systems. Uruguay (2015) and Cabo Verde (2017) were the first countries to institute a national care system, and today many others have followed suit. UN Women has proposed an **affordable, family-friendly package of transfers and services** to support care while empowering women and girls.<sup>24</sup> *This provides some useful models for the evaluation to consider.*

**At the Regional level, the care economy is underpinned by strong normative frameworks, including the [Africa Agenda 2063](#), [AU African charter](#) and [Maputo protocol](#).** The literature review introduces the regional context, in terms of care data, distribution of unpaid care work, and paid care sector.

**In terms of care data, and distribution of unpaid care work,** women in sub-Saharan Africa spend 3.4 times more time on unpaid care work daily than men<sup>25</sup> with some variations between and within countries. In rural regions,

women tend to spend even more time on unpaid work because they often have less access to energy and time saving infrastructure and paid care services. When care loads are high, girls are often responsible for unpaid care and domestic work at rates much higher than boys.<sup>26</sup> In Uganda for example, girls aged 10 -14 years are 1.5 times more likely than boys of the same age to spend 21 or more hours on household chores per week.<sup>26</sup> The problem with women and girls bearing disproportionate responsibility for unpaid care is that they are less likely to participate in education and paid work, and therefore have less access to economic and leadership opportunities.

**The paid care sector in the East and Southern Africa region is currently very small** compared to global averages, and it is characterized by informal contracts, poor wages and vulnerability to exploitation<sup>27</sup>. Feminist economists have raised concern in the region and elsewhere about growing **care deficits**, in which the number of people needing care is outpacing the number of people available to provide it.<sup>28</sup>

**The section also sets out the regional and country context, in terms of the strength of legislative frameworks,** drawing on the Africa Care Economy Index. This includes areas of healthcare, childcare, disability and elderly care, labour market regulation (maternity and paternity leave, domestic worker protection, social protection (elderly, people living with disabilities, physical infrastructure).<sup>29</sup>

*The evaluation will draw on the regional and country contexts, to identify context specific entry points, based on the care context and maturity of legislative frameworks.*

**Section 3 introduces key care economy frameworks.** *These frameworks provide the basis for discussion with offices and other stakeholders, to understand the relevance of these frameworks to different country contexts, and any areas where it may be beneficial to incorporate these frameworks into programming.*

<sup>24</sup> UN Women. (2019). The National Integrated System of Care in Uruguay: An opportunity for the economic empowerment of women. <https://lac.unwomen.org/en/digiteca/publicaciones/2019/10/sistema-nacional-de-cuidadosoportunidad-empoderamiento-uruguay>

<sup>25</sup> Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino (2018). Care Work and Care Jobs for the Future of Decent Work. Geneva: International Labour Organisation.

<sup>26</sup> United Nations Children's Fund, UN Women and Plan International, A New Era for Girls: Taking Stock of 25 Years of Progress, New York, 2020

<sup>27</sup> UN Women. (2024). The Care Agenda: A Regional Perspective for East and Southern Africa. [https://africa.unwomen.org/sites/default/files/2024-01/esa\\_care\\_framing\\_final\\_2b\\_3.pdf](https://africa.unwomen.org/sites/default/files/2024-01/esa_care_framing_final_2b_3.pdf)

<sup>28</sup> ILO. (2022). Care work and care jobs for the future of decent work. International Labour Office: Geneva. [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_633135.pdf)

<sup>29</sup> Valiani, S. May 2022. The Africa Care Economy Index. Several updates have been made reflecting changes since 2022.



Carpenter et al.<sup>30</sup> introduce the “Purple Economy,” similar to the “Green” and “Blue” economies. This concept emphasizes the crucial role of care work, along with the empowerment and autonomy of women, in driving economic function, societal wellbeing, and sustainability. It seeks to address the inequalities stemming from the reliance on women’s unpaid and underpaid labor and the chronic under-investment in the care sector by advocating for the internalization of care costs.

Key principles of the Purple Economy include:

- Recognizing care as a public good that benefits society both now and in the future.
- Ensuring that societies cover the costs of quality care for all, rather than relying on women’s unpaid labor.
- Providing fair wages for all workers in the care sector that reflect their significant social contributions.

This framework positions care as a societal priority, fostering a more equitable and sustainable economic model.<sup>30</sup>

**The creation of national care systems** is based on a co-responsibility model, the care diamond, where families, the state, the community, and the market all play a role. This model views care as a universal right and integrates gender equality as a core principle<sup>31</sup>.

**To be sustainable, policies and programmes should be human rights-based.** The 5Rs framework is useful for thinking through a range of actions to promote gender

equality through the *recognition, reduction of drudgery, and redistribution* of unpaid care, and the *representation and reward* of paid care work.<sup>32</sup>

**Efforts should also be contextually relevant.** This means that they should account for different needs in rural and urban areas, and for cultural values and norms around caregiving. For example, the concept of *ubuntu* from South Africa is used to emphasize “issues of community, collectivism, reconciliation, and restoration of relationships”<sup>33</sup> and is relevant to the gendered organization of care.<sup>34</sup>

**A framework in Asia and Pacific highlights the importance of policies** that are gender-responsive, draw on care and gender disaggregated data, and take a whole of government and whole of society approach.<sup>35</sup>

**A model in Latin America sets out a framework to strengthen the paid care sector** by creating and expanding services; regulating services; training paid care workers; information and knowledge management.<sup>36</sup>

**Section 4 introduces the 6 main strategies towards supporting the care economy, and Section 7 discussed evidence on ‘what works’ across these strategies.** *The evaluation team will consider this evidence and learning in light of UN Women programming, to identify any relevant learning that can be applied going forward.*

- **Data and research:** time use surveys can be effectively used to monitor policy effectiveness.<sup>37</sup> Disaggregated data is important to fully assess policy impact.<sup>38</sup> Many childcare provision projects do not track the impact on mothers nor on marginalized women workers.<sup>39</sup> The majority of

<sup>30</sup> Line Carpenter, C., Staab, S., Bidegain, N. (2022). New Economics for Sustainable Development - Purple Economy (Care Economy+). UN Economist Network. [https://www.un.org/sites/un2.un.org/files/purple\\_economy\\_1\\_4\\_march.pdf](https://www.un.org/sites/un2.un.org/files/purple_economy_1_4_march.pdf)

<sup>31</sup> ECLAC. (2022). The care society: a horizon for sustainable recovery with gender equality. Economic Commission for Latin America and the Caribbean (ECLAC). [https://oig.cepal.org/sites/default/files/s2200703\\_en.pdf](https://oig.cepal.org/sites/default/files/s2200703_en.pdf)

<sup>32</sup> UN Women. (2022). *A toolkit on paid and unpaid care work: From 3Rs to 5Rs*. New York.

<sup>33</sup> Mangena, F. (2009). The Search for an African Feminist Ethic: A Zimbabwean Perspective. *Journal of International Women’s Studies*, 11(2), pp. 18-30

<sup>34</sup> Chisale, S. (2018). Ubuntu as care : Deconstructing the gendered Ubuntu. *Verbum Et Ecclesia*, 39(1), 1-8. <https://doi.org/10.4102/ve.v39i1.1790>

<sup>35</sup> ESCAP. (2022). How to Invest in the Care Economy: A Primer. United Nations Economic and Social Commission for Asia and the Pacific. <https://www.unescap.org/kp/2022/how-invest-care->

[economy-primer](#)

<sup>36</sup> Bango, J. & Cossani, P. (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean: elements for its implementation. ECLAC and UN Women. [https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems\\_Nov15-21%20v04.pdf](https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20v04.pdf)

<sup>37</sup> [Flagship2016\\_Ch3.pdf \(unrisd.org\)](#)

<sup>38</sup> [Consolidated report: National fiscal stimulus packages from a gender equality perspective | Publications | UN Women – Headquarters](#)

<sup>39</sup> In 2021, Oxfam Canada commissioned a desk review of the international care program landscape, focusing on major programs of work (i.e. projects, campaigns and initiatives) that directly address women’s and girls’ heavy and unequal responsibility for care work. The final sample included 40 programs in low- and middle-income countries, involving over 100 organizations (i.e. donors, financial institutions, civil society organizations, and the private sector) since 2010. [Donor-investment-in-the-care-economy\\_final.pdf \(globalallianceforcare.org\)](#)

evidence is from small scale initiatives, resulting in gaps in terms of what works at scale, also important for UN Women, given one of the three approaches is *Scaling* pilots and approaches that have worked in other contexts.<sup>40</sup>

- **Labour force surveys (LFS)** are key national household surveys conducted by countries to generate official statistics on the labour force, employment, and unemployment. They are essential for monitoring and planning purposes, providing the primary data source for key labour market indicators. LFS offer insights into the number and characteristics of employed individuals, their working conditions, and the job search activities of the unemployed. They are also unique in capturing informal employment and increasingly include statistics on unpaid work through additional modules.<sup>41</sup>
- **Policy and advocacy:** This area of work is critical, though funding is often limited.<sup>42</sup> Analysis of care policies often do not analyse implementation and take up, and research has identified that there can be barriers to take up of policies. For example, there have been findings on social norms being a barrier to taking up paternity leave.<sup>43</sup> Tools like the [Care Policy Scorecard](#) and the UN Women – ILO policy tool<sup>44</sup> can be used to track the adoption, budgeting, implementation and effects of policies related to care.
- **Service strengthening:** There is strong evidence that free or subsidized childcare provision (whether through financial assistance or direct provision by government or private sector providers) has a positive impact on women's labour force participation.<sup>45</sup>

- **Workforce investment:** Evidence reviews have identified that there is less focus on paid care work compared to unpaid care. Great investment is needed to promote the rights of paid care workers.<sup>50</sup> Programme supporting and training care workers and developing safe markets have been effective.<sup>46</sup>
- **Infrastructure investment:** Energy and time-saving technologies have great potential to reduce unpaid work, but there are challenges around low demand and access to finance. Key to support uptake is taking a participatory approach to ensure appropriateness, gender analysis and monitoring, and consideration of the relevance and sustainability of technologies. The literature also notes that time savings can sometimes be used for other unpaid care tasks and the potential for access to new technologies to raise issues within the household power dynamics.<sup>43</sup>
- **Social norms change:** Change social norms takes time but is a critical component of effecting change. For example a 2018 study found that even when the time women spent on a certain areas of unpaid care work decreased, they can then shift this time to other caregiving work.<sup>47</sup> Some promising approaches include SMART Couples, Gender Champions, or SILC + GTA.<sup>48</sup> There is promising evidence for men engagement programmes,<sup>48</sup> though the effectiveness of individual programmes vary. In one study, around half led to improvements in women's economic outcomes, and increase in men's domestic work did not always lead to a reduction in women's time on household tasks. The study also found that it was not necessarily more intensive interventions that worked better, light touch but well contextualized interventions were also very effective.<sup>49</sup> A review of studies also found this work needs to be scaled for larger impact,

<sup>40</sup> [Donor-investment-in-the-care-economy\\_final.pdf](#) ([globalallianceforcare.org](#))

<sup>41</sup> [Labour force surveys \(ilo.org\)](#)

<sup>42</sup> UN Women Zimbabwe. (2024). *Landscape of Care Work in East and Southern Africa*. United Nations Women.

<sup>43</sup> [Good Practices, Lessons, Opportunities, and Challenges in the Care Economy in Ethiopia | Publications | UN Women – Africa](#)

<sup>44</sup> [ILO policy tool.pdf](#) ([unwomen.org](#))

<sup>45</sup> Borrowman, M., E. Leasure, F. Papagiotti, K. Harris, and A. Nijhawan (2022). *Global Assessment of Care Services: Current Status, Impact, and Policy Recommendations*, WeProsper. Washington, D.C. Halim, D., Perova, E., Reynolds, S. (2021). *Childcare and mothers' labor market outcomes in lower- and*

*middle-income countries*. Policy Research Working Paper No. 9828. World Bank Group.

