

UN Women's work on care economy in East and Southern Africa - Literature review

The literature review is structured as follows:

- [Section 1 of the literature review sets out definitions of care and care economy.](#)
- [Section 2 sets out the global and regional context for care work including the strength of legislative frameworks.](#)
- [Section 3 includes key care economy frameworks and theories of change.](#)
- [Section 4 introduces six main strategies towards supporting the care economy.](#)
- [Section 5 includes measurement approaches and some of the challenges with tracking changes related to the care economy.](#)
- [Section 6 showcases the landscape of care economy in the East and Southern African Region.](#)
- [Section 7 summarizes the existing evidence base on 'what works', drawing on internal and external evaluations.](#)

1. Definitions of care and care economy

This section outlines the definitions of care including paid and unpaid care and the care economy.

Care has been classified as direct and indirect. "Direct care is, face to-face, personal care activities, such as feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children. Indirect care involves indirect activities, such as cleaning, cooking, doing the laundry and other household maintenance tasks, that provide the preconditions for personal caregiving."¹

Care encompasses responsibility for material care, which involves "work", economic care which involves an "economic cost", and psychological care, which involves "an affective, emotional and sentimental" bond."²

There has been some acknowledgement of local interpretations of care such as Ubuntu which has become synonymous with care ethics. Ubuntu comes from South Africa but has commonalities across sub-Saharan Africa. It highlights "issues of community, collectivism, reconciliation, and restoration of relationships."³ Care encompasses more than childcare, healthcare, and domestic work. It incorporates extended values of Ubuntu to include care provisioning for other adults in the household, extended family and friends, including the informal networks within the community. Chisale⁴ explored the concept of Ubuntu in a context of caregiving with the aim of deconstructing the gendering of caregiving in a context of pastoral care. It was concluded that Ubuntu is not exclusively feminine because men also display strong tendencies of care in African traditional communities. Care must therefore be understood as contextual and rooted in people's rights and needs.

¹ 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

² Batthyány, K. (2015). Policies and care provision in Latin America A view of regional experiences. United Nations Economic Commission for Latin America and the Caribbean (ECLAC). <https://repositorio.cepal.org/server/api/core/bitstreams/b2e903d7-5992-402e-8df4-ed30ccd7b92d/content>

³ Mangena, F. (2009). The Search for an African Feminist Ethic: A Zimbabwean Perspective. *Journal of International Women's Studies*, 11(2), pp. 18-30

⁴ 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>

Held⁵ defines care as a practice and a value that is extended by caring persons who are not only motivated to care and participate in effective practices of care but are compelled by moral salience of attending to and meeting the needs of the particular others for whom they take responsibility.⁵

The UN Women Toolkit on Paid and Unpaid Care Work: From 3Rs to 5Rs⁶ provides the following definitions for paid and unpaid care work:

a) 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.

b) Unpaid care work:

All unpaid services provided by individuals within a household or community for the benefit of its members, including care of persons and domestic work. Common examples include cooking, cleaning, collecting water and fuel, and looking after children, older persons, and persons with illness or disabilities. Voluntary community work that supports personal or household care, such as community kitchens or childcare, are also forms of unpaid care work. 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.

Care economy has been broadly defined as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied.

¹The care economy refers to the sector of economic activities, both paid and unpaid, related to the provision of social and material care, which contribute to nurturing and supporting present and future populations.⁷ This includes direct and indirect care of children, the elderly, and the disabled, health care, education, and financial and other personal and domestic services aimed at enhancing individual well-being.

The concept of the '**care economy**' captures the idea that unpaid care work produces value and can be considered productive or economic, despite being invisible to standard economic valuations. This invisibility is due to most care services being produced outside market exchanges. As a concept, the 'care economy' is almost interchangeable with 'unpaid care work.' By applying prices to unpaid care work, analysts can determine a monetary value for the care economy, which can then be compared to the value of the paid economy (Gross Domestic Product).⁸

The topic of the care economy lends itself well to a **developmental evaluation approach**, as this area of work has not always been labeled "care economy programming" at UN Women. The ESA regional care economy evaluation will ensure that all relevant work is mapped, including initiatives that are not explicitly categorized under this term.

The concept of a "**care diamond**"⁹ (Figure 1) is useful for representing the social architecture of the provision of care within a society, with the four points representing families/households, markets, the not-for-profit sector and the state (federal/local). This formulation provides a framework for

⁵ Held, V., 2005, The ethics of care: Personal, political, and global, Oxford University Press, New York. [The Ethics of Care: Personal, Political, and Global - Virginia Held - Google Books](#)

⁶ UN Women. (2022). [A toolkit on paid and unpaid care work: From 3Rs to 5Rs](#). New York.

⁷ Peng, I. (2019). The Care Economy: a new research framework.

⁸ Esquivel, V. (2014). *What is a transformative approach to care, and why do we need it?* Gender and Development, 22(3), 423-439.

⁹ Razavi, S. 2007. The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Geneva: United Nations Research Institute for Social Development (UNRISD)

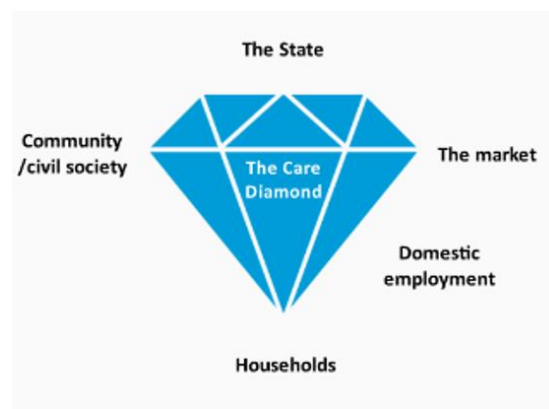
understanding variation between nations as well as changes in the management of care needs in a society across time. While an enormous amount of care is still provided as unpaid labour, paid care workers represent the labour of the other three corners of this care diamond.

How societies distribute care across these four points of the “care diamond” 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.⁹

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.¹⁰

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.¹¹

Figure 1: The care diamond.



2. Care in the global and regional context

Section 2 sets out the global and regional context for care work including the strength of legislative frameworks.

¹⁰ [The Care Agenda: A Regional Perspective for East and Southern Africa](#)

¹¹ UN Women. (2018). Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development. New York: UN Women.

2.1 Global context for 'why invest in care'?

2.1.1 Data on unpaid care, projections and care crisis

The magnitude of unpaid care work can be gauged by both the number of unpaid carers and the volume of working hours they contribute¹². This work, which includes what is often termed unpaid domestic and care work, is performed without monetary compensation and is primarily aimed at serving one's own household¹². Despite its importance, care deficits are escalating globally,¹³ with caregivers frequently receiving no pay or inadequate compensation. Their work remains largely unrecognized and unsupported.

Despite efforts to strengthen the care economy, significant efforts are still needed to ensure that unpaid care is acknowledged, minimized, and redistributed, while paid care is better remunerated, represented, and treated as a public good worthy of investment.⁶ Gender-responsive care policies must also address disparities between rural and urban areas and influence national development and migration policies affecting the predominantly female care workforce.

Unpaid care work, predominantly carried out within households or families, contributes an estimated US\$11 trillion to the global economy annually.^{Error! Bookmark not defined.} Women perform over three-quarters of this work globally, spending an average of 4 hours and 25 minutes daily on unpaid care, compared to 1 hour and 23 minutes for men.^{Error! Bookmark not defined.} Approximately 606 million working-age women are outside the workforce due to caregiving responsibilities and social reproduction.^{Error! Bookmark not defined.}

Care work is essential to both societies and economies. The global monetary value of women's unpaid care work is at least US\$10.8 trillion annually—three times the size of the world's tech industry.¹⁴ Yet, this vital work is frequently unrecognized and undervalued, often seen through a patriarchal lens as a woman's duty. Worldwide, women—disproportionately from low-income, migrant, and racialized backgrounds carry out more than three-quarters of unpaid care and domestic work and make up two-thirds of the paid care workforce. This unequal distribution of care work drives gender inequality, limiting women's opportunities for decent work, education, public life, and leisure. It forces many women into low-paid, insecure jobs, increasing their risk of living in poverty without social protection throughout their lives. In low-resource settings and crises like the COVID-19 pandemic, women's unpaid and underpaid care work further exacerbates their time poverty and social and economic exclusion.¹⁵

The **lack of accessible paid care services** significantly hinders women's ability to secure decent work and engage fully in paid employment, income-generating activities, and socio-political life. The United Nations Secretary-General's report, 'Our Common Agenda', advocates for "rethinking the care economy" by incorporating the value of unpaid care work into economic models and investing in quality paid care as part of essential public services and social protection arrangements.¹⁶ Improving pay and working conditions for care workers is crucial for achieving the Sustainable Development Goals (SDGs).

¹² ILO. (2024). *Decent work and the care economy*. <https://www.ilo.org/resource/conference-paper/decent-work-and-care-economy>

¹³ UN Women. (2018). [Analysis of Discriminatory Legislation in Latin America and the Caribbean on the Autonomy and Economic Empowerment of Women](#)

¹⁴ Oxfam. (2020). [Time to care. Unpaid and underpaid care work and the global inequality crisis](#). Oxford

¹⁵ UN Women. (2024). *Brief - Key priorities for Women's Economic Empowerment*. https://www.unwomen.org/sites/default/files/2023-11/wee_strategy_-_executive_summary.pdf

¹⁶ UN, Our Common Agenda – Report of the Secretary-General, 2021, para. 39. [Common Agenda Report English.pdf \(un.org\)](#)

The **creation of national Care Systems**, is a direct response to the unequal distribution of domestic work and care work between men and women and to the care deficit that countries are facing, which has led to what has come to be known as the “care crisis.” This care crisis is a result of demographic factors such as life expectancy. It is therefore necessary for States to complement social protection with the care and for States to act urgently to recognize, redistribute and reduce unpaid care work¹⁷.

There have been global advances in the care agenda. Investment in Care Systems not only reduces poverty and exclusion but can also generate significant economic and social returns.¹⁸ This concept is encapsulated in the “triple dividend of care investment”¹⁹, which highlights three primary benefits. Firstly, investing in Care Systems directly improves people's well-being, particularly when the quality of community, public, and private care services is regulated and monitored. Secondly, when linked to labor policies, investments in Care Systems can create quality jobs, generating income for the state through tax and social security contributions. Thirdly, Care System investments facilitate broader labor force participation, especially impacting women's ability to join the workforce.²¹

UN Women has proposed an affordable, family-friendly package of transfers and services to support care while empowering women and girls²⁰. In recent years, Latin American and Caribbean (LAC) countries have made significant strides in recognizing unpaid domestic and care work. This progress is evident in the implementation of time-use surveys and the incorporation of satellite accounts that quantify unpaid work within the national accounts framework.²¹ Additionally, several countries have enshrined the right to care as a fundamental right in their constitutions or legislation. This right is reflected in the development of National Care Systems based on a co-responsible model, where families, the state, the community, and the market share care responsibilities. This model views care as a universal right and integrates gender equality as a core principle.²² For example, Uruguay has successfully implemented its National Integrated System of Care since 2015 with the objective of generating a co-responsible model of care between families, the state, the community, and the market.²¹ Similar systems are being developed in Paraguay, Colombia, Costa Rica, El Salvador, Mexico, and the Dominican Republic. Furthermore, some local governments are also enacting legislation to support these initiatives.²¹

In 2017, Cabo Verde approved a comprehensive care system, marking the first of its kind in West Africa.²³ This Care Plan has led to the institutionalization of a National Care System, providing extensive protection and promotion of the rights of care-dependent individuals and their caregivers, the majority of whom are women. The Care Plan is committed to “placing care for dependent people—children, the elderly, and people with disabilities—traditionally considered an exclusive social mandate of families, at the center of the public policy agenda for social inclusion to promote gender equality and the reconciliation of work and family life.”²³ The Care Plan encompasses several components, including childcare and long-term care, the creation of a national care service network, and the promotion of policies to encourage the

¹⁷ UN Women. (2018). Recognition, Redistribution, and Reducing of Care Work: Inspiring practices in Latin America and the Caribbean.

¹⁸ ECLAC. (2021). The economic autonomy of women in a sustainable recovery with equality. Special Report N°9 COVID-19. 10 February 2021.

¹⁹ UN Women. (2015). *Gender Equality, Child Development and Job Creation: How to Reap the ‘Triple Dividend’ from Early Childhood Education and Care Services*. Policy Brief No. 2.

²⁰ UN Women. (2019b). *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*. New York: UN Women. <https://www.unwomen.org/en/digital-library/publications/2019/08/discussion-paper-family-friendly-transfers-services-to-advance-gender-equality-womens-empowerment>

²¹ UN Women. (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation. [TowardsConstructionCareSystems_Nov15-21_v04.pdf \(unwomen.org\)](https://www.unwomen.org/en/digital-library/publications/2023/08/toolkit-recognizing-reducing-and-redistributing-unpaid-care-work-selected-case-studies-to-support-reform-in-west-and-central-africa)

²² UN Women. (2018). Recognition, Redistribution, and Reducing of Care Work: Inspiring practices in Latin America and the Caribbean

²³ UN Women Africa. (2023). *Toolkit - Recognizing, Reducing and Redistributing unpaid care work: selected case studies to support reform in West and Central Africa*. <https://africa.unwomen.org/en/digital-library/publications/2023/08/toolkit-recognizing-reducing-and-redistributing-unpaid-care-work-selected-case-studies-to-support-reform-in-west-and-central-africa>

redistribution of unpaid care work. The target groups of the National Care Plan are: (i) children up to 12 years old, with priority given to children aged 0-3; (ii) people in situations of dependency, including those over 65 years old with dependency needs and people with disabilities that hinder their ability to perform daily activities and meet their basic needs independently; and (iii) caregivers. The system aims for universal coverage of children under 3 years old and initially focuses on systematically covering caregivers, the elderly, and people with disabilities within the 25,000 most vulnerable households. With the State being responsible for care provision, vulnerable families are provided with a subsidy to ensure access to care services through non-family care assistants.²³

2.2 Regional context - why invest in care? What to consider?

The normative regional framework provides a strong foundation for investing in the care economy. The 2003 Maputo Protocol sets out signatories' commitment to promote equal opportunities for men and women. Article XIII sets out signatories' commit to support equality of access to employment, establish a system of protection and social insurance for women working in the informal sector, guarantee adequate pre and post natal paid maternity leave. It also recognizes that both parents bear primary responsibility for the upbringing of children and commits to taking the necessary measures to recognise the economic value of the work of women in the home.²⁴ The Africa Agenda 2063 envisages fully empowered women with equal access and opportunity in all spheres of life, including equal economic rights.²⁵ The African Union's African Charter on Human and Peoples' Rights on the Rights of Women in Africa commits governments to take appropriate legislative measures to combat discrimination against women.²⁶ The 2007 African Feminist Charter commits to improving the wellbeing of women and girls that provide the majority of care work, and to recognizing their right to decent livelihoods.²⁷

The region's demographics make it critical for investing in care. Growing rates of women entering the labour force is increasing the demand for care services.²⁸ The region's demographics is characterized with a large youth population (with 41 percent of the population under 15 years of age in 2022)²⁹ but also a growing older population and high fertility rates, further increasing demand on care services.³⁰ Migration out of the region is also resulting in families having to rely on paid caregivers, or on family members in the country giving up paid employment in order to take on additional care duties.³¹ Growing care needs requires government and civil society organisations to support family caregivers.³⁰ The HIV/AIDs epidemic, and the home and community based care taken by several countries have resulted in the majority of care being provided by women, on an unpaid basis.³² Older adults also struggle with having to foster orphaned children, as a result of a 'skipped generation' due to HIV/AIDs.³³ The UN Economic Commission on Africa also found that women's increased unpaid care demands during Covid-19 contributed to women reducing economic activities, thereby increasing financial inequality.³⁴ While there is little attention to care work in

²⁴ [37077-treaty-charter_on_rights_of_women_in_africa.pdf \(au.int\)](#)

²⁵ [Goals & Priority Areas of Agenda 2063 | African Union \(au.int\)](#)

²⁶ <https://au.int/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

²⁷ 3 See <https://awdf.org/the-african-feminist-charter/> for The African Feminist Charter translated into several major languages of the continent.

²⁸ Moussié, R., & Alfes, L. (2018). Women informal workers demand child care: Shifting narratives on women's economic empowerment in Africa. *Agenda (Durban)*, 32(1), 119-131. <https://doi.org/10.1080/10130950.2018.1427690>

²⁹ Health Nutrition and Population Statistics: Population estimates and projections.

³⁰ Maharaj, P. (2020). *Family and kin care of elders in Sub-Saharan Africa. Health and care in old age in Africa*. Taylor & Francis Group.

³¹ Coe, C. (2023). The commodification of social reproduction: A view of global care chains from a migrant-sending country. *Geoforum*, 141, 103750. <https://doi.org/10.1016/j.geoforum.2023.103750>

³² Hunter, N. (2012). The economic and gender consequences of South Africa's home-based care policy. *Social Policy & Administration*, 46(6), 654-671. <https://doi.org/10.1111/j.1467-9515.2012.00861.x>

³³ UN Women. (2024). *Landscape of Care Work in Burundi, Ethiopia, Mozambique, Malawi, Somalia, South Sudan, Sudan, Uganda, Zimbabwe. Landscape of Care Work in East and Southern Africa | Publications | UN Women – Africa*

³⁴ United Nations Economic Commission on Africa. 2020. COVID-19 in Africa: Protecting Lives and Economies.

conflict and peacebuilding contexts; nonetheless, unpaid care work remains an important issue in these contexts.³⁵

Another feature of the regional care context is women's high level of participation in informal work. 75 per cent of workers in Eastern Africa and 37% per cent in Southern Africa work in the informal sector, and rates are higher for women than men.³⁶ Policies in the region often fail to consider women as both workers and primary care givers. Most women work in the informal sector without access to social protection or care support. Informal employment is also often linked to low wages, long working hours, unsafe working conditions, and a high risk of sexual violence. Public services, including childcare, and social protection measures are needed to reduce the level of unpaid care work needed and to support women workers and care workers.³⁰

The cultural context of many societies within the region sees women and girls allocated critical work, including collecting water, cooking, cleaning, producing food and marketing surpluses, taking care of the children, the elderly and the sick, and maintaining community cohesion, with none of this recognized as 'work'.³⁷ Cultural norms in many countries involve early marriages and inequitable gender roles which constrains women's autonomy and economic activities. Many societies continue to have the norm of 'men as breadwinner' and 'women as caregiver'. Uganda's time use survey found that 81% of women and 79% men agree that it is the women's responsibility to care for the family.³³

There remain challenges to adequately regulating and rewarding paid care. Research points to the discrimination against domestic workers in South Africa, and often poor working conditions.³⁸ Migrant care workers who are undocumented also face additional challenges, as they cannot seek employment formally through recruitment agencies, and hence often face exploitative working conditions.³⁹

Across the region, there are also significant legislative and public policy advances regarding care and domestic work. Some examples include emerging time use surveys that brings data to recognize unpaid care work and illuminates the work needed. For example, Kenya, Ethiopia, South Africa, Tanzania and Uganda have undertaken time use surveys, and Malawi plans to conduct a labour force and time survey.³³ Countries are also exploring national care policies. Kenya's national care policy builds on a national care needs assessment, and sets out a workplan building on the 5Rs that covers the policy areas of measuring unpaid work, employment, childcare, health care, social and cultural norms, care for elderly persons, care for people with disabilities, gender responsive public services and domestic services.⁴⁰

There are also opportunities to link the care agenda with the green agenda. Climate change often negatively impacts the amount of time women need to spend on unpaid care work. Energy efficiency and time saving technologies can both reduce women's unpaid care burden and support climate change mitigation. Additionally, expanding paid care work would create many green jobs.³³

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 it¹.