<sup>46</sup> WIEGO, UNICEF and ILO. 2021. *Family-friendly policies for workers in the informal economy*. [Family-Friendly Policies for Workers in the Informal Economy.pdf](#) ([unicef.org](#))

<sup>47</sup> [Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe - 2017 Household Care Survey report - Oxfam Policy & Practice](#)

<sup>48</sup> [Donor-investment-in-the-care-economy\\_final.pdf](#) ([globalallianceforcare.org](#))

<sup>49</sup> Pierotti, R., Delavallade, C., Brar, R. 2023. *Engaging Men for Women's Economic Empowerment: Overview of the Evidence*.

through working with government and community structures while also ensuring training is well contextualized.<sup>50</sup>

**Holistic programming:** Reviews identified that many care programmes remain at the local level, and scaling and better linkages with other development issues is required to achieve greater impact. Holistic package of solutions were found to be the most effective.<sup>51,50, 52</sup>

**Section 5 introduces common measurement approaches and some of the challenges with tracking changes related to the care economy.** Promising tools include the Household care survey<sup>53</sup>; care policy scorecard to track the implementation of national policies<sup>54</sup>; rapid care analysis<sup>55</sup>; International Men and Gender Equality Survey;<sup>56</sup> and the UN Women- ILO policy support tool for estimating care deficits, investment costs and economic returns.<sup>57</sup> Challenges include the complexity of implementing the time use survey, and the need for lighter tools for ongoing programme monitoring, and the challenges of tracking incremental informal care time<sup>58, 59</sup>. *The evaluation will discuss the measurement approaches being used by offices, and opportunities and challenges to incorporating these tools.*

**Section 6 sets out the landscape of care programming,** in terms of key actors, coalitions and networks, and UN Women's areas of comparative advantage. Globally, there have been a number of initiatives, including the [Global Alliance for Care](#), the UN's [Global Accelerator for Jobs and Social Protection](#), and the World Bank's [Childcare Initiative](#). The UN family is an active stakeholder in this space, including UN Women, ILO, UNDP and UNICEF. Other active stakeholders in the

region include the World Bank Group, the African Population and Health Research Center, Oxfam and the Catholic Relief Services, among many others. UN Women brings particular strengths in terms of its relationships with the women's movement, its extensive experience working on policy change and social norms change, and its mandate on gender and coordinating the UN system on gender. Additionally, UN Women has been a thought leader in the area of the care economy, publishing several toolkits and papers that have guided the sector.

The evaluation will further explore what UN Women's comparative advantage, recognizing this will vary across countries, as well as opportunities to link and build on existing work within country and to better leverage UN women's comparative advantage, depending on the roles played by other stakeholders within the sector. Interviews will also explore interlinkages between the care economy and other work on entrepreneurship, private sector engagement on decent work, climate smart agriculture work to address time poverty, etc.

<sup>50</sup> Alemann, C., Mehaffey, R., & Doyle, K. (2023). Core Elements Of Gender-Transformative Fatherhood Programs To Promote Care Equality And Prevent Violence: Results From a Comparative Study of Program P Adaptations in Diverse Settings Around the World. Washington, DC: Equimundo

<sup>51</sup> WEF The Future of the Care Economy 2024.pdf ([weforum.org](https://weforum.org/)); [https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en;3R evaluation](https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en;3R%20evaluation)

<sup>52</sup> Lauri, T., Poder, K., & Ciccio, R. (2020). Pathways to gender equality: A configurational analysis of childcare instruments and outcomes in 21 European countries. *Social Policy & Administration*, 54(4), 646-665. <https://doi.org/10.1111/spol.12562>

<sup>53</sup> Oxfam. (2022). *Care work: Global progress report*. Oxfam International. <https://oxfamilibrary.openrepository.com/handle/10546/621291>

<sup>54</sup> Butt, A. P., Parkes, A., Castro Bernandini, M. D. R., Paz Arauco, V., Sharmishtha, N., & Seghaier, R. (2021). *Care Policy Scorecard: A tool for assessing country progress towards an enabling policy*

*environment on care*. Oxfam.

<https://doi.org/10.21201/2021.8069>

<sup>55</sup> Kidder, T., Pionetti, C., Chipfupa, U., & Remme, J. (2016). *Participatory methodology: Rapid care analysis*. Oxfam. <https://doi.org/10.21201/2016.620147>

<sup>56</sup> Equimundo. (2022). *The International Men and Gender Equality Survey: A status report on men, women, and gender equality in 15 headlines*. Washington, DC: Equimundo.

<sup>57</sup> [Policy-tool-Care-economy-en.pdf \(unwomen.org\)](#)

<sup>58</sup> ILO. (2021). *LFS modular time use measurement project. Closing the gender data gap on unpaid domestic and care work*. [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@stat/documents/publication/wcms\\_821251.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@stat/documents/publication/wcms_821251.pdf)

<sup>59</sup> Urwin, S., Lau, Y. S., Grande, G., & Sutton, M. (2021). The challenges of measuring informal care time: A review of the literature. *Pharmacoeconomics*, 39(11), 1209–1223. <https://doi.org/10.1007/s40273-021-01053-2>

# ANNEXES

Annex 1	List of stakeholders consulted and documents reviewed
Annex 2	Literature review and evaluation synthesis
Annex 3	Detailed Portfolio Analysis
Annex 4	Knowledge Products
Annex 5	Stakeholder Mapping
Annex 6	Evaluation Matrix
Annex 7	Data Collection Tools
Annex 8	Data Management Plan
Annex 9	Reference Group and Management Group Members
Annex 10	Terms of Reference
Annex 11	Selection of country case studies

## Annex 1: List of stakeholders consulted and documents reviewed

### Stakeholders consulted

- UN Women WEE focal points (Country Office level)
- UN Women WEE Regional Policy Analyst
- UN Women WEE Regional Programme Analyst
- UN Women Regional Programme Analyst - Care Economy

### Documents / systems reviewed

- Partner reports retrieved from the Partner and Grant Agreement Management System (PGAMS)– (23 identified care economy projects)
- Donor narrative and financial reports retrieved from the Donor Agreement Management System (DAMS)- (13 identified care economy projects)
- [UN Women Africa | UN Women – Africa](#) (2 identified projects)
- Results Management System (RMS)
- UN Women Burundi Country Office Annual Reports (2018-2023)
- UN Women Ethiopia Country Office Annual Reports (2018-2023)
- UN Women Kenya Country Office Annual Reports (2018-2023)
- UN Women Malawi Country Office Annual Reports (2018-2023)
- UN Women Mozambique Country Office Annual Reports (2018-2023)
- UN Women Regional Office Annual Reports (2018-2023)
- UN Women Rwanda Country Office Annual Reports (2018-2023)
- UN Women South Africa Multi Country Office Annual Reports (2018-2023)
- UN Women Somalia Country Programme Presence Annual Reports (2018-2023)
- UN Women South Sudan Country Office Annual Reports (2018-2023)
- UN Women Sudan Country Office Annual Reports (2018-2023)
- UN Women Tanzania Country Office Annual Reports (2018-2023)
- UN Women Uganda Country Office Annual Reports (2018-2023)
- UN Women Zimbabwe Country Office Annual Reports (2018-2023)
- Burundi Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Ethiopia Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Kenya Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Rwanda Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Sudan Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Tanzania Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care

- Uganda Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care
- Zimbabwe Country Profile And Expression Of Interest To Participate In The Global Programme Transforme Care

The literature reviewed for the literature review is set out in Annex 2.

The list of UN Women knowledge products reviewed is set out in Annex 4.

## Annex 2: Literature Review and Evaluation Synthesis

The literature review and knowledge products and evaluation synthesis is accessible [here](#).

## Annex 3: Detailed Portfolio Analysis

This annex consists of two parts. Annex 3 sets out further detail on the portfolio analysis in terms of projects mapped. Annex 4 sets out further information on the knowledge products.

### Annex 3.1: portfolio analysis projects

The table below provides further detail on the portfolio analysis projects.

For the following headings, pre-determined categories were used for the analysis.

- **The 5Rs:** Reduce, Redistribute, Recognize, Reward, Represent
- **Approaches/ activities:** Capacity building / training /mentor; Advocacy and policy influence; Technical assistance; research / analysis; Direct delivery of services (e.g. care services)
- **Outcomes:** the ones sent out in the *TransformCare* Theory of Change: 1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms
- **Budget:** Where care activities were integrated into a larger project, the budget refers to the total budget for that entire project. However, in cases where there was a standalone care project, the budget refers specifically to the budget allocated for the care activities.
- **Category of partners:** Based on the classification in UN Women's Partner Grant Management System, the partners (implementing partners and responsible parties) were classified into the following categories: Government; Inter-governmental institution; UN Entity; CSO and Womens' Organizations; Unions, cooperatives, workers' associations; Private sector institutions and business associations; Academia; International financial institutions (IFIs); Media; and Alliances and networks.
- **Target groups:** Governments and intergovernmental institutions; Business; and Caregivers and care recipients.

Table 2: Detailed portfolio analysis

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
La Masculinité Positive pour une autonomisation économique	Burundi	Reduce, Redistribute	* Capacity building / training /mentor * Advocacy and policy influence * Direct delivery of services (e.g. care services)	3-Shift in social and economic norms	\$128,520	2019-2019	United Nations Development Programme (UNDP)	Government; UN Entity; CSO and Womens' Organizations; Academia; Media	Caregivers and care recipients; Boys and men



Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
de femmes et des filles									
Enhancing the Gender Responsiveness of the House of Peoples' Representatives and the Effective Leadership of Women Parliamentarians Project	Ethiopia	Represent	Advocacy and policy influence	3-Shift in social and economic norms	\$162,000	2019-2021	United Nations Development Programme (UNDP)	Government	Governments and intergovernmental institutions
Gender Transformative Climate Smart Agriculture and Agri-Business Program for Integrated and Inclusive Economic Empowerment	Ethiopia	Reduce, Represent	Capacity building / training /mentory	3-Shift in social and economic norms	\$979,843	2019-2023	Government Of Norway; Swedish International Development Cooperation; Government Of	CSO	Women and youth

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
nt of Rural Women/Female youths (CSAAB P)							Netherlands		
Integrated and Sustainable Economic Empowerment Initiatives for Women and Female Youth in Ethiopia	Ethiopia	Recognize	Capacity building / training /mentory	2-Increased decent paid jobs, 3-Shift in social and economic norms)	\$497,543	2020-2024	Government of Netherlands, Norway, Japan, Swedish International Development Cooperation	CSO	Governments and intergovernmental institutions; Business;
Joint Programme on Gender Equality and Women Empowerment - Rural Women Economic Empowerment Component	Ethiopia	Recognize	Capacity building / training /mentor	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$955,182	2012-2022	Multi-Donor Trust Fund Office	Government, UN Entity, Private sector institutions, Academia	Rural Women, Women institutions, Community, Government Implementing Partners,

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
<a href="#">Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy</a>	Ethiopia	Recognize	Capacity building / training /mentor	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$1,763,520.41	2021-2023	Swiss Agency for Development and Cooperation; Open Society Foundation	UN Entity	Government
Empowerment of pregnant mothers, girls and adolescents and support health workers during COVID 19	Kenya	Reduce	Direct delivery of services (e.g. care services);	1-Increased provision care-supporting services	\$14,040	2020-2020	United Nations Development Programme (UNDP)	UN Entity; CSO and Womens' Organizations	Caregivers and care recipients
Making Every Woman and Girl Count Programme in Kenya	Kenya	Recognize	* Capacity building / training /mentor * Advocacy and policy influence * Technical assistance, research / analysis	3-Shift in social and economic norms	\$856,312.84	2018-2022	Bill and Melinda Gates Foundation	Government; Academia	Governments and intergovernmental institutions

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Evidence-Based Policy for Advancing the Care Economy in Kenya	Kenya	Reduce, Redistribute, Recognize, Reward, Represent	* Capacity building / training /mentor * Advocacy and policy influence * Technical assistance, research / analysis	1-Increased provision care-supporting services, 3-Shift in social and economic norms	\$1,900,873	2024-2025	Bill and Melinda Gates Foundation	Government; UN Entity; CSO and Womens' Organizations	Governments and intergovernmental institutions; Caregivers and care recipients
Amendment of the Child Care bill	Malawi	Reduce, Redistribute, Recognize, Reward, Represent						Government	National
NSO - Collection, Analysis and Reporting of Time Use Survey Data	Malawi	Reduce, Redistribute, Recognize, Reward, Represent	Technical assistance, research / analysis	1-Increased provision care-supporting services, 3-Shift in social and economic norms)	\$100,000.80	2023-2024	Bill and Melinda Gates Foundation	Government	National
Regional Sharefair on the Care Economy	Regional Office (RO)	Reduce, Redistribute, Recognize, Reward, Represent	Advocacy and policy influence	3-Shift in social and economic norms	\$50,000	2022-2023	Development of Foreign Affairs and Development; UN Women	CSO and Womens' Organizations	Governments and intergovernmental institutions (sub-national; national and regional)

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
<a href="#">CSW66 side event</a>	Regional Office (RO)	Reward	* Advocacy and policy influence	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	Information not available	2022	UN Women; UNEP	Government; Academia	Technical experts, International Agencies, United Nations entities, academia, civil society organizations, National Statistical Offices, Donors, UN Women Country Office teams
<a href="#">Women Count</a>	Regional Office (RO)	Recognize	* Advocacy and policy influence * Technical assistance, research / analysis	3-Shift in social and economic norms	Information not available	2016-Current		Government; UN Entity; CSO and Womens' Organizations; Alliances and networks	Governments and intergovernmental institutions

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Accelerating national progress towards women's economic autonomy through male involvement in unpaid care and domestic work	Rwanda	Recognize, Reduce, Redistribute	* Capacity building / training /mentor * Technical assistance, research / analysis	3-Shift in social and economic norms	\$70,000	2022-2022	Development of Foreign Affairs and Development	Government; CSO and Womens' Organizations; Unions, cooperatives, workers' associations;	Men and women working with women's cooperatives and other organizations; Governments and intergovernmental institutions
Accelerating Progress Towards the Economic Empowerment of Rural Women in Rwanda	Rwanda	Reduce	Capacity building / training /mentor; Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services	\$839,312	2018-2023	Multi-Donor Trust Fund Office	Government; UN Entity; CSO and Womens' Organizations;	Caregivers and care recipients
Addressing 3Rs of Unpaid Care Work for Women Empowerment	Rwanda	Reduce, Redistribute, Recognize, Reward, Represent	* Capacity building / training /mentor * Technical assistance, research / analysis	1-Increased provision care-supporting services, 3-Shift in social and economic norms	\$139,115.50	2023-2024	Government of Germany	CSO and Womens' Organizations	Caregivers and care recipients

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Advocacy and dialogues around unpaid care work	Rwanda	Recognize, Redistribute, Reduce	Advocacy and policy influence	3-Shift in social and economic norms	\$68,126.11	2022-2022	Development of Foreign Affairs and Development	CSO	Women smallholder farmer's; Policy makers
Covid-19-Related Risks Mitigation Interventions Among Female Domestic Workers	Rwanda	Recognize, Reward	* Capacity building / training /mentor	2-Increased decent paid jobs	\$39,705.91	2021-2022	MPTF-UN COVID-19 Response Recovery	CSO and Womens' Organizations; Unions, cooperatives, workers' associations;	Caregivers and care recipients
High level dialogue on the journey of FFRP and the impact of Women Representation in Parliament	Rwanda	Recognize	Advocacy and policy influence	3-Shift in social and economic norms	\$21,473.86	2023-2024	Multi-Donor Trust Fund Office	Government	Governments and intergovernmental institutions
Piloting Early Childhood Development Centers services in Naguru	Rwanda	Recognize, Reduce, Redistribute	* Capacity building / training /mentor * Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services	\$61,606.30	2022	Development of Foreign Affairs and Development	CSO and Womens' Organizations	Caregivers and care recipients

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Solid Africa women focused COVID-19 Response through reduction of unpaid care work and strengthening resilience to negative socioeconomic impact of COVID-19	Rwanda	Reduce	Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services	\$20,000.89	2019-2020	UN Women	Government; CSO and Womens' Organizations; Alliances and networks	Caregivers and care recipients
Targeted response to cases of SGBV which occurred during COVID-19 period: Addressing the social protection needs of teenage mothers	Rwanda	Reduce	Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services	\$25,056.83	2021-2022	MPTF-UN COVID-19 Response Recovery	Government; UN Entity; CSO and Womens' Organizations; Private sector institutions and business associations	Caregivers and care recipients



Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Transformative Approaches to Recognize, Reduce, and Redistribute Unpaid Care Work in Women's Economic Empowerment Programming in Rwanda and Senegal	Rwanda	Recognize, Reduce, Redistribute	<ul style="list-style-type: none"> <li>* Capacity building / training /mentor</li> <li>* Advocacy and policy influence</li> <li>* Technical assistance, research / analysis</li> <li>* Direct delivery of services (e.g. care services)</li> </ul>	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$3,177,940.45	2021-2022 / 2023-2025	Department of Foreign Affairs, Trade and Development of Canada (DFATD); Government of Germany	Government; Inter-governmental institution; UN Entity; CSO and Womens' Organizations;	Governments and intergovernmental institutions; Caregivers and care recipients
Azali Health Care : "Takuwani Riime" Men's Movement - Mens Parliament	South Africa	Recognize	* Advocacy and policy influence	3-Shift in social and economic norms	\$204,468.86	2021-2023	Standard Bank; Development of Foreign Affairs and Development; UNAIDS	Government; UN Entity; CSO and Womens' Organizations; Private sector institutions and business associations	Men

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Support To The Process Of Implementing Social Protections For Women Workers In The Informal Economy In South Africa	South Africa	Recognize, Reward, Represent	* Advocacy and policy influence * Technical assistance, research / analysis	2-Increased decent paid jobs	\$106,007.28	2021-2022	MPTF-SDG Fund	CSO and Womens' Organizations; Unions, cooperatives, workers' associations; Academia	Caregivers and care recipients
Transformative Approaches to Recognize, Reduce, and Redistribute Unpaid Care Work in Women's Economic Empowerment Programming (3R Programme)	South Africa	Recognize, Reduce, Redistribute	Capacity building / training /mentor; Advocacy and policy influence; Technical assistance, research / analysis; Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$3,668,316.79	2021-2022	Department of Foreign Affairs, Trade and Development of Canada (DFATD)	Government; Private sector institutions and business associations;	Governments and intergovernmental institutions; Caregivers and care recipients

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Using HeForShe As A Methodology For HIV Prevention And Aids Management And Working With Men To Address Negative Social Norms And Gender Stereotypes Leveraging HeForShe Campaign.	South Africa	Recognize	* Capacity building / training /mentor * Technical assistance, research / analysis	3-Shift in social and economic norms	\$362,068.59	2021-2022	Government of Japan; Government of Ireland; UNAIDS	Government; CSO and Womens' Organizations; Unions, cooperatives, workers' associations; Private sector institutions and business associations	Caregivers and care recipients; Men and boys; community in general; Department of Health; Tavern owners; NOKIA; Young Women and Men in the community; Facebook; Community radio stations;
Enhancing Women's Entrepreneurial Capacities for Effective Engagement in the Value Chain and Gender Inequality Pattern	Sudan	Reduce	Technical assistance, research / analysis	1-Increased provision care-supporting services	\$169,218	2024-2024	Italian Ministry for Foreign Affairs	Academia; CSO	Caregivers and care recipients

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Transformation									
Advancing the Rights of Persons with Disability in Tanzania	Tanzania	Recognize, Represent	Advocacy and policy influence	3-Shift in social and economic norms	\$119,486.54	2021-2024	Multi-Donor Trust Fund Office	Government	PWDs
Economic Justice and Rights Action Coalition	Tanzania	Reduce, Reward	* Advocacy and policy influence * Technical assistance, research / analysis * Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$139,008.46	2021-2026	Government of Spain; GIZ-Deutsche Gesellschaft International	Government; UN Entity; Private sector institutions and business associations;	Governments and intergovernmental institutions; Caregivers and care recipients
Joint Programme “Accelerating Progress Towards Rural Women’s Economic Empowerment” (JP RWEE) Phase II	Tanzania	Reduce, Redistribute, Recognize, Reward, Represent	Capacity building / training /mentory; Advocacy and policy influence	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$1,131,748	2022-2027	Government of Sweden; Government of Norway	Government	Caregivers and care recipients

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
Strengthening women's and girls' meaningful participation, leadership, and economic rights at the local level (WLER)	Tanzania	Represent	Capacity building / training /mentoring; Advocacy and policy influence	3-Shift in social and economic norms	\$8,654,718.60	2021-2025	Government of Finland	Government, CSO	Government; Caregivers and care recipient
Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Ikungi District, Singida Region in Tanzania (TANGSEN)	Tanzania	Recognize, Reduce, Redistribute	Capacity building / training /mentory; Advocacy and policy influence; Technical assistance, research / analysis; Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$49,129.58	2023-2024	Department of Foreign Affairs Trade and Development	CSO	<ul style="list-style-type: none"> <li>• Community members (women, men, girls, boys)</li> <li>• Male and female influencers such as community and traditional leaders, etc.</li> <li>• Current and prospective women local government leaders</li> <li>• Government actors and</li> </ul>

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
									<p>policymakers</p> <ul style="list-style-type: none"> <li>• Women entrepreneurs</li> </ul>
Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Singida, Tanzania	Tanzania	Recognize, Reduce, Redistribute	Advocacy and policy influence; Direct delivery of services (e.g. care services)	1-Increased provision care-supporting services, 2-Increased decent paid jobs, 3-Shift in social and economic norms	\$220,039.82	2023-2024	Government of Canada	CSO	Caregivers and care recipients
<a href="#">UN Joint Programme in support of strengthening the social protection system in the United Republic of Tanzania</a>	Tanzania	Recognize	<ul style="list-style-type: none"> <li>* Capacity building / training /mentor</li> <li>* Advocacy and policy influence</li> <li>* Technical assistance, research / analysis</li> </ul>	3-Shift in social and economic norms	\$100,000	2020-2021	Joint SDG Fund	Government; UN entities	Caregivers and care recipients
Spotlight initiative	Zimbabwe	Reduce, Redistribute, Recognize	<ul style="list-style-type: none"> <li>* Capacity building / training /mentor</li> <li>* Direct delivery of services (e.g. care services)</li> </ul>	1-Increased provision care-supporting services, 3-Shift in social and economic norms	\$7,469,414	2019-2023	MPTF-Spotlight Initiative Fund	Government; CSO and Womens' Organizations; Unions, cooperatives,	Governments and intergovernmental institutions; Caregivers

Project Name	Country	5R(s) it relates to	Approach / activities	Outcome(s)	Budget	Duration	Donors	Category of partners	Target groups
								workers' associations	and care recipients
Empowering Women Through Safe, Resilient, Gender Responsive Food Markets and Systems in response to Covid 19 in Zimbabwe	Zimbabwe	Reduce, Recognize	<ul style="list-style-type: none"> <li>* Capacity building / training /mentor</li> <li>* Technical assistance, research / analysis</li> <li>* Direct delivery of services (e.g. care services)</li> </ul>	1-Increased provision care-supporting services, 2-Increased decent paid jobs	\$416,075	2021-2022	MPTF-UN COVID-19 Response Recovery	Government; UN Entity; CSO and Womens' Organizations; Private sector institutions and business associations	Caregivers and care recipients

### Types of approaches used and synergies across approaches

The review identified two types of projects: **those with an explicit care focus** and **those with an implicit or secondary care element**. Examples of the latter category had a predominant focus on a different theme, mainly Women's Economic Empowerment (see portfolio diagrams above).

**The projects with an explicit care focus** (16/ 38) adopt the 3R framework and propose a series of strategies for change: service strengthening, social norms change, data and research, policy advocacy, workforce investment, and infrastructure investment. The countries that stand out for their comprehensive approach are Rwanda and South Africa, each implementing the global programme "*Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work*" and Tanzania that established a national project based on the global initiative.

**The projects with an implicit or secondary care element** (22/38) have different TOCs but employ strategies for change that are also found in the projects with an explicit care focus. Most of these projects concentrate on one or two strategies: service strengthening, workforce investment, and social norms change. For example, the project in Burundi, "*Positive Masculinity for Economic Empowerment of Women and Girls*," aims to improve the living conditions of women through social norms change that seeks to increase men's participation in care and domestic work. Likewise, the project in Ethiopia, "*Gender Transformative Climate Smart Agriculture and Agri-Business Program for Integrated and Inclusive Economic Empowerment of Rural Women/Female youths*", aims to reduce poverty and vulnerability of women through workforce and infrastructure investment. The particular care element of the project involves access to time saving climate resilient infrastructure and technologies (e.g. electricity, fuel saving stoves, solar energies).

**In terms of target outcomes**, the evaluation team mapped projects against the outcomes set out in the *TransformCare* theory of change. 55% of projects targeted outcome 1, *Increased provision care-supporting services*. 39% targeted outcome 2, *increased decent paid jobs*. 82% targeted outcome 3, *shift in social and economic norms*. Of the 38 projects, 23 targeted one outcome, 6 targeted two outcomes (most commonly outcome 1 and 3), and 9 targeted all 3 outcomes.

**Certain activities were more commonly linked to certain target outcomes.** Projects targeting Outcome 1: Increased provision of care-supporting services, most commonly directly delivered services or capacity building activities. Project targeting Outcome 2: increased decent paid jobs, most commonly delivered capacity building and advocacy. Projects targeting Outcome 3: Shift in social and economic norms, most commonly delivered capacity building, advocacy work and research.

Across the three outcomes, projects linked to Outcome 2 had the

highest budget, approximately USD 19 million, followed by projects linked to Outcome 1 at USD 11.5 million, and projects linked to Outcome 3 with a budget of about USD 1.85 million.

**Many projects used a range of approaches, recognizing the complementarities between different strategies.** To name a few examples, offices have used a combination of data and research with social norm change programming, to bolster their policy advocacy. Likewise, achieving service strengthening and investment in the workforce and infrastructure requires a parallel effort of awareness raising and policy advocacy.