³⁵ Ibnouf, F. O. (2019). *War-time care work and peacebuilding in africa: The forgotten one*. Springer International Publishing. <https://doi.org/10.1007/978-3-030-26195-5>

³⁶ Bonnet, F., Vanek, J., & Chen, M. (2019). Women and men in the informal economy: A statistical brief. International Labour Office, Geneva, 20

³⁷ Abdourahman, O. (2017). Time Poverty: A Contributor to Women's Poverty? Analysis of Time-Use Data in Africa', in Indira Hirway (ed.), *Mainstreaming Unpaid Work: Time-use Data in Developing Policies*. Oxford Academic.

³⁸ Fapohunda, A. (2022). 'My mother was a kitchen girl': Legal and policy responses to the problem of care for women who provide care in south africa. *Gender and Development*, 30(1-2), 321-339. <https://doi.org/10.1080/13552074.2022.2072014>

³⁹ Baison, P. (2021). 'Recruitment' and job-seeking mechanisms for Zimbabwean women care workers in the domestic services sector in South Africa. *African Human Mobility Review*, 7(1)<https://doi.org/10.14426/ahmr.v7i1.86>

⁴⁰ <https://gender.go.ke/wp-content/uploads/2024/02/KENYA-NATIONAL-CARE-POLICY-FINAL-DRAFT-2024.doc>

Should they continue, some have warned about a **care crisis** with dire impacts on those who need care as well as over-stretched care providers.⁴¹

Data on care and domestic work

Care data

There is good progress across the region in terms of undertaking time use surveys and other gender responsive statistics, to shine light on unpaid care work in the country. Countries such as Ethiopia (2013), Uganda (2017-18), Kenya (2021) and South Africa (2010) have all undertaken time use surveys. Malawi plans to conduct a labour force and time use survey. Countries facing instability and conflict, such as Somalia, Sudan and South Sudan, face challenges with capturing basic demographic statistics.³³

Distribution of unpaid care work

Unpaid care work is largely done by women. In Africa, women spend 3.4 times more time on unpaid care work, in comparison to men.⁴² For example, women in Zimbabwe spend on average 26 hours per week on unpaid care activities, compared to 16 hours by men.³³ Unpaid care work is a barrier to women being able to access economic, educational and leadership opportunities.

Women spend fewer hours on paid employment activities due to unpaid care work. For example, in Malawi women spend 20 hours per week on employment activities, compared to men's 27 hours (2023). In Uganda, women spend 3 hours per day on paid work activities, compared to 5 hours for men (2023). Women's labour force participation rate is significantly lower than men's – for example, in Somalia (21% vs 47%), in Sudan (29% vs 77%) and in Zimbabwe (61% vs 72%) in 2022. Across the region, this difference in employment levels results in significant gender wage gaps. Surveys from the region find that the most important reason cited by women for being out of the labour force was unpaid care work (with 34.4 % of women citing this).³³ Women in households with dependents work fewer hours in paid employment compared to women in households without dependents.⁴³

There is a clear gender disparity among adolescents who are neither in employment nor education or training (NEET). In Sub-Saharan Africa, for instance, girls aged 15–19 are twice as likely to fall into this category compared to boys.⁴⁴ This indicates that even from a young age, girls face competing pressures between their aspirations for education and employment and the gender biases present in the labor market, along with societal expectations like early marriage, motherhood, and taking on an unequal share of unpaid domestic and caregiving duties.

When care loads are high, girls are often responsible for unpaid care and domestic work at rates much higher than boys.⁴⁴ 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.⁴⁴ 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 access economic and leadership opportunities.

⁴¹ Coffey, C., Espinoza Revollo, P., Harvey, R., Lawson, M., Parvez Butt, A., Piaget, K., ... & Thekkudan, J. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam.

⁴² 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.

⁴³ Charmes, Jacques. (2019). "The Unpaid Care Work and the Labour Market: An Analysis of Time Use Data Based on the Latest World Compilation of Time-Use Surveys." ILO Working Paper, International Labour Organisation, Geneva.

⁴⁴ 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

Paid care sector

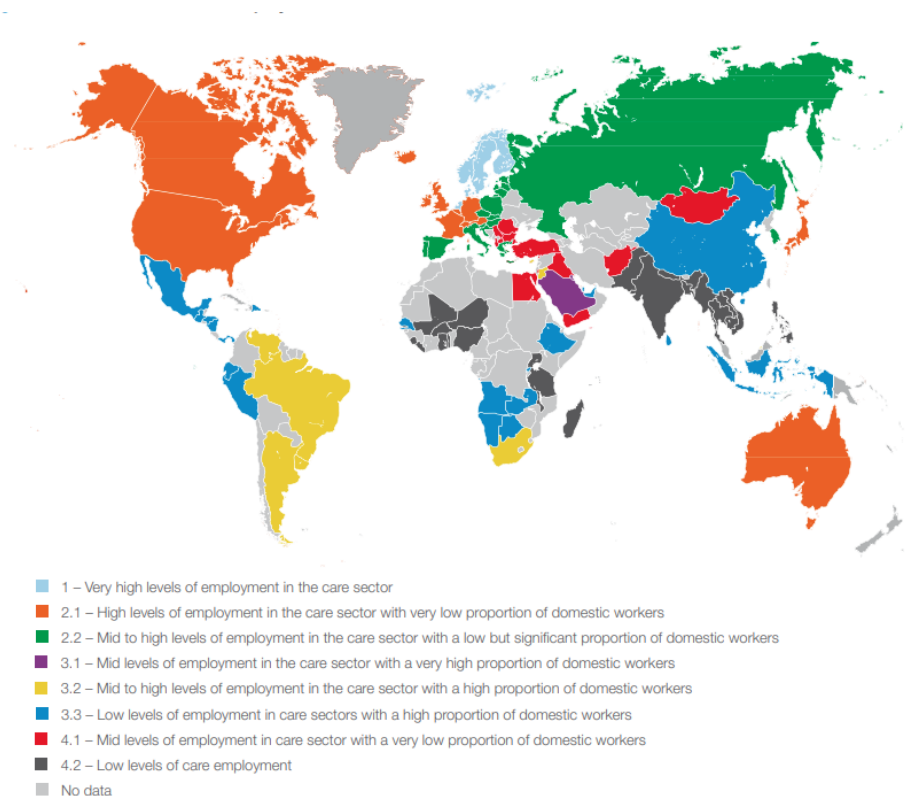
The paid care sector remains small across the region, and is typically characterized by informal contracts, poor wages and vulnerability to exploitation.³³ According to an ILO report released in 2022, based on the most recent data available then, care workers in education, health, social work or domestic workers working within households remained low, ranging from 2.2% (Zimbabwe), to 3.3% (Tanzania), 3.6% (Malawi), 7% (Botswana), 9.3% (Ethiopia), 0.0% (Rwanda), 12.9% (Namibia) and 15.9% (South Africa).¹

Migration to participate in paid care and domestic work occurs within the ESA region from lower- to higher-income countries, as well as outside of the region. Migrant care and domestic workers are vulnerable to poor working conditions and exploitation.³⁹ As women travel to provide care elsewhere, they must find caregivers who can fill in the care gap they leave behind.

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The figure below tracks models of care employment globally. The region is featured by low levels of employment in care sectors, with the exception of South Africa which has mid to high levels of employment.

Figure 2: Models of care employment



Source: 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

2.3 Legislative, institutional and policy environment and gaps

The care policy context in the region varies significantly across country. The Africa Care Economy Index prepared by FEMNET in 2022 provides a useful framework to compare care policies and identify opportunities to strengthen.

Table 1: The Africa Care Economy Index

Metric / Country	Maternity and parental leave (4)	Childcare (4)	Socialised care for the elderly (3)	Socialised care for people living with disabilities (3)	Socialised healthcare (4)	Socialised food production (3)	Domestic worker protection (2.5)	Care grants and subsidies (2)	Total (25.5)
	Maternity and parental leave legislation	Legislation on public childcare and regulation of public and private childcare	Legislation on public care for the elderly and regulation of public and private care for the elderly	Legislation on public programs for care of people living with disabilities and regulation of private care of people living with disabilities	2001 Abuja Declaration on commitment to minimum 15 percent government health expenditure of general government expenditure	2003 Maputo Declaration on Agriculture and Food Security commitment of minimum 10 percent government expenditure on agriculture as percentage of general government expenditure	Domestic workers' rights legislation	Legislation on grants for caregivers and subsidies for paid care	
Botswana	1.9	0	0	0.2	0	0	2.5	0	4.6
Burundi	0.9	0.3	0	0	0	0	1.25	0	2.45

Metric / Country	Maternity and parental leave (4)	Childcare (4)	Socialised care for the elderly (3)	Socialised care for people living with disabilities (3)	Socialised healthcare (4)	Socialised food production (3)	Domestic worker protection (2.5)	Care grants and subsidies (2)	Total (25.5)
Eswatini	1.9	0	0	0.75	0	0	1.25	0	3.9
Ethiopia	2.5	0	0	0.2	0	3	0	0	5.7
Kenya	1.9	1.0	0	0	0	0	2.5	0.25	5.65
Lesotho	0.9	0	0	0	0	0	1.25	0	2.15
Malawi	1.8	0	0	0.2	0	3	0	0	5.0
Mozambique	2.8	0	0	0	0	0	1.25	0	4.05
Namibia	0.9	0.2	0	0	0	0	1.25	0	2.35
Rwanda	0.9	0.3	0	0	0	0	0	0	1.2
Somalia	1.0	0	0	0	0	0	0	0	1.0
South Africa	1.0	0.4	0.75	0	0	0	2.5	0.75	5.4
South Sudan	2.9	0	0	0	0	0	0	0	2.9
Sudan	0.8	0	1.5	0	0	0	1.25	0	3.55
Tanzania	0.9	0	0	0	0	0	2.5	0	3.4
Uganda	1.8	0.3	0	0	0	0	0	0	2.1
Zimbabwe	1.5	0.2	0	0	0	3	1.25	0	5.95

Source: Extracted from Valiani, S. May 2022. The Africa Care Economy Index. Several updates have been made reflecting changes since 2022.