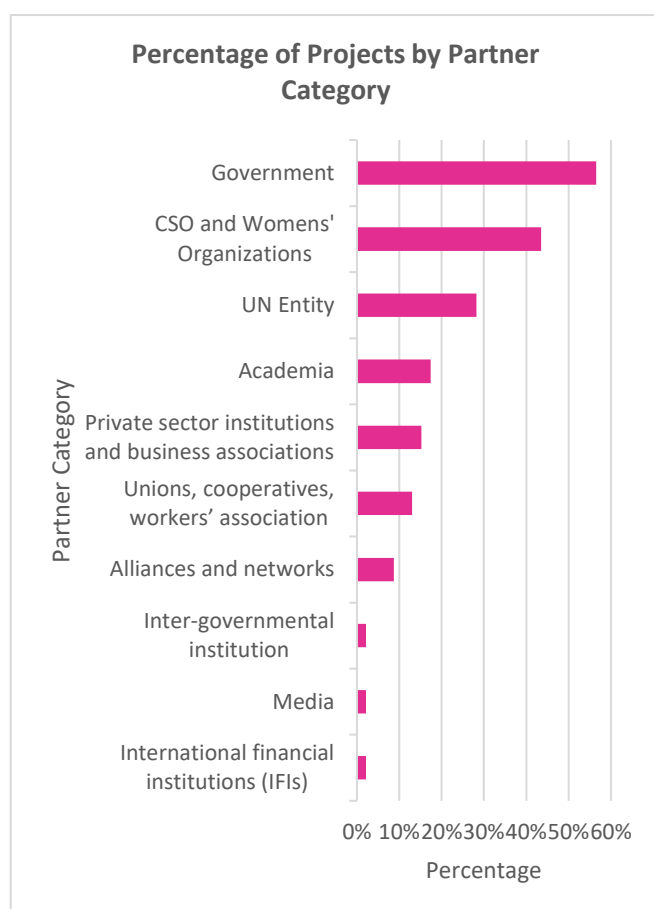
**In terms of coverage across the 5Rs**, 74% of projects targeted 'recognize'; 58% targeted 'reduce'; 39% targeted 'redistribute', 29% targeted 'represent' and 26% targeted 'reward'. Out of the 38 projects, 2 projects worked across all 5Rs, 14 worked on 1 of the Rs, 6 worked on 2 of the Rs, and 16 worked across 3Rs (most commonly across recognize, reduce and redistribute, reflecting the earlier used 3R framework). Overall, more work is done targeting unpaid care work (recognize, reduce and redistribute) than paid care work (representing the interests of paid care workers and rewarding paid care work appropriately).

### Project stakeholders

The projects partnered with **multiple and diverse stakeholders**, mainly authorities and governmental institutions; CSO and Women's Organizations, Academia, Private Sector Institutions and Business Associations, Unions, Cooperatives, and Workers' Associations (See figure 3). These actors not only participate as collaborating actors but also as co-implementing actors with UNW.



Figure 3: Percentage of projects by partner category



**57% of projects collaborated with authorities and government institutions** at various levels in different ways, mainly to obtain their buy-in and achieve the sustainability of the care projects. UNW has collaborated with these actors by offering technical assistance, trainings on care and public policy, helping with better coordination among relevant actors, and facilitating data and research on the subject.

**In total 43% of projects engaged CSOs and Women's Organizations** to reach local stakeholders and multiply the impact of the projects. In many instances, CSO and Women's Organizations act as the main implementing actors, under UN Women supervision, offering capacity-building workshops, raising social awareness in communities on the care economy, advocating for the inclusion of the 5Rs in national policy, and providing care services themselves.

On the other hand, **projects involved academia (17%)** are generally related to data and research (e.g., the Making Every Woman and Girl Count Programme in Kenya and the Gender Equality Profiles in the region).

In terms of **targeted populations**, 55% specifically targeted caregivers and care recipients; 24% targeted community members – for example men and boys and women and girls; 49% targeted government and intergovernmental organizations, including policy makers; and 3% targeted businesses.

### Evidence of what works, best practices and lessons learned

The subsections below synthesizes institutional learning to date – from project documents and initial interviews - regarding what works with regards to implementing care programming, as well as key challenges. These findings are preliminary and should be deepened during the subsequent data collection phase, in addition to gathering data on the enabling factors of the care agenda at the regional office and country level.

### Lessons learned on what works and how to advance the care agenda

**Integrated approaches yield better results.** Most of the projects mapped use multiple strategies to achieve the 5Rs objectives, reflecting an understanding of their interrelation. Implementing teams recognize that achieving significant results requires using more than one strategy for change. For example, the “*Early Childhood Development Centers (EDC) services*” project in Rwanda used an integrated approach by adding to the core component of the project - construction and rehabilitation of the EDCs – other components that ensured their proper functioning. These components were the provision of furniture and equipment, training of caregivers and teachers, capacity building of local authorities and dialogue with community stakeholders.

**Enhancing the capacities and coordination of state actors is essential for the effective delivery and sustainability of care services.** State actors hold the resources, access to the population, and legitimacy necessary for successful interventions. By building their capabilities and improving coordination among them, care projects can attain greater impact and long-term viability. Kenya's “*Evidence-Based Policy for Advancing the Care Economy*” project offers a stellar example. This project, led by the government with support from UN Women, created coordination mechanisms among multiple state actors (National Steering Committee and National Technical Working Group)<sup>60</sup>

<sup>60</sup> The National Steering Committee was chaired by the Principal Secretary-State Department for Gender and Affirmative Action. The National Technical Working Group comprised of representatives from the public sector (Gov Ministries), private sector (including Kenya Private Sector Alliance), academic (including University of Nairobi Women Economic

Empowerment Hub) and research institutions (including African Population & Health Research Centre), civil society organizations (including Kidogo), Non-Governmental Organizations (including OXFAM) (NGOs), development partners (including World Bank) and Council of Governors (COG).

and included a comprehensive capacity-building program, so that they could integrate unpaid care work within their respective work and planning.

**Changing social norms within households and communities is a key part of redistributing unpaid care work.** The projects that address discriminatory social norms and gender stereotypes show great potential for the redistribution of unpaid care and domestic work when accompanied by other strategies for change (e.g. strengthening care services, improving care infrastructure, and advocating for a favorable economic and work environment for women). For example, the project *“Transformative Approaches to Recognize, Reduce, and Redistribute Unpaid Care Work in Women’s Economic Empowerment Programming - 3R Programme”* in Rwanda promotes positive social norms and masculinities while supporting women farmers to access time-saving technologies.

Care is essential for societal and economic well-being, yet its unequal distribution and undervaluing are key drivers of gender inequality. Women and girls’ disproportionate unpaid care responsibilities severely limit their access to education, paid work, and political participation. Economic empowerment alone will not reduce women’s care responsibilities unless it is paired with systemic changes that challenge social norms, redistribute care responsibilities, and provide supportive policies and infrastructure. Addressing care holistically is critical to achieving gender equality and sustainable development.

At the same time, projects need to promote a favorable economic environment and strengthen women’s agency and decision-making power. To name one example, the Tanzania project *“Accelerating Progress Towards Rural Women’s Economic Empowerment”* - which seeks to improve women’s income and quality of life – the project does not only focuses on 1) teaching job and entrepreneurial skills (e.g. TVET programs) and 2) facilitating access to time-saving technologies, but also 3) sensitizes community stakeholders and local authorities on the 5Rs, 4) creates partnerships with financial institutions, and 5) trains policymakers on the matter.

**Care services should include a focus on availability, quality and responsiveness to local needs.** For care services to truly reduce the responsibility on women and other caregivers, they need to be of quality. This can include ensuring facilities are in good condition and accessible by safe and affordable transit, offering professional training to caregivers, and offering several services at the same place to increase convenience (e.g. Rehabilitated

ECDs in Rwanda include education, nutrition, WASH facilities, dialogue with parents, and awareness of other social protection services). Likewise, these services must respond to local needs, in terms of the services required and the cultural relevance they should have. The case of the *“Safe Market”* project in Zimbabwe provides an example by proposing a solution that responds to the specific local needs and context. The project builds and rehabilitates safe markets to support women working in the informal sector, as it understands that markets are central to the lives and livelihoods of many women and marginalized groups. Women producers and sellers can gather and sell their products in spaces that comply with occupational health and safety regulations, free of GBV, and with day care centers.

### Challenges

Three main challenges were identified. UN Women teams in the region identified social norms and gender stereotypes as the main challenge to advancing the 5Rs objectives. Women’s disproportionate responsibility for care and domestic work, and lack of support for this work, is largely accepted in societies at large. Moreover, time use surveys are relatively new throughout the region and official statistics revealing discrepancies in time spent on paid and unpaid labour, between genders, remain largely unavailable - though some important exceptions exist (e.g. 2021 Kenya Time Use Survey and Rwanda Baseline Survey on Unpaid Care Work Status among Women and Men in 8 Districts of Rwanda that was conducted by UN Women).<sup>61</sup> The implementing teams also mentioned little progress in the recognition of the rights of domestic workers, emphasizing the long road ahead in both the domestic and care work agendas.

### Theories of change, indicators and measurement approaches being used

Most of the projects we reviewed that focused specifically on the care economy established a **project-specific TOC in which the 3Rs or 5Rs are explicit or implicit**.

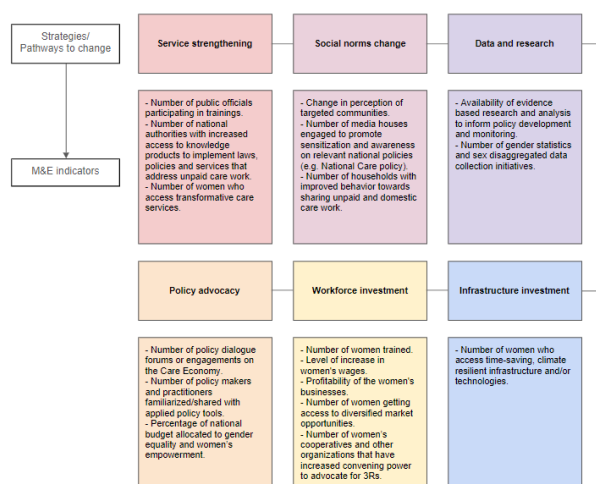
As for the **monitoring and evaluation (M&E)** of these projects, each has a strategy with results and indicators that is linked to the project-specific TOC. The implementing teams collect both quantitative and qualitative data to assess results, and to weigh lessons learned and lived experiences. Overall, monitoring tends to be quantitative and focused mainly at the output level, in terms of the immediate results of the interventions (e.g. Number of beneficiaries, interventions, and partnerships), see Figure 4

<sup>61</sup> Countries with Time Use Surveys (TUS) – Kenya (2021) and Malawi. Tanzania has conducted an Integrated Labour Force Survey (LFS) – Tanzania (2020-2021) while Uganda has a National Labour Force Survey

(2021).

below.

Figure 4: Output indicators



**Measuring qualitative aspects such as changes in community attitudes and leadership skills is also critical.** While many projects disaggregate data by sex and age, fewer projects disaggregate by disability. Depending on the context, other key factors that may be useful to disaggregate by include: migrant workers / refugees; informal workers; HIV status; women headed households, etc., to understand how well programmes are reaching marginalized or vulnerable populations.

**The UN Women teams recognize the importance of tracking medium and long-term outcomes, and creating indicators that support this.** There is opportunity to strengthen the monitoring approach of care economy programming, to strengthen the link between the indicators used and the theory of change, and to attempt to also measure changes in higher level results, including outcomes. A particular gap is in indicators measuring the effectiveness of policies, policy implementation, and resultant effects on women and girls.

**There are some promising approaches to track outcome level change.**

**For projects where care activities are integrated in a wider programme, indicators measure a range of areas, including economic empowerment** through income level changes; **leadership and decision-making** through tracking the roles and influence of women in decision-making within households, communities, and organization; and **skills development** through

strengthened capacity of women participants.

**Standalone care programmes have effectively tracked changes in terms of behavioral changes, policy development, and improved access to care services.** There exist unrealized opportunities to capture some of these changes in programmes where care is an implicit focus. **The balance between using output level indicators versus outcome level indicators is also affected by the duration of projects.** Shorter-term projects typically concentrate on immediate outputs and less on longer-term impacts due to the shorter duration and limited scope such as *"Support To The Process Of Implementing Social Protections For Women Workers In The Informal Economy"* in South Africa that focuses on the number of Membership Based Organizations (MBOs) trained and campaign strategies in place. On the other hand, longer-term projects, such as *"Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work,"* tend to use a broader range of indicators that include both outputs and outcomes. They aim to measure long-term impacts like changes in women's labor force participation, policy development, and improved care services, which require more time to realize and assess.

Interviews with UN Women personnel revealed that in places where there is not a clear institutionalized adoption of a 3R or 5R framework, that teams do not tend to follow a TOC with explicit care focus. The implication of this is that more exposure to care concepts, TOCs and measurement strategies would be needed.

### Knowledge products

**A total of 92 knowledge products were mapped.** The most common were briefs (24); assessments (21); and reports (18). Other knowledge products include videos (11); policy papers (7); studies (5); articles (4); guidance (1) and good practices (1).<sup>62</sup> In addition to these, there are "Experts Take" such as *"Gender Inequalities Reducing Agricultural Productivity"*<sup>63</sup> and "Explainers" such as *"Unpacking the care society: Caring for people and the planet"*.<sup>64</sup>

**Coverage varies across the region.** Offices producing the most knowledge products were the regional office (26); Ethiopia (19); Rwanda (10) and Kenya (6), accounting for 66% of the total number of products.

**The cost of research products was not readily available.** Offices provided data on budgets for 8 products, which totaled USD 108,105, and averaged USD 13,000 per product. Tracking expenditure would support the analysis of cost-effectiveness of producing these knowledge products.

**The knowledge products analyzed provided a diverse range of publications and reports from various countries including global**

<sup>62</sup> Categorization derived from UN Women website.

<sup>63</sup> [Expert's Take: Gender Inequalities Reducing Agricultural Productivity.](#)

<sup>64</sup> [Unpacking the care society: Caring for people and the planet](#)

and regional publications, focusing on care work, gender equality, and economic empowerment. A broad spectrum of topics were covered. Some frequent topics include: economic analysis; gender responsiveness analysis; Covid-19 impacts; and good practices and lessons learned.

**A total of 10 knowledge products undertook economy analysis and modelling on the costs and benefits of investing in care infrastructure / comprehensive care.** This included coverage both at the global level and regional level. The regional "*Investing in free universal childcare in sub-Saharan Africa*" estimates the running cost of providing universal childcare, the employment effects on women and men, and the fiscal effects of the jobs created by investing in childcare. At the country level, reports on Ethiopia, Kenya, South Africa, Tanzania and Rwanda analyzed the economic impact of care work and the costs associated with investing in childcare and care systems, for example, Ethiopia's reports on "*Estimating Care Deficits*" and "*Costs and Returns of Investing in Child Care*".

**Many of the knowledge products (25 in total) also undertook assessments and presented data on current care systems, including care gaps and assessed the gender responsiveness of policies and frameworks.** For example, the "*Why Women Earn Less*" study for East and Southern Africa<sup>65</sup> provides a comparative view of gender pay gaps and labor market inequalities across the region, revealing persistent challenges and the need for targeted policy interventions. Several reports focus on gender-specific issues within countries. For example, Ethiopia's "*Gender Responsiveness Of Stimulus Packages, Fiscal Policies And Related Legal Frameworks In Ethiopia*" and Rwanda's "*Assessment of Gaps in Laws and Policies Related to Unpaid Care Work*" provide detailed analyses of how policies impact gender equality and care work.

**4 publications focus on various aspects of how COVID-19 has impacted care economies, fiscal policies, and household incomes, providing insights into gendered effects and recovery strategies.** For example, reports such as the "*Assessment Of The Gendered Effects Of The COVID-19 Pandemic On Households*" in Kenya and the global brief on "*COVID-19 and the Care Economy*" shed light on how the pandemic has exacerbated existing inequalities and disrupted care systems. Studies like Uganda's "*Engendering Fiscal Stimulus Packages*" evaluate the gender responsiveness of recovery efforts, stressing the importance of integrating gender considerations into economic stimulus measures.

**4 publications provided guidance on how to progress the care agenda.** For example, Ethiopia published two guidelines, "*An advocacy guideline: Unpaid Care and Domestic Work*" and "*TOT*

*Manual on Unpaid Care and Domestic Work*". At the global level, toolkits included, "*A toolkit on paid and unpaid care work: From 3Rs to 5Rs*" and "*Promoting women's economic empowerment: Recognizing and investing in the care economy*".

**5 publications focused on sharing good practices and lessons learned.** For example, the "*Good Practices, Lessons, Opportunities, and Challenges in the Care Economy in Ethiopia*" publication documented successful initiatives and identify best practices for improving care systems. The "*Unlocking the Potential of Rural Women in Ethiopia*" and "*SDG Renewable Energy Fund Programme*" in Zimbabwe, reports highlight some of the key contributors to results achieved under programmes.

**Other knowledge products provided data to support national action on the care economy.** For example, the "*Kenya Time Use Survey Report*" and "*National Care Needs Assessment*" provide critical inputs into informing contextualized care economy policy and initiatives. The South Africa "*Investing in Free Universal Childcare in South Africa, Turkey and Uruguay: A Comparative Analysis*" provides comparison analysis to help inform policy and investment in South Africa.

### Coverage

**Reports were either issued at the global, regional or country office level.**

**At the global level, knowledge products mostly feature toolkits and guidance to shape global discussions around care work.** Examples include the "*Toolkit on Paid and Unpaid Care Work*" and "*Beyond COVID-19: A Feminist Plan for Sustainability and Social Justice*".

**At the regional level, knowledge products mainly focus on unpaid and paid care work and labor market inequalities.** The "*Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa*" for example focuses on the paid care sector, "*The Care Agenda: A Regional Perspective for East and Southern Africa*" that provides a definition on the care agenda for the East and Southern Africa region, and "*The Landscape of Care Work in East and Southern Africa*" that provides an overview of the extent of care work and care needs in relation to existing care services, systems, policies, and infrastructure in selected ESA countries.<sup>66</sup>

**Knowledge products at country level were tailored to individual countries, focusing on local challenges and opportunities in gender equality, economic empowerment, and care work.** For example, in Zimbabwe knowledge products focused on impact stories and assessments related to care services and renewable energy, gender equality initiatives and local impacts, such as the "*UN Women Zimbabwe Spotlight Initiative Impact Stories*" and

(Rwanda, South Africa, Tanzania and Kenya) have publications at the country level.

<sup>65</sup> The study covered Ethiopia, Kenya, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, Tanzania and Uganda

<sup>66</sup> Conducted by the Regional Office in Burundi, Ethiopia, Malawi, Mozambique, Somalia, Sudan, South Sudan, Uganda, and Zimbabwe.

the “*SDG Renewable Energy Fund Programme*”. In Tanzania, the main challenges addressed include **gender equality, women's empowerment, and the impact of discriminatory social norms** such as, “*The Status of Discrimination in the Family*” and “*Strengthening Meaningful Participation, Leadership and Economic Rights for Women and Girls at the Local Level*” in Tanzania.

### **Uptake and use**

All knowledge products were intended to support the wider sector, but 45 policy briefs in particular explicitly sought to influence policy, through policy recommendations. There are some good examples of strong dissemination and use. In Ethiopia, products including “*Good Practices, Lessons, Opportunities, and Challenges in the Care Economy in Ethiopia*” and the “*Policy Brief on The Care Economy in Ethiopia*” were actively shared in workshops, policy dialogues, and forums. In Rwanda, the “*Baseline Survey on Unpaid Care Work Status*” and the “*Survey Of Existing Care Services*” were used to inform programme implementation and also used in communication and awareness raising events. The evaluation will further explore the extent to which knowledge products were used to inform discussions and influence policy decisions.

### **Collaboration with stakeholders**

The knowledge products were led by UN Women HQ, regional and country offices, depending on the scope of the product. The majority (70) were done in collaboration with government entities, academic institutions, multilateral agencies especially ILO, and other stakeholders. For example, UN Women partnered with government to deliver “*Baseline Survey on Unpaid Care Work Status in Rwanda*” (local government agencies) and the “*Kenya Time Use Survey Report*” (the Kenya National Bureau of Statistics, alongside other international organizations). The “*Estimating Care Deficits, Investment Costs and Economic Returns for Early Childhood Care and Education (ECCE) in Ethiopia (2024)*” and “*National Fiscal Stimulus Packages from a Gender*

*Equality Perspective*” were done in collaboration with ILO. The “*National Care Needs Assessment*” in Kenya was done in collaboration with the University of Nairobi.

### **Countries without specific care economy projects**

The portfolio analysis identified projects that contributed to the care economy. Not all country offices have delivered specific projects with elements contributing to the care economy, namely Mozambique, Somalia and South Sudan. Nonetheless, Mozambique and South Sudan have undertaken some work linked to the care economy.

#### **Mozambique:**

UN Women is actively engaged in Mozambique to support the care economy through several initiatives. Although there are no specific care economy projects currently underway, UN Women has partnered with UNEP to build the capacity of women entrepreneurs in solar energy and clean cooking stoves. Additionally, they are working with the National Statistics Office on Time Use Surveys as part of the Women Count Programme to better understand unpaid care work. UN Women Mozambique is also involved in the global initiative on Care and Disabilities (UNPRPD), which aims to address the needs of individuals with disabilities in the context of care.

#### **South Sudan:**

UN Women conducted studies<sup>67</sup> using Focus Group Discussions (FGDs) and Key Informant Interviews (KII) to collect data on unpaid care work in South Sudan, revealing that women and girls are primarily responsible for domestic tasks such as cooking, fetching water, and collecting firewood. The study reported also that most children in IDP camps do not go to school because schools are far away from the camps or natural disasters such as floods make schools inaccessible

<sup>67</sup> UN Women 2023. Gender Analysis for IDPs, Returnees and Host Communities in South Sudan.



## Annex 4: Knowledge products

The tables below lists the knowledge products, split by publications and videos. Against publications, ‘type’ refers to the label provided on the UN Women website. Where this is blank, no information has been provided on the UN Website. Categories were developed by the evaluation team, based on the most common categories of publications on care.

The [full mapping](#) of knowledge product also includes a description of the content, the year published, the publisher, budget and specific examples of use and evidence uptake where available.

### Publications

Table 3: Care economy knowledge products

Country	Title	Type	Categories
Burundi, Ethiopia, Malawi, Mozambique, Somalia, South Sudan, Sudan, Uganda, Zimbabwe	<a href="#">Landscape of Care Work in East and Southern Africa</a>	Brief	Assessment of care systems - national
Côte d’Ivoire, Nigeria, Rwanda, Senegal, and the United Republic of Tanzania	<a href="#">Investing in free universal childcare in sub-Saharan Africa</a>	Issue paper	Economic Analysis
Ethiopia	<a href="#">A guide to public investments in the care economy: Policy support tool for estimating care deficits, investment costs, and economic returns</a>	Assessment	Economic Analysis
Ethiopia	An advocacy guideline Unpaid Care and Domestic Work.		Toolkit / guidance
Ethiopia	<a href="#">Assessment Report on the Gender Responsive Budgeting (GRB) performance of selected sectors at Federal and Regional level</a>	Assessment	Assessment
Ethiopia	<a href="#">Climate smart agriculture empowering women in rural areas</a>	Online article	Impact Stories
Ethiopia	<a href="#">Engendering agricultural productivity in Ethiopia: The cost of the gender gap</a>	Policy paper	Economic Analysis
Ethiopia	<a href="#">Estimating Care Deficits, Investment Costs and Economic Returns for Early Childhood Care and Education (ECCE) in Ethiopia</a>	Assessment	Economic Analysis
Ethiopia	<a href="#">Ethiopia Gender Asset Gap Survey</a>	Survey	Economic Analysis
Ethiopia	<a href="#">Ethiopian Private Sector Commits To Women Empowerment Principles (WEPS)</a>	Brief	Event brief
Ethiopia	<a href="#">Federal Democratic Republic of Ethiopia – Country Gender Profile 2024</a>	Article	Assessment
Ethiopia	<a href="#">Gender and agricultural mechanization in Ethiopia- Rapid Assessment</a>	Assessments; Research papers	Assessment
Ethiopia	<a href="#">Gender Responsiveness Of Stimulus Packages, Fiscal Policies And Related Legal Frameworks In Ethiopia</a>	Policy paper	Assessment
Ethiopia	<a href="#">Gender Statistics Report 2017</a>		Assessment
Ethiopia	<a href="#">Gendered employment analysis and policy recommendations in Ethiopia</a>		Assessment
Ethiopia	<a href="#">Good Practices, Lessons, Opportunities, and Challenges in the Care Economy in Ethiopia</a>	Assessment	Lessons learned
Ethiopia	<a href="#">National Women Economic Empowerment Forum in Ethiopia. event brief</a>	Event brief	Event brief
Ethiopia	<a href="#">Policy Brief on The Care Economy In Ethiopia</a>	Policy paper	Assessment of care