Healthcare:

The ACEI tracks whether countries meet the 2001 Abuja commitment to minimum 15 per cent government expenditure on health. All countries in the region did not meet this target, though South Africa, Namibia and Eswatini are close to meeting this target.⁴⁵

Healthcare provision varies across the region. For example, Ethiopia implements a community-based health insurance scheme that targets the informal sector, but only 30% of households are covered. Malawi and Uganda deliver a minimum basic health care package at government health facilities.³³ In Sudan, social insurance covers work injuries for formal, waged employees. The National Health Insurance Fund is intended to achieve universal coverage and had reached 68% of the population in 2019.⁴⁶

Childcare

The ACEI tracks the strength of legislation on public childcare and regulation on public and private childcare. Against this index, Kenya scores the highest, with regulation of private centres. South Africa score the next highest with partial regulation for childcare facilities and also a policy on early childhood development that commits to providing universal early childhood care and education for children starting from aged 3. Burundi, Rwanda and Uganda score the next highest with policies on early childhood education. Namibia and Zimbabwe have draft policies on early childhood education. The other countries do not have policies or legislation in place.⁴⁵

Pre-primary / early childhood enrolment remains low across the region. Rates range from 4 per cent in Mozambique (2011), 11 per cent in Burundi (2019/20); 14 per cent in Uganda (2017), 34 per cent in Malawi (2022), to 82 per cent in Zimbabwe (2022). UN Women estimates that the early childcare and education deficit in Ethiopia is 8.3 million (2023). In Somalia and South Sudan, an estimated 80 per cent and 65 per cent, respectively, of school aged children are out of school (2020). In Sudan, 19 million children are out of schools in 2023. Early childhood enrolment rates expected to be even lower.³³

There continue to be challenges within existing childcare and education centres. Malawi's childcare centres rely on nearly 35,000 non-salaried volunteer caregivers, with a high ratio of 23.5 children per caregiver. ECD centres in Zimbabwe are run by non-professionals, with limited training and lacking adequate resources.⁴⁷

Disability and elderly care

Across the region, there is limited legislation and regulation on promoting and protecting the elderly and those with disabilities. Even where policies are in place, policy implementation has been limited.

The ACEI tracks whether countries have legislation on care for the elderly. All countries score 0, except for South Africa scoring 0.75, indicating regulation of private centres (inspection, standards, norms) and Sudan, which has a National Policy for the Care of Older Persons.⁴⁵ Social care services tend to be underfunded, with many care centres for the elderly operated by private or voluntary organisations.³³

The ACEI tracks whether countries have legislation on people living with disabilities. All countries score 0, with the exception of Botswana, Malawi and Ethiopia, with a Policy/Strategy in place, and Eswatini, with regulation of private or NGO-operated centres.⁴⁵ For example, Ethiopia's National Plan of Action for Persons with Disability prohibits discrimination and harassment against people with disability, though implementation has been limited. Zimbabwe's Disabled Persons Act of 1992 provides for rehabilitation

⁴⁵ Valiani, S. May 2022. The Africa Care Economy Index.

⁴⁶ UN Women. (2024). Landscape of Care Work in Sudan. [landscape of care - Sudan.pdf \(unwomen.org\)](#)

⁴⁷ UN Women. (2024). Landscape of Care Work in Malawi and Zimbabwe. [Landscape of Care Work in East and Southern Africa | Publications | UN Women – Africa](#)

and welfare of people with disability but is not supported by laws or budgetary support to realise the policy. A national disability rights bill was developed but has not yet been adopted. Across the region, few specialist healthcare services exist for the elderly.³³

Labour market regulation

The ACEI tracks maternity and parental leave regulation, scoring countries based on whether leave is in place, and also the duration of leave. Ethiopia, Mozambique, and South Sudan all score above 2.5. Zimbabwe, Uganda, Malawi, Botswana, Eswatini and Kenya score between 1.5-1.9. Finally, Sudan, Rwanda, Tanzania, Burundi, Lesotho, Namibia, Somalia and South Africa all score between 0.8-1.⁴⁵ For example, Burundi provides 12 weeks of maternity leave, and 14 days of paternity leave. Unlike most countries in the region, the Mozambique government directly administers maternity leave benefits.³³ It is important to note that leave policies generally tend to apply only to formal, waged employees, and where this is the case, does not address care needs for informal workers.

The ACEI tracks whether countries have domestic workers' rights and protection legislation. Botswana, South Africa, Kenya and Tanzania score 2.5, indicating domestic workers have protection equal to all other employees. Burundi, Zimbabwe, Sudan, Lesotho, Mozambique, Namibia and Eswatini score 1.25, indicating partial protection for domestic workers. Other countries do not have legislation in place.³³ For example, Burundi's Labour Code of 2020 strengthened provisions for informal and domestic workers, introducing temporary work and part time work contracts. The Uganda Employment Act of 2006 also makes provisions for all employees' insurance, welfare and medical care, including informal workers, though it does not recognize domestic workers working in private premises.³³

Social protection

The ACEI tracks whether there is legislation on grants for caregivers and subsidies for paid care, relating to child care, elder care and care for people with disabilities. South Africa offers grants to caregivers of children living with disabilities, and those requiring care and already receiving old age, war veteran or disability grants. Kenya provides a grant for poor households of people living with severe disabilities. Other countries do not have legislation in place.⁴⁵

Most countries in the region social protection policies and legislative frameworks, which outlines government aspirations and commitments on social protection. Mozambique is implementing the National Basic Social Security Strategy.³³

Countries in the region are implementing a number of social protection programmes, though coverage remains patchy. Many specifically target caregivers. Burundi's *Merankabandi* was a social transfer pilot that provided cash transfers to caregivers with the aim to improve caregiving practices. Ethiopia's Productive Safety Nets Programme promotes women's labour force participation through quotas, flexible working hours and cash transfers for pregnant and nursing women. The Malawi National Social Support Programme supports resilience and livelihoods, serving as a shock response system. Somalia's first national social safety programme, *Baxnaano*, provides cash transfers for poor and vulnerable households. South Sudan runs several social protection programmes, including ones supporting girls' education and school feeding. In Uganda, in 2020, only 2.8% of the population was covered by at least one social protection scheme.³³

The provision of pension scheme and grants for the elderly and those with disability also varies significantly across the region. Burundi implements a pensions scheme covering the elderly and those unable to work. Malawi's Social Cash Transfer programme is expected to target the elderly. In Sudan, social protection programmes such as the National Pension and Social Insurance Fund (NPSIF) and Zakat Fund, support elderly and persons with disability. In Uganda, the Social Assistance Grant for

Empowerment provides income support to the elderly. In Zimbabwe, social insurance is provided to the elderly, though this does not reach the informal sector. Mozambique also implements a social protection programme that provides institutional care services for vulnerable adults, elderly people and children without a home.³³

Physical infrastructure

The ACEI also tracks government expenditure on agriculture, given labour intensive food processing is mainly undertaken by women, and hence public investment in agriculture an important first step to strengthening the care economy. Across the region, only Ethiopia, Malawi and Zimbabwe meet the 2003 Maputo Declaration commitment of spending 10 per cent of government expenditure on agriculture.⁴⁵

There are examples of governments investing in care infrastructure. For example, South Africa's Expanded Public Works Programme invests in care centres, creating employment in the care economy and contributing to reducing unpaid care work.⁴⁸ Ethiopia's Productive Safety Nets Programme is a public works programme that supports care infrastructure through improved access to water collection and fuel.³³

Physical infrastructure to alleviate women's unpaid care work remains limited across the region. For example, access to clean fuel and technology for cooking remains limited. For example, the percentage of the population with access to clean fuel for cooking ranges from: 0.1% of the population in South Sudan (2021); 0.1% and 0.2% of rural and urban Burundi (2020); 0.5% and 26.6 of rural and urban Ethiopia (2021); 0.2% and 3.2% of rural and urban Malawi (2020); 0.2% and 14.5% of rural and urban Mozambique (2021); 0.3% and 1.5% of rural and urban Uganda (2021); 0.4% and 6.4% of rural and urban Somalia (2022); 7% of rural Zimbabwe (2021); and 47.2% and 67.9% rural and urban Sudan (2020). Access to drinking water is another critical factor in reducing the care burden. For example, in Malawi, access to public water sources reduces care hours by half an hour per day. Access to basic drinking water services ranges from 39% in rural Somalia (2022); 34% in rural South Sudan (2020); 53% in rural Sudan (2020); 42% Ethiopia (2022) and 62% in Burundi (2020).³³

3. Care economy frameworks and theories of change

This section outlines the key care economy frameworks and theories of change in use within the sector.

The 3R/5R framework calls for unpaid care work to be addressed by: recognizing and reducing unpaid care work and redistributing care responsibilities, while also ensuring care workers are rewarded and represented adequately. The Purple Economy calls for a shift in economic thinking, where the costs of care are internalized.

Common across other frameworks are the measures required to implement this, including:

- Strengthening care services, through expansion and regulation, and training for paid care workers, and strengthening the care infrastructure
- Care-related social protection
- Employment-related care – policies around leave, flexible working arrangements and parental leave benefits
- Engaging all relevant stakeholders, including the private sector (markets), government, communities, and households
- Information and knowledge management, improving data and statistics on care

⁴⁸ Shai, L. 2020. Public Employment Programmes in the Care Economy: The Case of south Africa. ILO working paper. [Public Employment Programmes in the Care Economy: The Case of South Africa \(ilo.org\)](#)

- Communication to change norms to support redistribution of care responsibilities between men and women

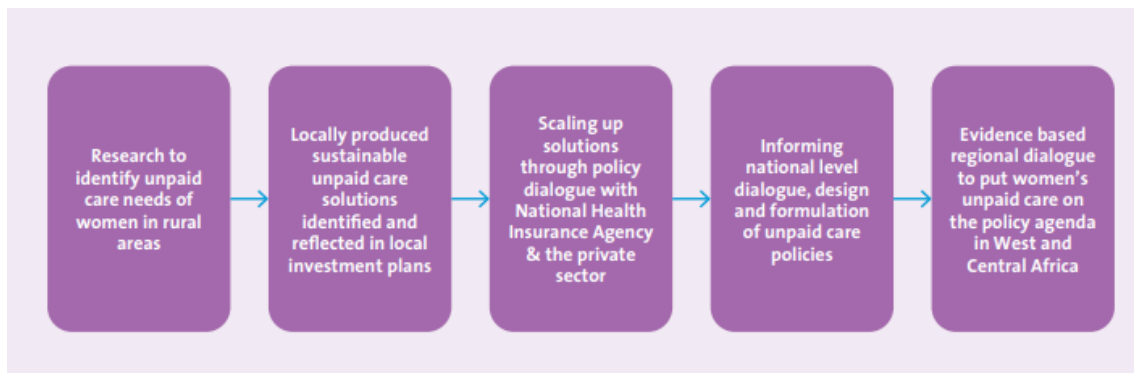
3.1 3Rs framework

The 3R model was first introduced by Elson in 2009. The framework seeks to address the unevenly shared unpaid care work through the 3Rs (Recognition, Reduction and Redistribution). The model acknowledges the importance of quality care provision while also aiming to strengthen women's roles as economic actors. Specifically, the framework advocates:

- **Recognition** of the value of unpaid care work;
- **Reduction** of unpaid care work;
- **Redistribution** of care responsibilities, between women and men, and households and the government.⁴⁹

Since 2021, UN Women has worked with local, regional and national government partners, the private sector, and women's organizations to address rural women's unpaid care needs in the North of Senegal under its 3R programme. Components include research to identify needs and local solutions and engaging in policy dialogue to inform the policy agenda, with government and the private sector, at the national and regional level.⁵⁰

Figure 3: The UN Women Senegal 3R programme approach



Source: UN Women, 2023

3.2 5R framework

The 5R Framework expands on the 3R Framework, by bringing in the Decent Work Agenda, calling for the provision of decent work for care workers. It calls for transformative policies in the areas of care; employment; social protection; labour; and migration. The framework calls for such policies which will contribute to the recognition and reduction of unpaid care work and redistribution of care responsibilities, but also

- **Reward** care workers adequately;

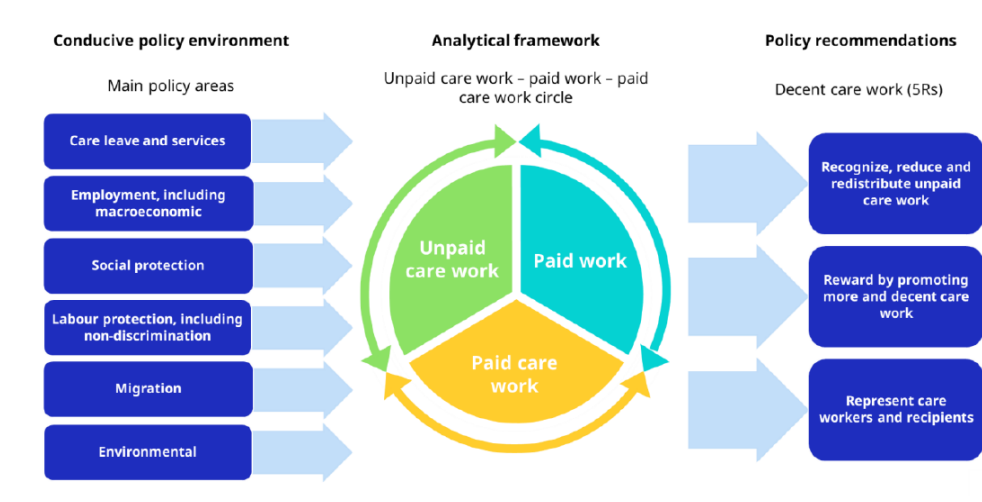
⁴⁹ Elson, D. (2017). Recognize, reduce, and redistribute unpaid care work: How to close the gender gap. *New Labor Forum*, 26(2), 52-61. <https://doi.org/10.1177/1095796017700135>

⁵⁰ UN Women. (2023). A bottom-up approach to care policy and programming: The case of the 3R Programme Addressing Unpaid Care Needs of Rural Women in Senegal. [20230622_un_women_local_approaches_to_care_policy_eng_webpages_0.pdf \(unwomen.org\)](#)

- Promote the **representation** of care workers, as well as care recipients and unpaid carers.

By improving the conditions of care workers, addressing the barriers preventing women from entering paid work, it is expected that good-quality care will increase, thereby also reducing inequalities related to care.¹

Figure 4: The 5R Framework for Decent Care Work for gender equality and social justice (ILO, 2022)



Source: Adapted from ILO, 2022, p. 289

Building on the 5Rs, UN Women also calls for considering resilience in the 5R framework; protecting and promoting public care systems; engaging the private sector; and improving data and statistics on care. ^{Error!}
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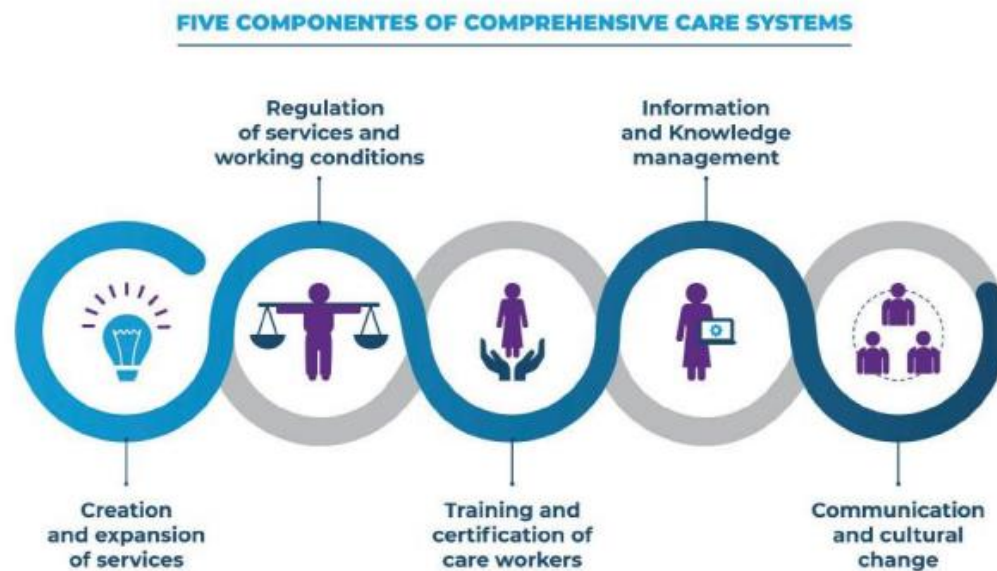
3.3 Five components of a comprehensive care system

UN Women and the Economic Commission for Latin America and the Caribbean (ECLAC) created a framework for comprehensive care systems. The five components are:

1. **Creation and expansion of services** covering target populations. Services can be provided through long-term care, home care, institutional day-care or remote care.
2. **Regulation** of services to support universal access and quality and regulation of workers' working conditions.
3. **Training** for paid care workers so they can deliver quality care and strengthen their careers.
4. **Information and knowledge management**, including statistical data collection for example, time-use surveys, to enable informed political decisions.
5. **Communication** to change cultures so that men and women share equally in caregiving, supported by government, market, community and families.⁵¹

⁵¹ 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

Figure 5: Five components of comprehensive care systems (Bango & Cossani, 2021)



Source: Bango & Cossani, 2021, p. 29

3.4 Conceptual framework for care -sensitive and gender-differentiated policies

The Economic and Social Commission for Asia and the Pacific (ESCAP) developed a framework setting out the main care policy categories that can make a difference to women's care responsibilities, highlighting the need for care-sensitive and gender-differentiated policies.