			systems - national
Ethiopia	<a href="#">Press release: Economic empowerment of rural women positively impacts social norms and strengthens food security</a>	Press release	Press release
Ethiopia	<a href="#">The cost of Gender Gap in agricultural productivity in Ethiopia</a>	Briefs Project/programme reports	Economic Analysis
Ethiopia	<a href="#">The Costs and Returns of Investing in Child Care in Ethiopia</a>	Policy paper	Economic Analysis
Ethiopia	TOT Manual on Unpaid Care and Domestic Work		Toolkit / guidelines
Ethiopia	<a href="#">UN Women Ethiopia: Changing the Lives of Women and Girls – 2018</a>		Impact stories
Ethiopia	<a href="#">UN Women Ethiopia: Changing the Lives of Women and Girls - 2019</a>		Impact stories
Ethiopia	<a href="#">Unlocking the potential of Rural Women In Ethiopia</a>	Human Interest story	Impact Stories
Ethiopia, Malawi, Rwanda, Uganda and United Republic of Tanzania	<a href="#">The Gender Gap In Agricultural Productivity In Sub-Saharan Africa: Causes, Costs And Solutions</a>	Policy brief	Economic Analysis
Global	<a href="#">A toolkit on paid and unpaid care work: From 3Rs to 5Rs</a>	Manuals and tools	Global - Toolkit / guidelines
Global	<a href="#">Beyond COVID-19: A feminist plan for sustainability and social justice</a>	Good practices; policy papers	Lessons Learned
Global	<a href="#">Costing of a package of family-friendly transfers and services to advance gender equality and women's empowerment: An introduction to the calculations and results</a>	Discussion papers	Economic Analysis
Global	<a href="#">COVID-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery</a>	Briefs; Policy papers	Economic Analysis
Global	<a href="#">National fiscal stimulus packages from a gender equality perspective</a>	Assessments; Good practices; Manuals and tools; Case studies	Lessons learned
Global	<a href="#">Paid care work around the globe: A comparative analysis of 47 countries and territories</a>	Discussion papers; Research papers	Global assessment – paid care work sector
Global	<a href="#">Promoting women's economic empowerment: Recognizing and investing in the care economy</a>	Issue papers	Toolkit / guidelines
Global	<a href="#">The climate–care nexus: Addressing the linkages between climate change and women's and girls' unpaid care, domestic, and communal work</a>	Discussion papers; Research papers	Global – assessment and recommendations
Global	<a href="#">Turning Promises Into Action: Gender Equality In The 2030 Agenda For Sustainable Development</a>	Assessments; Flagship reports	Global assessment
Kenya	<a href="#">An Assessment Of The Gendered Effects Of The Covid-19 Pandemic On Households.</a>	Assessment	Economic Analysis
Kenya	<a href="#">Kenya Time Use Survey Report</a>	Time use survey	Time use survey
Kenya	<a href="#">Making Every Woman And Girl Count In Kenya</a>	Brief	Brief
Kenya	<a href="#">National Care Needs Assessment</a>	Assessment	Assessment
Kenya, Mozambique, Somalia, South Africa, Tanzania	<a href="#">Women's economic empowerment in the Indian Ocean Rim: Progress and challenges</a>	Assessments; Good practices; Research	Economic Analysis

		papers	
Malawi	<a href="#">Factors driving the gender gap in agricultural productivity in Malawi</a>	Study	Economic Analysis
Regional	<a href="#">Putting gender equality at the centre of social protection strategies in sub-Saharan Africa: How far have we come?</a>	Policy brief	Assessment
Regional	<a href="#">The Care Agenda: A Regional Perspective for East and Southern Africa</a>	Brief	Assessment of care systems - regional
Regional (Ethiopia, Kenya, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Tanzania, Uganda, and South Africa)	<a href="#">Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa</a> (regional), and country specific reports: <a href="#">Ethiopia</a> , <a href="#">Kenya</a> , <a href="#">Malawi</a> , <a href="#">Mauritius</a> , <a href="#">Mozambique</a> , <a href="#">Namibia</a> , <a href="#">Rwanda</a> , <a href="#">South Africa</a> , <a href="#">Tanzania</a> , <a href="#">Uganda</a> .	Report; Technical brief; policy brief	Economic Analysis
Rwanda	<a href="#">Assessing the Gender Gap in Agricultural Productivity in Rwanda</a>	Policy brief	Assessment
Rwanda	<a href="#">Assessment of gaps in laws and policies related to Unpaid Care Work in Rwanda</a>	Assessment	Assessment of care laws and policies - national
Rwanda	<a href="#">Baseline Survey on Unpaid Care Work Status among Women and Men in 8 Districts of Rwanda</a>	Assessments; Case studies; Infographics; Strategies	Assessment of care systems - local
Rwanda	<a href="#">Care Services and Social Care Infrastructure</a>	Research paper	Assessment
Rwanda	<a href="#">Levelling the unequal burden of unpaid care work through social transformation in Rwanda</a>		Event brief
Rwanda	<a href="#">Our aprons should have no gender: Engaging men to alleviate the care burden for women in Rwanda</a>	Article	Impact Stories
Rwanda	<a href="#">Survey Of Existing Care Services And Social Care Infrastructure In 8 Districts Of Rwanda</a>	Assessments; Research papers; Manuals and tools	Assessment of care systems - national
South Africa	<a href="#">Investing in free universal childcare in South Africa, Turkey and Uruguay: A comparative analysis of costs, short-term employment effects and fiscal revenue</a>	Discussion paper	Economic Analysis
South Africa	<a href="#">National Consultative Conference Report - Unpaid Care Work in South Africa</a>	Conference report	Assessment of care systems - national
South Africa	<a href="#">Rapid Care Analysis for the 3R Project in South Africa</a>	Assessment	Assessment of care systems - national
Tanzania	<a href="#">Opinion Editorial for International Day of Care and Support</a>		Brief
Tanzania	<a href="#">Policy Brief - The Status of Discrimination in the Family in Tanzania</a>	Brief	Assessment of Social norms - national
Tanzania	<a href="#">Social Institutions and Gender Index - SIGI Country Report for Tanzania</a>	Report	Assessment



Tanzania	<a href="#">Strengthening Meaningful Participation, Leadership and Economic Rights for Women and Girls at the Local Level in Tanzania - Abridged Version</a>	Brief	Assessment
Uganda	<a href="#">Engendering Fiscal Stimulus Packages And Recovery Efforts Adopted In Response To Covid 19 Health And Economic Crises In Uganda</a>	Report	Assessment
Zimbabwe	<a href="#">SDG Renewable Energy Fund Programme</a>	Article	Programme summary
Zimbabwe	<a href="#">UN Women Zimbabwe Spotlight Initiative Impact Stories: Galvanizing a Movement Responding to all Violence Against Women and Girls</a>	Impact stories	Impact Stories

## Videos

Table 4: Care economy videos

Country	Title	Year	Content	Publisher
Ethiopia	<a href="#">Addressing issues of Unpaid Care and Domestic Work: Good practices and opportunities in Ethiopia (youtube.com)</a>	2024	UN Women Ethiopia and ILO jointly implemented the Programme on promoting decent employment for women through inclusive growth policies and investments in the care economy. The project aims to support government organizations and development partners in implementing gender-sensitive policy responses to the COVID-19 crisis and ensuring a job-rich and inclusive recovery. This short video shows the results of the program that aims to share good practices, challenges, and opportunities in investing in the care economy in Ethiopia.	UNW; ILO
Ethiopia	<a href="#">JP RWEE: Unlocking the potential of rural women in Ethiopia</a>	2018	Joint Programme "Accelerating Progress towards the Economic Empowerment of Rural Women -	UNW
Kenya	<a href="#">Building Sustainable Resilience in Kenya: Easing unpaid care burden for women</a>	2023	The project is currently constructing and outfitting a daycare facility for women who are based at the Kalobeyei women empowerment centre, run by Don Bosco, to further enhance their production ability by easing their load of unpaid care work during their productive hours.	UNW
Rwanda	<a href="#">UN Women's Rwanda contribution towards addressing unpaid care work.</a>	2023	UN Women Rwanda's Contribution towards reducing the unpaid care responsibility in Rwanda.	UNW
Tanzania	<a href="#">Videos on Care</a>	2024		UNW
Tanzania	<a href="#">Clean cooking and childcare project</a>	2024		UNW

## Annex 5: Stakeholder mapping

The table below maps out the key stakeholders by country, category and in terms of their relevance to the evaluation. The list is drawn from donors from the donor agreement system, partners from the partner agreement system, UN Women personnel inputs.<sup>68</sup> The evaluation team will invite all stakeholders listed below to interview.

The countries where in-country case studies will be undertaken are highlighted in blue (representing a larger sample).

Table 5: Stakeholder mapping

Country Office	Role/Organization	Category	Relevance to the evaluation
Burundi	Ministry Of Labor.	Government	Potential partner in care work
Burundi	Ministry Of Gender and Social Affairs.	Government	
Burundi	Association des Employés et Employeurs du Burundi (Association of Employees and employers of Burundi)	Private Sector	
Burundi	World Bank	International Finance Institution	
Burundi	AfDB	International Finance Institution	
Burundi	Association des Femmes Actrices de Paix et de Dialogue (AFAPD)	Civil Society	
Burundi	Saemaul undong Burundi	Civil Society	
Burundi	Famille pour Vaincre le SIDA (FVS)	Civil Society	
Burundi	Chambre Fédérale du Commerce et de l'Industrie du Burundi (CFCIB)	Civil Society	
Burundi	CREOP-JEUNES.	Civil Society	
Ethiopia	Engender Health	Civil Society	ERG, and key player in care sector
Ethiopia	ECON M.Consultants	Civil Society	ERG, and key player in care sector
Ethiopia	Ministry of Women and Social Affairs	Government	ERG, and key player in care sector
Ethiopia	Oxfam	Civil Society	key player in care sector
Ethiopia	Action Aid	Civil Society	key player in care sector
Ethiopia	SOS Sahel Ethiopia	Civil Society	previous partner
Ethiopia	Society for Women and AIDS in Africa-Ethiopia (SWAA-E)	Civil Society	previous partner
Ethiopia	Women in Self Employment (WISE)	Civil Society	previous partner
Ethiopia	Ministry of Agriculture and Cooperative Promotion Agency	Government	previous partner
Ethiopia	Ministry of Water and Energy	Government	Potential partner
Ethiopia	Agricultural Transformation Institute	Government	Potential partner
Ethiopia	Ethiopian Institute of Agricultural Research	Government	Potential partner
Ethiopia	Ministry of Planning	Government	Potential partner
Ethiopia	Ministry of Finance	Government	Potential partner
Ethiopia	Ethiopian Statistical Services	Government	Potential partner
Ethiopia	Rift Valley Children and Women Development Organization	Civil Society	Potential partner
Ethiopia	Sustainable Environment and Development Action	Civil Society	Potential partners
Ethiopia	Population, Health and Environment Consortium	Civil Society	Potential partner
Ethiopia	New Life	Civil Society	Potential partner

<sup>68</sup> Some stakeholders are listed more than once, where more than one representative from the organization has been identified as relevant for consultation.

Country Office	Role/Organization	Category	Relevance to the evaluation
Ethiopia	Women Network Organizations	Civil Society	Rights holders
Kenya	International Center for Research on Women (ICRW)	Research	Onboarded to implement the Evidence to Policy for Kenya Care Economy project
Kenya	Oxfam International	Civil Society	ERG, and key player in the sector
Kenya	Department of Gender and Affirmative Action- Director Socio-Economic unit	Government	ERG, and key government partner
Kenya	Kenya National Bureau of Statistics	Government	Key partner for data and information
Kenya	State Department for Gender and Affirmative Action	Government	Key government partner
Kenya	Oxfam	Civil Society	Technical care working group
Kenya	ACTION AID	Civil Society	Technical care working group
Kenya	WEE HUB	Civil Society	Technical care working group
Kenya	WEE COP	Civil Society	Technical care working group
Kenya	UON-HUB	Research	Technical care working group
Kenya	International Development Research Center	Research	Key actor in the sector
Kenya	African Women's Development and Communication Network (FEMNET)	Civil Society	Potential partner
Kenya	Millenium Water Alliance	Civil Society	Potential partner
Kenya	Women Network Organizations (TBD)	Civil Society	Rights holders
Malawi	Ministry of Gender	Government	ERG
Malawi	Oxfam International	Civil Society	ERG
Malawi	Farm Radio Trust	Civil Society	ERG
Mozambique	TBD	Government	Potential partner
Mozambique	TBD	Civil society	Potential partner
Regional	Canadian High Commission	Donor	ERG and key partner
Regional	Oxfam Africa	Civil Society	ERG and key partner
Regional	FEMNET	Civil Society	ERG and key partner
Regional	MasterCard Foundation	Civil Society	ERG and key partner
Regional	IDRC	Civil Society	Potential partner
Regional	IMF	International finance institute	Potential partner
Regional	Farm Radio International	Civil Society	Potential partner
Rwanda	ActionAid	Civil Society	ERG and key partner
Rwanda	University of Rwanda	Research	ERG and key partner
Rwanda	Rwanda Men's Resource Centre	Civil Society	ERG and key partner
Rwanda	SOLID'AFRICA	Civil Society	ERG and key partner
Rwanda	FAWE RWANDA	Civil Society	ERG and key partner
Rwanda	Ministry of Gender and Family Promotion (MIGEPROF)	Government	main care partner of UN Women
Rwanda	Rwanda Social Security Board (RSSB)	Government	main care partner of UN Women
Rwanda	National Institute of Statistics of Rwanda	Government	main care partner of UN Women