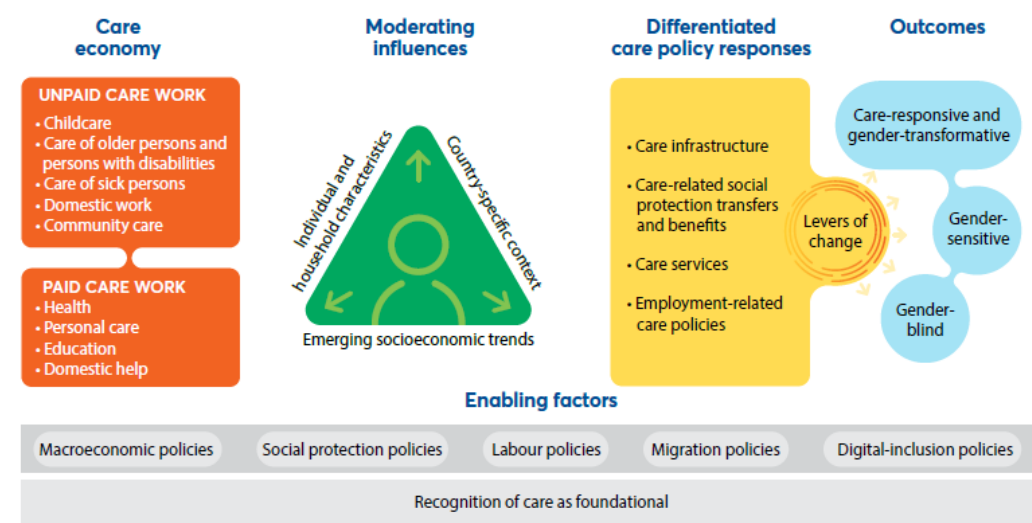
1. **Care infrastructure** – healthcare infrastructure and support infrastructure for people who are sick, living with a disability and/or pregnant.
2. **Care-related social protection** – such as cash transfers, tax benefits and non-contributory pension schemes.
3. **Care services** – state or market provided care for children, older people and people with a disability or illness.
4. **Employment-related care** – policies around leave, flexible working arrangements and parental leave benefits.

Care-sensitive and gender-differentiated measures are ones that explicitly identify and address the needs of dependent and vulnerable people, and of women, respectively.

Key considerations for these policies are the quality, accessibility, universality and affordability of care. Enabling factors include: gender-responsive budgeting; care and gender-disaggregated data; and a whole of government and whole of society collaborative approach.⁵²

⁵² 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>

Figure 6: Conceptual Figure for care-sensitive and gender-differentiated policies (ESACP, 2022)



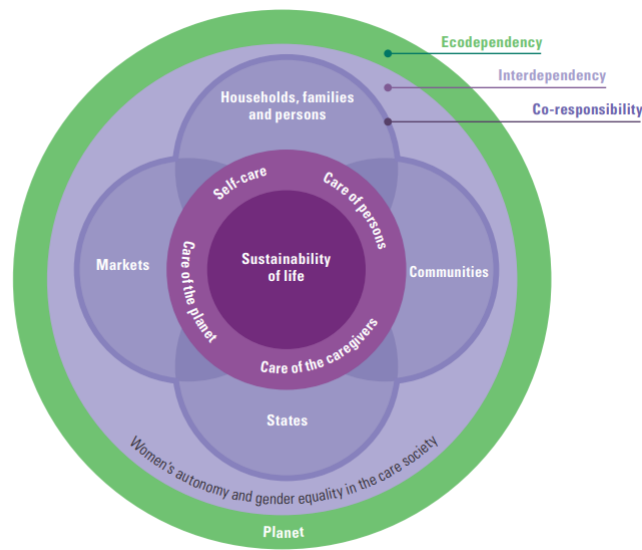
Source: ESCAP, 2022, p. 13

3.5 Care society framework

Economic Commission for Latin America and the Caribbean (ECLAC) developed a framework on the care society. The care society is defined as one where co-responsibility for care is achieved, between men and women, and between the government, markets, communities and families. It requires reorganizing care to overcome socioeconomic inequalities, through active participation by the government, community, markets and households to provide services. It also requires transforming power relations and guaranteeing *women's autonomy and gender equality* in the care economy.⁵³

⁵³ 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

Figure 7: Care Society - Women's autonomy and gender equality (ECLAC, 2022)



Source: ECLAC, 2022, p. 29

3.6 Purple Economy (Care Economy +)

Similar to the “Green” and “Blue” economies, Carpenter et al⁵⁴ introduces the “Purple” Economy. The Purple Economy “represents a new vision of economics that recognizes the importance of care work, empowerment and autonomy of women to the functioning of the economies, wellbeing of societies and life sustainability.”^{Error! Bookmark not defined..} It aims to address the inequalities created by the reliance on women’s unpaid and underpaid care work and under-investment in the care sector, by internalizing the costs of care. It calls for a shift in economic thinking and policies, whereby:

- Care is recognized as a public good that benefits the entire society, both now and in the future;
- Societies assume the costs of quality care for all, instead of ‘freeriding’ on women’s unpaid and underpaid care labour; and
- All workers in the care sector enjoy pay that is commensurate with social contributions.⁵⁴

3.7 ASEAN Comprehensive Framework on Care Economy

ASEAN produced a comprehensive framework on the care economy, with six strategic priorities:

1. Promoting healthy ageing and leveraging opportunities in Ageing Societies in Southeast Asia, including through promoting lifelong learning, the role of the elderly in socio-economic development and reviewing national social protection systems
2. Enhancing the role of the care economy in building a disaster resilience ASEAN
3. Accelerating technology innovations and digital transformation of the care economy in ASEAN
4. Building stronger and resilience families as the foundation of the care economy, through promoting positive workplace culture and policies, so workers can balance family and work responsibilities

⁵⁴ 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_14_march.pdf

5. Enhancing social protection / leaving no one behind
6. Resilience and care for the environment.⁵⁵

4. Strategies and actions towards supporting the care economy

4.1 Data and Research

To effectively support the care economy, it is crucial to rely on data and research. By leveraging information from sources like time use surveys, we can obtain important insights into how unpaid care work is distributed. This, in turn, helps in crafting policies that foster both gender equality and economic growth.

Time-use surveys (TUS) play a crucial role in bringing unpaid care and domestic work into statistical visibility. Initially, large-scale efforts to measure unpaid work through these surveys were concentrated in developed regions such as Europe, North America, and Australia. However, in the past twenty years, an increasing number of developing countries have conducted these surveys, leading to more in-depth research and improved policymaking based on the findings.⁵⁶ However, concerns arise due to the irregularity of these surveys and the varying methodologies they use, particularly in developing countries.⁵⁷

TUS are vital for understanding how women and men distribute their time across different activities over a given period. The data gathered supports the development of policies and programs in areas such as gender equality, family dynamics, social services, transportation, and culture, and aids in evaluating the value of household production for international comparisons. Typically, countries conducting these surveys collect data over a continuous 24-hour period for one or more days. These statistics are essential for evaluating aspects of gender equality and overall human well-being.

TUS typically track a range of activities, including eating, traveling (whether walking, driving, or riding a motorbike), unpaid childcare (such as supervising and feeding children), formal sector work (in roles as employees or employers within the public or private sectors), unpaid economic work (like fetching water, collecting firewood, or contributing to a family business without pay), and housework (including cleaning, meal preparation, and child care).⁵⁸

By **disaggregating activities** by sex, age group, rural or urban residence, and other demographic factors, time-use statistics reveal the various activities individuals participate in, the amount of time allocated to each paid and unpaid task, and the context in which these activities take place.⁵⁸

The **average time spent on an activity can be calculated either for the entire population or specifically for those who are engaged in that activity.** This requires determining the participation rate for each activity, resulting in two types of tables: (i) the average time spent per day by the entire population, and (ii) the average time spent per day by those who participate in the activity.⁵⁸ To ensure accurate averages, data must include weekends, weekdays, and various seasons throughout the year.⁵⁸

⁵⁵ ASEAN. (2022). *ASEAN Comprehensive Framework on Care Economy*. <https://asean.org/wp-content/uploads/2022/12/ASEAN-Comprehensive-Framework-on-Care-Economy-EPUB-23-Dec-2022.pdf>

⁵⁶ Budlender, D. (Ed.). 2010. *Time Use Studies and Unpaid Care Work*. New York and Abingdon, UK: Routledge/ United Nations Research Institute for Social Development

⁵⁷ Hirway, I. 2017. *Mainstreaming Unpaid Work: Time-Use Data in Developing Policies*. Oxford: Oxford University Press

⁵⁸ Kenya National Bureau of Statistics. (2023). *Kenya Time Use Report*

Time-use data improves labor force statistics and national income estimates. It does this by valuing unpaid non-System of National Accounts (SNA) work and overall well-being. This offers a more comprehensive perspective on the economy, incorporating both paid and unpaid work. Such statistics are crucial for supporting global initiatives like the Sustainable Development Goals and for shaping policy guidelines on gender equality, poverty reduction, employment creation, and inclusive growth.

Time-use indicators assess the economic value of unpaid care and domestic work, highlighting obstacles and incentives to labor force participation, evolving workforce practices, and the balance between paid work and other roles, including unpaid household tasks. This information is essential for developing and supporting gender equality policies and programs, such as employment initiatives and care policies.⁵⁹

For example, **Kenya's government carried out its inaugural national Time Use Survey**, which provided crucial insights into unpaid care work and revealed gender-based disparities in time poverty. This data is now being used to formulate the country's first national care policy.⁶⁰

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.⁶¹

At the international level, LFS are crucial for tracking global commitments related to the world of work, particularly under Goal 8 (Decent Work and Economic Growth) and Goal 5 (Gender Equality) of the 2030 Agenda for Sustainable Development. Typically conducted on a continuous or semi-annual basis, LFS facilitate short-term labour market monitoring. In cases where continuous surveys are not feasible, they may be conducted annually or less frequently. Despite this, LFS data usually provide a snapshot of the labour market at a specific time or over a certain period.⁶²

To ensure effective monitoring and planning at both national and subnational levels, LFS require large sample sizes and complex sampling designs. Analyzing LFS data often necessitates the use of statistical weights and careful evaluation of sampling errors.⁶¹

Tanzania in 2020/2021 undertook an **Integrated Labour Force Survey (ILFS) 2020-21**. The primary goal of the ILFS was to gather detailed information about the labour market in Tanzania. It aimed to provide estimates on several key labour market indicators, including the employed population, unemployed population, economically inactive population, time use, and working children, along with associated metrics to facilitate analysis.⁶³

Since February 2019, Rwanda has been conducting a quarterly LFS to estimate labour market indicators and track trends in the labour market. This survey measures various types of work, especially own-use production work, as well as aspects of labour underutilization, such as time-related underemployment and the potential labour force, in accordance with international standards.⁶⁴

⁵⁹ UN Women. (2023). Kenya: 2023 Time-Use Survey Report And Care Assessment [Kenya time-use care-assessment summarybrief.pdf \(unwomen.org\)](#)

⁶⁰ UN Women. (2022). "Gender Data Shines Policy Spotlight on Unpaid Care and Domestic Work in Kenya". News. 31 August [Gender Data Shines Policy Spotlight on Unpaid Care and Domestic Work in Kenya | UN Women – Africa](#)

⁶¹ [Labour force surveys \(ilo.org\)](#)

⁶² [Model LFS questionnaires for PAPI and CAPI - ILOSTAT](#)

⁶³ [Tanzania - Integrated Labour Force Survey 2020-21 \(nbs.go.tz\)](#)

⁶⁴ [Labour Force Survey Annual Report 2023 | National Institute of Statistics Rwanda](#)

4.2 Policy advocacy

Care policies should be based on the principles of universality, solidarity, autonomy, and social co-responsibility, involving families, the state, the market, and society, as well as promoting gender co-responsibility between men and women. These policies can be divided into five key components: (i) the services offered, (ii) the regulations put in place, (iii) the training provided to caregivers, (iv) information management and public awareness campaigns about care, and (v) communication efforts aimed at disseminating rights and challenging patriarchal cultural norms.⁶⁵

Defining the concept of care involves viewing care policies as public initiatives designed to organize the support and assistance for dependent individuals, such as children and people with disabilities, enabling them to perform essential, instrumental, and advanced daily activities. It also involves recognizing individuals in care jobs as beneficiaries of these policies. This definition encompasses methods to ensure equitable access to services, time, and resources, allowing both caregivers and those receiving care to do so under equal and high-quality conditions.

At the Regional Conference on Women in Latin America and the Caribbean, governments acknowledged care as a fundamental human right, emphasizing its essential role in sustaining life and ensuring societal well-being. The Montevideo Strategy was adopted, calling on governments to promote the implementation of care policies and initiatives that foster shared responsibility between men and women. This commitment aims to enhance women's autonomy and achieve a more equitable social organization of care.⁶⁶ This commitment was reaffirmed during the XIV Regional Conference on Women in Latin America and the Caribbean through the Santiago Commitment. The Santiago Commitment specifically calls for the implementation of gender-sensitive countercyclical policies to alleviate the effects of economic crises and recessions on women's lives. It also emphasizes the need to develop regulatory frameworks and policies that support the economy, particularly focusing on the care economy.

Several advances have been made in various countries in the Latin America and the Caribbean region such as Uruguay (national integrated system of care -2015), Costa Rica (national integrated system of care - 2010), Mexico (aims to develop a national care strategy and has a national survey of time use), Chile (Chile cares programme), Colombia (intersectoral commission of care economy), Paraguay (interagency care policy group -2016), Dominican Republic (law on the protection of the ageing person- 1998).⁶⁶

4.3 Service strengthening

Investment in community infrastructures such as electricity, improved water, health facilities and child care centers are known to reduce UCW and free up more time for women and girls to engage in formal jobs and/or social and political activities. Governments should continue to invest in multi-sectorial infrastructure that contribute towards the achievement of sustainable development. These infrastructures include modern roadways, electricity, housing, information and communications

⁶⁵ UN Women Americas and the Caribbean Regional Office. (July 2020) *Care In Latin America and The Caribbean During the Covid-19. Towards Comprehensive Systems to Strengthen Response and Recovery. Brief content (cepal.org)*

⁶⁶ Economic Commission for Latin America and the Caribbean (ECLAC). (2017). *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030*. United Nations

technology (ICT), water and sanitation systems, healthcare facilities, markets, industries, schools, and early childhood development centers (ECDs).⁶⁷

Care work continues to constrain women's labor force participation, resulting in a loss of income for them and their households, and a loss of GDP.⁶⁸ Unpaid care work can also reduce women's productivity when conducted at the same time as income generating work. Women also often opt for informal work. Oftentimes, women opt for informal work which offers more flexibility or allows them to bring those they care for to the workplace. These jobs are typically more precarious, with less regulation or guarantee of income, and lack of social security and other benefits, compounding the gender pay.⁶⁸ Access to affordable childcare is key to increasing women's labor force participation in low and middle-income countries, leading to an increase in household income. Benefits of improving access to quality childcare also include better educational attainment, learning, productivity, and economic growth.⁶⁸

Social protection jobs projects are increasingly incorporating care services either directly (e.g. making childcare available at vocational training sites) or indirectly by paying beneficiaries stipends to cover childcare costs.⁶⁸ In Rwanda, social protection reforms supported through a programmatic Human Capital for Inclusive Growth Development Policy Financing (DPF) among others, have focused on expanding the coverage of expanded public works (ePW), introduced in 2016 to offer year-round and flexible work opportunities to moderately labor constrained households with care responsibilities.⁶⁹ With support of the Strengthening Social Protection Project, an innovative community and home-based ECD program was rolled out. The ePW beneficiaries are employed as caregivers for children aged 3-5 years from neighboring households, which select a home to host the ECD facility. Home based ECD also includes a program of community-based parenting training and supervision, linkages with other community-based services such as Community Health Workers and follows the national minimum standards on ECD set by the Government of Rwanda.⁷⁰

4.4 Workforce investment

Extending existing social insurance schemes to informal workers is one way to enable more women to access maternity benefits⁷¹. Social insurance schemes usually only cover formal sector workers who contribute financially, along with contributions from their employer to a common pool; different entitlements, such as maternity, health, pension and old age benefits are then financed through this mechanism.

Countries such as South Africa have effectively extended these schemes to informal wage workers (who have a defined employer), such as domestic and seasonal agricultural labourers.⁷² Progress has been more limited for women in informal self-employment who do not have a defined employer or a regular salary and who generally have a weak capacity to make contributions. In the absence of significant state subsidies to substitute for employers' contributions, giving workers the option of voluntarily contributing to social insurance has not borne much success.⁷¹

⁶⁷ UN Women. (2022). *Baseline Survey on Unpaid Care Work Status among Women and Men in 8 Districts of Rwanda*. UN Women: Rwanda. <https://africa.unwomen.org/sites/default/files/2022-05/3R%20Baseline%20survey%20report%20draft%202.pdf>

⁶⁸ World Bank Group. (2021). *Making it Work for Women: What SPI Projects are Doing in the Care Space*. <https://documents1.worldbank.org/curated/en/816231640172488162/pdf/Making-it-Work-for-Women-What-SPI-Projects-are-Doing-in-the-Care-Space.pdf>

⁶⁹ World Bank. (2020). Rwanda – First Programmatic Human Capital for Inclusive Growth DPF: Social Protection and Jobs Global Practice Eastern and Southern Africa Region.

⁷⁰ Haddock, S., et al. (2019). *Addressing childcare in the World Bank portfolio: Approaches, experiences, and lessons learned*. World Bank and Umbrella Facility for Gender Equality.

⁷¹ UN Women. (2018). *Turning promises into action: Gender Equality in the 2030 Agenda for Sustainable Development*. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2018/SDG-report-Gender-equality-in-the-2030-Agenda-for-Sustainable-Development-2018-en.pdf>

⁷² UN Women. (2015). *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*. New York: UN Women

In Namibia, where self-employed workers can voluntarily enroll to gain access to maternity leave, sick leave and death benefits, 43 per cent of women workers continue to be excluded.⁷¹ This shows that while voluntary affiliation may be an option for self-employed workers with some contributory capacity, the successful extension of leave and benefits to women in more precarious types of informal self-employment will require governments to fully or partially subsidize their contributions or combine contributory and non-contributory benefits.⁷⁰

Introducing non-contributory maternity benefits through cash transfers, for example is another way that countries have chosen to support pregnant women or mothers of young children who have no access to formal (contributory) social security.⁷¹ According to the ILO, the cost of a universal maternity benefit paid for four months at 100 per cent of the national poverty line would not exceed 0.5 per cent of GDP in most low- and lower-middle-income countries.⁷³ While most existing non-contributory schemes are limited in coverage and the level of income security provided, they could form the basis for working towards universal entitlement.

In the East and Southern Africa region, women make up the majority of the paid care workforce, both within their home countries and abroad as migrant workers.³³ When women migrate internationally, they frequently find employment in the care sector, taking on roles that involve caring for children, older adults, or individuals with disabilities within households. They also often work as nurses in healthcare systems.⁷⁴

In East Africa, particularly in Ethiopia, there is a notable proportion of women migrants compared to the rest of the continent. This trend is partly due to lucrative job opportunities in Africa, the Middle East, and Eastern Asia, primarily in care sectors such as domestic work and healthcare. However, migrant women often face physically and emotionally demanding working conditions and encounter barriers to accessing social protection programs like healthcare, maternity leave, and childcare support. Additionally, they are at a higher risk of exploitation and abuse, enduring low wages, long work hours, unsafe conditions, and limited legal protections.⁸⁴

The current social structure of caregiving highlights significant inequalities in status and power, often exploiting the labor of marginalized women, such as low-income and migrant women, as well as those working in informal settings. Comprehensive care systems must adopt a rights-based perspective to ensure that everyone can fully participate in society and have the autonomy to determine and access the care they require.⁸⁴

4.5 Gender-responsive infrastructure

Gender-responsive infrastructure represents a critical strategy for advancing the care economy by addressing the unequal distribution of care responsibilities and the lack of supportive facilities.