Country Office	Role/Organization	Category	Relevance to the evaluation
Rwanda	UNICEF / IOM / WFP	UN agency	main care partner of UN Women
Rwanda	Equity Bank	private sector	main care partner of UN Women
SAMCO	Azali Health Care	Civil Society	ERG, and key partner
SAMCO	TBD	Government	TBD
Sudan	Universities	Research	currently working on provision of infrastructure of care work (water harvest)
Sudan	TBD	Civil Society	TBD
South Sudan	TBD	Civil Society	ERG
South Sudan	TBD	Government	TBD
Tanzania	FAWE	Civil Society	ERG and key partner
Tanzania	Ikungi District Council	Government	ERG and key partner
Tanzania	Ministry for Community Development, Gender, Women and Special Groups	Government	leading governmental partner
Tanzania	Ministry of Finance	Government	key partner in gender responsive budgeting
Tanzania	Ministry of Energy	Government	inputs to National Clean Cooking Strategy 2024-2034
Tanzania	ILO	UN agency	working to improve the rights of domestic workers
Tanzania	Tanzania Early Childhood Development Network (TECDEN)	Civil Society	Key partners
Tanzania	Tanzania Gender and Sustainable Energy Network (TANGSEN)	Civil Society	Key partners
Tanzania	Tanzania Association of Clean Cooking Stakeholders (TACCS)	Civil Society	Key partners
Tanzania	Forum for African Women Educationalists (FAWE) Zanzibar	Civil Society	Key partners
Tanzania	Oryx Gas	Private sector	Potential partner in clean cooking value chain
Uganda	Commissioner Ministry of Gender, Labour and Social Development (MGLSD)	Government	ERG
Uganda	Executive Director Uganda Women's Network (UWONET)	Civil Society	ERG
Uganda	Uganda Women's Parliamentarian Association	Government	Current partner
Uganda	Oxfam	Civil society	Current partner
Uganda	Care International	Civil society	potential partner, currently implementing care services
Uganda	Institute of Social Studies	Research	Current partner
Uganda	Makerere University, Department of Gender, and Women Studies	Research	Current partner
Uganda	ILO	UN agency	Current partner
Uganda	UNICEF	UN agency	Current partner
Uganda	UNDP	UN agency	Current partner
Zimbabwe	Confederation of Zimbabwe Industries	Private Sector	ERG and key partner
Zimbabwe	Zimbabwe National Chamber of Commerce	Government	ERG and key partner
Zimbabwe	Ministry of Women Affairs, Community, Small and Medium Enterprises Development-	Government	ERG and key partner
Zimbabwe	International Labour Organisation	UN Agency	ERG and key partner
Zimbabwe	Zimbabwe Economics Society	Research	ERG and key partner
Zimbabwe	UNDP	UN Agency	Potential partner in care work
Zimbabwe	FAO	UN Agency	Potential partner in care work
Zimbabwe	Oxfam	Civil Society	Potential partner in care work

Country Office	Role/Organization	Category	Relevance to the evaluation
Zimbabwe	UNICEF	UN Agency	Potential partner in care work
Zimbabwe	UNESCO	UN Agency	Potential partner in care work
Zimbabwe	Southern Africa AIDS dissemination service	Civil Society	Potential partner in care work
Zimbabwe	Ministry of Finance and Economic Development	Government	Potential partner in care work
Zimbabwe	Women Network Organizations	Civil Society	Rights holders
UN Women Regional	Women's Economic Empowerment – regional specialist	UN Women	RO
UN Women Regional	UN Women RO Programme analyst – care economy	UN Women	RO
UN Women Regional	UN Women RO Programme analyst, WEE team	UN Women	RO
UN Women Global	TBD	UN Women	HQ
Burundi	Burundi focal point	UN Women	CO focal point
Ethiopia	CO focal point	UN Women	CO focal point
Kenya	CO focal point	UN Women	CO focal point
Malawi	CO focal point	UN Women	CO focal point
Malawi	CO focal point	UN Women	CO focal point
Mozambique	CO focal point	UN Women	CO focal point
Rwanda	CO focal point	UN Women	CO focal point
SAMCO	CO focal point	UN Women	CO focal point
Sudan	CO focal point	UN Women	CO focal point
South Sudan	CO focal point	UN Women	CO focal point
Tanzania	CO focal point	UN Women	CO focal point
Uganda	CO focal point	UN Women	CO focal point
Zimbabwe	CO focal point	UN Women	CO focal point

## Annex 6: Evaluation Matrix

The table below sets out the evaluation matrix, which includes the evaluation questions, data collection and analysis approach and information sources. Given the evaluation is a developmental one, the evaluation questions set out do not require evaluative judgement, and hence no indicators are included in the evaluation matrix.

Key evaluation question	Data collection and analysis approach	Sources
<b>Approaches</b>		
<ul style="list-style-type: none"> <li>What are the current approaches undertaken by UN Women in East and Southern Africa in its care economy work?</li> <li>What synergies are there across these different approaches?</li> </ul>	Mapping of approaches against those set out in the literature, based on portfolio analysis, interviews with internal and external stakeholders at the regional and country level.	<b>Documents:</b> Literature review; portfolio analysis <b>Interviews</b> with country office focal points and a sample of project implementers
<b>Efficiency, theory of change and measurement</b>		
<ul style="list-style-type: none"> <li>What is working well and what could be improved?</li> <li>What outcomes have been observed?</li> </ul>	Review project monitoring reports, including donor reports – for outcomes reported and lessons learned, supplemented by interviews with country office colleagues and a sample of project implementers	<b>Documents:</b> Literature review; portfolio analysis, project documents <b>Interviews</b> with country office focal points and a sample of project implementers
<ul style="list-style-type: none"> <li>What are the main enablers and barriers to this area of work? (What are the key assumptions?)</li> <li>Is the <i>TransformCare</i> theory of change holding true for programmes in the region and what needs to be refined?</li> </ul>	Review project monitoring reports and interviews with project implementers to understand key enablers and barriers Review of theories of change in use by programmes and care economy Theory of change included in the WEE strategy, and identification of any additions / edits required	<b>Documents:</b> Literature review; portfolio analysis, project documents <b>Interviews</b> with country office focal points and a sample of project implementers
<ul style="list-style-type: none"> <li>What measurement approaches are most effective, i.e. how can we best track results?</li> </ul>	Review of measurement approaches being used, and assessment of those most effective at tracking results contributing to the care economy.	<b>Documents:</b> evaluations, literature review, project documents <b>Interviews:</b> UN Women, sample of project implementers, other stakeholders working in this area
<b>Way forward</b>		

Key evaluation question	Data collection and analysis approach	Sources
What is UN Women's comparative advantage in this area of work?	Identification of UN Women's comparative advantage based on discussion with stakeholders and review of what other stakeholders are doing in the sector. Comparative advantage defined as: mandate; better positioned than other partners in country; technical and operational capacity to work more effectively and efficiently than other actors to achieve results.	<b>Interviews:</b> UN Women (HQ, RO and CO focal points), UNCT, other stakeholders working in the sector, development partners
How can future programming (in terms of operational and normative work) be strengthened? What is the way forward?	Identification of opportunities and anticipated challenges – in terms of strategic entry points, approaches that can be scaled, and areas to strengthen, through discussion with stakeholders and review of UN Women's current work against the broader literature.	
How can work on care be better coordinated with other stakeholders, including UN Agencies?	Interviews with internal and external stakeholders to identify areas for greater coordination, across UN Women, UN system and the wider sector.	
What is the role of the Regional Office to support this work?	Interviews with UN Women CO, RO and HQ to identify how the Regional Office can best support this work.	

## Annex 7: Data collection tools

### Introduction and informed consent (to be used across all interview and focus group discussions)

1. Hello, my name is \_\_\_\_\_. I am part of the evaluation team delivering the developmental evaluation of UN Women's work on the Care Economy in East and Southern Africa. I work for UN Women / am an independent consultant.
2. The purpose of this evaluation is to assess UN Women's work on the care economy between 2018- 2024. The evaluation is expected to support UN Women's decision making about the way forward for work in the care economy. The primary users of this evaluation are intended to be the UN Women country office who will use the findings to help inform programmatic and measurement approaches in the care economy. However, we expect that other stakeholders in the countries will also be able to use the findings.
3. You have been selected to take part in the interview / focus group discussion, due to your role / experience in \_\_\_\_\_.
4. The interview / focus group discussion is expected to take approximately one hour.
5. Taking part is voluntary, and you can stop at any time if you decide to. You can ask to skip any questions if they make you feel uncomfortable. Refusing to participate or withdrawing your participation at any time will not lead to any penalty.
6. Your input will be extremely valuable to help UN Women reflect on its achievements and how it can strengthen its programming going forward. There are no other expected benefits to participating in the evaluation. There are no costs associated with participating in the evaluation.
7. All information collected is private, and we will keep it confidential. The exception is if you tell us something that makes us concerned that you or somebody else are at risk of harm. We would have a duty to report this, and to keep you and others safe.
8. We will use the evaluation findings to write an evaluation report and set of evaluation briefs. These will be anonymous, so we won't include names or any other information that would allow you to be identified from what they have said or written.
9. The information that is collected will only be used for the evaluation and will be stored securely on the UN Women shared drive. We will only keep personal details (e.g. emails, telephone) for it as long they are needed for the project, after which we will delete them, once the report is finalized, which is expected to be in January 2025. The summary findings may be used for future evaluations.
10. If you want to contact someone else about your rights as participants, you can contact the Chief of the UN Women Independent Evaluation service at [inga.sniukaite@unwomen.org](mailto:inga.sniukaite@unwomen.org) or on +1-6467814724. You can also raise any wrongdoing to the investigations hotline: +1 212 963-1111 or through this form: [Reporting Wrongdoing \(unov.org\)](https://www.unwomen.org/en/stories/2023/04/reporting-wrongdoing).
11. Do you have any questions?
12. Do you consent to participating in this evaluation?

### Interview guide – UN Women stakeholders and partners engaged on UN Women initiatives

#### UN Women stakeholders and partners engaged on UN Women initiatives

##### Approaches

1. Can you tell me which UN Women projects in your country/region that address unpaid or paid care work? [If only unpaid care is mentioned, prompt on paid care – is there any programming to support paid care or domestic work that you are aware of?]
2. What are the current approaches undertaken by UN Women in East and Southern Africa in its care economy work?
  - *Examples: data and research, policy advocacy, care services, infrastructure investment, labour market interventions, social norms.* Are there any others not included?
  - Do you use these approaches together?



- Have any programmes leveraged existing initiatives within and outside UN Women (for example e.g., Women Count, Equal Pay Coalition, Women's Empowerment Principles, Global Accelerator on Jobs and Social Protection, etc.)?
3. Who does UN Women partner with in its care work programming?
  4. How did the office design its care economy programming and choose these approaches to use?
    - What were the key considerations?
      - i. *needs assessment / data analysis.*
      - ii. *Funding availability*
      - iii. *Costs of different activities*
      - iv. *Effectiveness of approach used / synergies across different approaches*
      - v. *Work being done by other stakeholders vis a vis UN women's comparative advantage*
      - vi. *Use case for knowledge products*
  5. Has the office produced or used UN Women or other knowledge products related to care? How? (If not, why not?)
  6. **For offices with limited care economy programming:** what are the reasons for this? (e.g. not relevant to context, lack of available funding, lack of relevant expertise in office, etc.). Also considering relevance to conflict setting – e.g. links to WPS, humanitarian action and disaster risk reduction. [Important question!]

### Effectiveness

7. What is working well?
  - What are the key lessons learned on care economy programming?
  - For projects with care as a component, what has worked in terms of contributing to care outcomes
  - Is the programming reaching the vulnerable and marginalized?
8. What care outcomes have been observed?
  - What activities / programming led to these outcomes?
9. What have been the main enablers to achieving care outcomes?
10. What could be improved? What are the main barriers to achieving care outcomes?
11. To what extent do you think that UN Women's work on care has been able to address the root causes of gender inequality? What would need to change to make it more impactful?

### Theory of change and measurement

12. What theory of change is being used for the care economy work?
13. What measurement approaches are used, and are these effective? i.e. how can we best track results?
14. What are the challenges to track care outcomes? How can these be mitigated?
  - *Considering programmes not specifically on care but involving a care component*
  - *Tracking outcomes vs outputs*
  - *Tracking uptake of knowledge products*
  - *Tracking policy implementation and effects on the lives of women and girls*

### Way forward

15. What is UN Women's comparative advantage in this area of work? How does this compare to the role that other stakeholders are playing in country / region?

- Comparative advantage defined as: mandate; better positioned than other partners in country; technical and operational capacity to work more effectively and efficiently than other actors to achieve results.
16. How can future programming be strengthened? (Considering operational and normative work)
    - How can work on care be better coordinated across thematic areas?
    - What are strategic entry points and opportunities based on the regional / country context?
      - What are the most effective programmes in-country that are making a tangible impact on care work? What are the gaps in country?
      - Considering the care context and maturity of legislative frameworks.
      - Opportunities to better leverage UN Women's comparative advantage
  17. What approaches can be scaled up?
  18. What new approaches should be introduced? Why?
    - Pre-interview: Consider the comprehensiveness of the approaches used in country. Review country / regional office's programmes, in terms of coverage across 5Rs and paid vs unpaid care, coverage across the 6 approaches; and coverage in terms of outcomes as per the TOC, and any opportunities to increase coverage / reasons for focus.
    - Considering the landscape of care work in the country / region, and what other stakeholders are doing.
    - Opportunities to introduce components as part of larger projects working in other thematic areas
  19. What are the challenges for UN Women, and how can these be managed? Also considering financing for this work.
  20. How can work on care be better coordinated with other stakeholders, including UN Agencies?
    - What is the role for UN Women to support this coordination?
  21. How can the Regional Office better support this work?
  22. Is there anything that I haven't asked about, that you'd like to add?

### Interview guide – external stakeholders

1. What has been your engagement with UN Women on the care economy?
2. What is UN Women's comparative advantage in this area of work? How does this compare to the role that other stakeholders are playing in country / region?
  - *Comparative advantage defined as: mandate; better positioned than other partners in country; technical and operational capacity to work more effectively and efficiently than other actors to achieve results.*
3. What measurement approaches have been most effective to track care results?
4. What are strategic entry points and opportunities based on the regional / country context?
5. What are the most effective programmes in-country that are making a tangible impact on care work? What are the gaps in country?
6. What are the main challenges to doing care work in the region/country that you have seen? How can UN Women better leverage its comparative advantage?
7. How can UN strengthen its future programming? (Considering operational and normative work)
  - *In terms of coordination across thematic areas?*
  - *In terms of scaling up approaches?*
  - *In terms of introducing new approaches?*
  - *What are the challenges for UN Women, and how can these be managed?*

8. How can work on care be better coordinated with other stakeholders, including UN Agencies?
- *What is the role for UN Women to support this coordination?*

## Annex 8: Data Management Plan

All data collected through this evaluation is subject to the UN Women Information Security Policy that sets out the basis for UN Women in protecting the confidentiality, integrity and availability of its data to protect these assets against unauthorized usage, access, modification, destruction, disclosure, loss or transfer of data, whether accidental or intentional.

This Data Management Plan outlines the following key aspects of data protection:

- Data collection, storage and security
- archiving, preservation and curation;

### Data collection and storage and security

The evaluation team will be responsible for data collection. The evaluation team comprises the Regional Evaluation Specialist for the East and Southern Africa Regional Office and one independent evaluation consultant. The primary data collection approaches are as follows:

Data Collection approach	Data collection and storage
Interviews and focus group discussions (virtual and face to face)	Virtual meetings will be held over MS teams. Interview notes will be taken and stored using Microsoft Word. Temporarily during the data collection phase, interview notes may be stored in business computers of the UN Women Evaluation Specialist and private/business computers of independent evaluation consultants or in a form of written notes. As soon as the data collection is completed and notes are transferred to SharePoint drive, data will be deleted from personal computers and written notes destroyed.

Survey	Microsoft forms will be used to administer the survey.
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All primary and secondary data will be stored using UN Women's MS SharePoint/OneDrive accessible by evaluation team members only. Once the evaluation is over, access to share point folders will be revoked to all external evaluation team members. This is protected under overall data protection mechanisms by UN Women IT service. NVivo and Stata will be used for qualitative and quantitative data analysis respectively. Raw data will be quality assured as part of the triangulation and analysis process.

The only personal data collected and used in this evaluation will be: names and last names of the interviewees, their function in the organisation/institution, their email addresses and the affiliated institution. Personal names and last names will not be published in any of the reports and will be known only to the evaluation team members. During data analysis, personal data will be removed from all interview notes and replaced with unique reference numbers. Only the evaluation team leader will maintain access to a document linking unique reference numbers with personal data, which will be destroyed upon completion of the evaluation. In the report, sensitive data will be protected and ensure they cannot be traced to its source. No personal data will be included in the evaluation report.

### Archiving, preservation and curation

UN Women's policy is to preserve data for four years, aligned to the four-year Strategic note period. Upon completion of the evaluation, the team leader will create a clean dataset containing files that might be relevant for further use in evaluations and research by UN Women. All data not assigned to the archive will be deleted upon completion of the evaluation. The dataset will be deleted after four years following the completion of the evaluation.

## Annex 9: Evaluation Reference Group and Evaluation Management Group members

Table 6: Evaluation Reference Group members

ERG Member	Organization	Position	Country
Antonia Mutoro	FAWE Rwanda		Rwanda
Chryspin Afifu	International Center for Research on Women (ICRW)		Kenya
Clement Nhelma	Farm Radio Trust	Communication Specialist	Malawi
Dr Angela Nakafeero	Ministry of Gender, Labour and Social Development (MGLSD)	Commissioner	Uganda
Edward Katwaza	University of Rwanda		Rwanda
Essien Ukannalsabelle Kamariza	SOLID'AFRICA		Rwanda
Haika Massawe	Ikungi District Council	Community Development Officer	Tanzania
Jeanne Nyirankumbuye KAGWIZA	ActionAid	Interim Executive Director	Rwanda
Jephias Makiwa	Zimbabwe National Chamber of Commerce	Principal Economist	Zimbabwe
Lingalireni Mihowa	Oxfam International	Country Director	Malawi
Sekai Kuvurika	Zimbabwe National Chamber of Commerce		Zimbabwe
Sinidu Fekadu	Financial Sector Deepening (FSD)Engender Health	Gender Lead	Ethiopia
Ziyad Hailu	ECON M.Consultants		Ethiopia

Table 7: Evaluation Management Group members

Name	Country Office	Position
Agnes Kisebo	Uganda	Programme Specialist GRPB
Alexis Niyungeko	Burundi	Programme Analyst - Women's economic empowerment
Ann Chikoko Lipipa	Malawi	Programme Specialist - Women's economic empowerment
Awatif Ahmed Nihar Tagir	Sudan	WEE Officer
Ayanda Mvimbi	South Africa	Programme Specialist
Boaventura VEJA	Mozambique	Programme Advisor
Elizabeth Obanda	Kenya	WEE Analyst
Geleta Kedir	Ethiopia	Programme Officer-GTCSAA
Isabella Schmidt	Regional Office	Statistics Specialist Gender
Jacinta Okwaro	Regional Office	Programme Analyst - Care Economy
Jack Abebe	Regional Office	Knowledge Management and Research Specialist
Jean De Dieu Ndacyayisenga	Rwanda	Women's Economic Empowerment
Leila Raissa Ngabirano	Burundi	Monitoring, Evaluation & Reporting Analyst
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Name	Country Office	Position
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## TOR for Evaluation Reference Group

The United Nations Entity for Gender Equality and Women Empowerment (UN Women) is commissioning an evaluation of its care economy work in the East and Southern Africa region (refer to the evaluation TORs).

The management structure of this evaluation will be composed of the following:

- An **Evaluation Reference Group (RG)** will facilitate participation of stakeholders, partners from the civil society and governments.

### Evaluation Reference and Management Group

The Evaluation Reference Group and Management Group is an integral part of the Regional Thematic Evaluation management structure and is constituted to facilitate the participation of relevant stakeholders in the design, implementation and dissemination of the Evaluation.

The Evaluation Reference Group includes the following members: national government partners, civil society representatives, research organizations, and UN entities.

The Evaluation Management Group includes the following members: relevant thematic leads and country office focal points.

The Evaluation Reference and Management Group play a critical role in ensuring a quality evaluation that is delivered transparently. The inputs of members are expected to strengthen the quality, usefulness and credibility of the evaluation process. An active Evaluation Reference and Management Group is key to ensure the proper validation of evaluation findings and that the voices of key partners in the programme's implementation are considered during the evaluation process and reflected in the final evaluation report.

More specifically, Evaluation Reference Group and Management members will be expected to:

- Discuss and validate the inception and final report (Evaluation reference group members will be expected to participate in two reference group meetings)
- Facilitate access to information by the evaluation team,
- Provide feedback to the evaluation inception report and interim finding to improve their relevance and quality,
- Review the draft and final report and provide feedback to ensure quality and completeness, and
- Disseminate and promote the use of the final report.

The indicative timeline is as follows:

September 2024	Participate in a presentation of the inception report, and provide feedback on the proposed approach
October 2024	Participate in interviews with the evaluation team
December 2024	Participate in a workshop presenting report findings and provide written comments on the final report

## Annex 10: Terms of Reference

The evaluation terms of reference can be accessed [here](#).

## Annex 11: Selection of Country Case Studies

The table below sets out the review of all country offices against the selection criteria. The proposed in-country case studies are in green.

Table 8: Country case study full mapping

Country	Good coverage across the 5Rs and at different levels (household, institutional, policy)	Care projects previously evaluated?	Country context in relation with care (e.g. care statistics, presence of strong stakeholders, care-sensitive policies) and income levels (World Bank, 2023)
<b>Burundi</b>	No projects mapped.	No	Legislation on maternity and parental leave and domestic worker, limited legislation on other types of care. Low income
<b>Ethiopia</b>	<b>6 projects mapped.</b> Projects in both urban and rural areas. Targets 4 out of the 5Rs (Reduce, Redistribute, Recognize, Represent). Working at the household, institutional and policy levels.	Evaluation on climate smart agriculture, but not specifically on care	Maternity and parental leave legislation, but limited legislation on other types of care. Low income.
<b>Kenya</b>	<b>3 projects mapped.</b> 1 project at the community level and 2	No	Country with draft National Care Policy, and strong domestic

Country	Good coverage across the 5Rs and at different levels (household, institutional, policy)	Care projects previously evaluated?	Country context in relation with care (e.g. care statistics, presence of strong stakeholders, care-sensitive policies) and income levels (World Bank, 2023)
	at the nation-wide level, involving evidence-generation and care related policies. Covers all 5 Rs and works at the household, institutional and policy levels.		worker protection, lower-middle income. Policies on childcare and maternity and parental leave.
<b>Malawi</b>	<b>2 projects mapped,</b> working at the national level on policy change.	No	Amendment of childcare bill and ongoing time use survey. Low income.
<b>Mozambique</b>	No projects mapped	No	Legislation on maternity and parental leave and domestic worker, limited legislation on other types of care. Low income
<b>Rwanda</b>	10 projects mapped, working across the 5Rs, across urban and rural areas and at the household, institutional and policy levels.	Covered by the <b>3R Evaluation</b>	Legislation on maternity and parental leave and on childcare. Low income.



Country	Good coverage across the 5Rs and at different levels (household, institutional, policy)	Care projects previously evaluated?	Country context in relation with care (e.g. care statistics, presence of strong stakeholders, care-sensitive policies) and income levels (World Bank, 2023)
<b>SAMCO</b>	3 projects mapped	Covered by the <a href="#">3R Evaluation</a>	Legislation on maternity and parental leave. Mid to high levels of employment in care sector. Upper-middle income
<b>Somalia</b>	No projects mapped	No	Legislation on maternity and parental leave. Limited legislation on other areas of care. Low income
<b>South Sudan</b>	No projects mapped	No	Legislation on maternity and parental leave. Limited legislation on other areas of care. Low income
<b>Tanzania</b>	7 projects mapped, working across the 5Rs, mainly in rural areas and at the household, institutional and policy levels. Projects include	No	Legislation on maternity and parental leave and domestic worker protection. Lower-middle income

Country	Good coverage across the 5Rs and at different levels (household, institutional, policy)	Care projects previously evaluated?	Country context in relation with care (e.g. care statistics, presence of strong stakeholders, care-sensitive policies) and income levels (World Bank, 2023)
	those focused on care (3R project) as well as part of joint programme on Rural Women's Economic Empowerment		
<b>Uganda</b>	No projects mapped	No	Legislation on maternity and parental leave and on childcare. Low income
<b>Zimbabwe</b>	2 projects mapped. Care integrated into projects with a focus on gender based violence (Spotlight initiative) and women's economic empowerment (safe markets) and upcoming projects on time use survey and "Maker Space Innovation."	No	No national care policy, but related ones, such as "National Orphan Care Policy" (NOCP). Lower-middle income.

# UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.