In the agricultural labor force, for example, women comprise, on average, 43 percent in developing countries¹⁴⁵. Women are involved in productive labour agricultural activities, such as land preparation, planting, weeding, harvesting, post-harvest handling, and marketing. They are also involved in unpaid reproductive labor which includes child and elder care, water and fuel collection, meal preparation, and laundry.⁷⁵ Women also have community labor commitments, such as the provision of community

⁷³ ILO. (2015). Social Protection for Maternity: Key Policy Trends and Statistics." Social Protection Policy Papers No. 15. Geneva

⁷⁴ United Nations. (29 July 2021). Unemployed Kenyan nurses given chance to work in the UK under new Kenya-UK health agreements [Press release]. <https://www.gov.uk/government/news/unemployed-kenyan-nurses-given-chance-to-work-in-the-uk-under-new-kenya-uk-health-agreements>

⁷⁵ United Nations. (2015). *The World's Women 2015: Trends and Statistics*. New York: United Nations, Department of Economic and Social Affairs, Statistics Division.

resources and tasks linked to preserving culture and tradition. Rural women simultaneously manage these triple responsibilities, which consume energy and time, particularly when there is limited access to essential public services and labor-saving technologies. Due to this triple burden of unpaid agriculture activities, domestic responsibility, and community labor, rural women and girls spend a larger proportion of their day on unpaid and undervalued tasks than men and boys.⁷⁶ This can restrict women's income as well as the amount of income she has control over, her mobility and voice, and the health and nutrition of the whole family⁷⁷.

Labor-saving technologies and practices address specific labor, time, and gender-based constraints to reduce time and/or effort needed in carrying out a task.⁷⁸ Some examples of technologies and practices include mechanization technologies such as shellers, drum seeders, weeders, jab planters, and treadle pumps. It may also include inputs such as drought-resistant seeds, trees for woodlots, and storage bags; infrastructure innovations such as milk coolers, rainwater harvesting reservoirs, and livestock pens; transport solutions like animal or energy-based bicycles or carts; and mobile technology in service provision such as veterinary services, weather updates, and insurance. Additionally, it also includes integrated practices like climate-smart agriculture, agro-forestry, and watershed management are being employed.¹⁴⁷

Gender-sensitive labor-saving technologies and practices, when properly planned and integrated can potentially improve the well-being of women and adolescent girls by reducing women's energy usage and time spent.⁷⁹ The saved time could lead to women having more opportunities to participate in development activities, increased community participation, leisure time, or to undertake additional productive work to increase income.⁸⁰

There are also clear benefits to the environment and climate change mitigation efforts from strategically increasing and investing in women's access to climate-smart agriculture practices that can be labor-saving¹⁴⁷ such as decreased deforestation and pollution depending on the technology or approach. Labor-saving technologies and approaches integrated with other gender transformative approaches can be instrumental in advancing gender equality and women's empowerment.

4.6 Social norms transformation

Social norms are collective beliefs about acceptable behaviour within a reference group, which may not mirror individual attitudes. Social norms are fluid and addressing misconceptions aids in reshaping these norms.⁸¹

Restrictive social norms and gender stereotypes continue to position women as the primary caregivers and men as the primary income earners, entrenching a gendered divide in the provision of both unpaid and paid care work and fuelling the undervaluing of this essential work by society⁸². To empower women in other important areas, gender equality in the home and private spheres is essential. Nonetheless,

⁷⁶ FAO, IFAD & UNIDO. (2016). *Addressing women's time burden: Key issues, promising solutions, and a way forward*.

⁷⁷ WFP. (2020). *Rural women and girls 25 years after Beijing: critical agents of positive change*. Rome.

⁷⁸ Catholic Relief Services. (2023). *Gender-sensitive labor-saving technologies and practices: Integrating labor-saving technologies and practices into project design and implementation*. Catholic Relief Services [Gender-Sensitive Labor-Saving Technologies and Practices | CRS](#)

⁷⁹ Herforth, A., & Harris, J. (2014). *Understanding and applying primary pathways and principles*. Improving Nutrition through Agriculture Technical Brief Series. Arlington, VA: USAID/Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

⁸⁰ Grassi, F., Landberg, J., & Huyer, S. (2018). *Running out of time: The reduction of women's work burden in agricultural production*

⁸¹ UN Women and World Health Organization. (2020). *Respect Women: Strategy Summary – Transformed attitudes, beliefs and norms*.

[RESPECT-implementation-guide-Strategy-summary-Transformed-attitudes-beliefs-and-norms-en.pdf \(unwomen.org\)](#)

⁸² United Nations. (2024). *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*. UN System Policy Paper <https://unsdg.un.org/resources/transforming-care-systems-un-system-policy-paper>

discriminatory social norms and traditional roles are frequently the strongest and hardest to overcome within the home and family.⁸³

To help reduce care work in the household and the community, it is important to address the negative social norms that keep men from engaging in care-related work. This includes adopting policies and interventions that challenge and shift perceptions of care work being women's sole responsibility and that it is unskilled and unvaluable. This is critical for supporting structural shifts in the valuing and social organization of care. Increasing men's participation in domestic work also benefits men and children. When men share responsibility for care, their own relationships and health improve. In addition to targeting men, it is also important to involve women in these interventions. Women should also be sensitized to understand that care work and domestic tasks ought to be a shared responsibility between men and women. Women should be engaged alongside men in interventions that are intended to change perceptions, attitudes and beliefs around caring in the household.⁶⁰

Social norms transformation also includes supporting policies, programmes, media campaigns and changes to school and university curricula that promote men's involvement in care work, teach the value of care, and promote equitable, non-violent, caring relationships and supporting the development of standards and legislation prohibiting restrictive gender stereotypes in advertising and media. Consideration should be given to ensuring interventions are cross-sectoral (e.g., with community, religious leaders and social influencers, civil society and media) and targeted at multiple levels (e.g., household, community, institutional and the general public). Stereotypes, such as those based on age and disabilities, that perceive certain groups solely as recipients of care or deny their agency should be challenged.⁸²

There is also need for governments, civil society organizations, media, faith-based institutions and the private sector to work jointly towards communicating messages through the mass media that encourage men and boys to participate in care-related responsibilities in the home. Such messages could be communicated through social media platforms as well as through radio and television. Furthermore, creative art forms such as drama, storytelling, poetry and music can be used to educate boys on positive masculinity, GBV prevention, gender equality and equal distribution of care labor in the household.⁶⁰

Social institutions in Tanzania have been shown to contribute to Tanzania's unequal outcomes, especially social norms, attitudes, and stereotypes.⁸⁴ Data and findings from the Social Institutions and Gender Index (SIGI) in Tanzania showed that the two primary forms of discrimination against women and girls in the home are; unequal distribution of unpaid care, domestic work, and decision-making authority, as well as female child marriage. These two issues are crucial because they have several detrimental effects on various facets of women's and girls' lives.⁸⁴ Compared to men, women perform more unpaid caregiving and household work. Compared to males, women devote an average of 4.4 hours per day to unpaid caregiving and household chores. There are virtually few differences between Mainland Tanzania and Zanzibar and between rural and urban areas. As a result, women devote three times as much time as men to unpaid caregiving and household chores.

In Rwanda, the MenCare initiative found that in families where men were spending one hour more per day doing housework, participants reported 41 per cent less violence against women, 16 per cent less

⁸³ OECD. (2019.) Global Report: Transforming Challenges into Opportunities, Social Institutions and Gender Index. Paris: OECD Publishing. <https://dx.doi.org/10.1787/bc56d212-en>

⁸⁴ UN Women. (2024). *The Status Of Discrimination In The Family In Tanzania*. Policy Brief: [Policy Brief - The Status of Discrimination in the Family in Tanzania | Publications | UN Women – Africa](#)

physical punishment against children, and a 16 per cent increase in contraception use (compared to a control group).⁸⁵

The 3R programme in northern Senegal is an example of an initiative undertaken to accelerate social norms change in rural areas, through intergenerational community dialogue that leverages local planning processes. The 3R programme supported 13 municipalities to integrate the needs and solutions related to women's unpaid care work into their local development plans. Through a participatory process including dialogue and capacity building of local actors (such as women farmers' cooperatives, elected officials, traditional leaders, and young men and women), communities discussed social norms and their impact on unpaid care outcomes to identify key investments that respond to women's unpaid care work needs, and then integrate these into local development plans. This process was followed by a national policy dialogue with mayors, local officials, regional institutions, and representatives of the Senegalese Ministry of Gender (MFFPE) in order to explore possibilities for scaling up at the national level.⁸⁶

5. Measurement approaches

5.1 Measurement initiatives

Feminist monitoring, evaluation, accountability and learning (MEAL) frameworks should be core and well-resourced components of care programs. Feminist MEAL approaches and tools can be used to recognize and make visible the different care needs in a community (e.g. using Oxfam's Household Care Survey), to assess progress towards program objectives, and to help build the evidence base on what works to address care. The approaches are based on the understanding that transformative change in unequal gender and power relations is complex and non-linear.⁸⁷

Oxfam's **Household Care Survey (HCS)** methodology was developed as part of the WE-Care initiative to transform the provision of unpaid care and domestic work (UCDW). The HCS is a quantitative survey tool that gathers data on factors associated with higher and lower hours of unpaid care tasks and aims to generate context-specific evidence on how women, men and children spend their time, how care is provided, by whom, and which are the main factors that affect people's responsibilities for UCDW (such as access to care services, infrastructure and social norms) in order to support efforts to transform the provision of UCDW⁸⁷. The toolkit can be used to understand how the division of labour in care work is shaped by household characteristics, decision-making processes, social norms, access to energy and labour-saving equipment, public services and government schemes. The methodology aims to generate evidence on time use and the factors influencing it and can be used for different purposes such as: programme design, advocacy, monitoring, evaluation and measuring impact, and learning. It contributes to the field of Women's Economic Empowerment (WEE) and women's economic justice as it provides consistent methodological approaches for generating data on UCDW.⁸⁷

Additional tools like the **Care Policy Scorecard** can also be used to assess and track whether government policies related to care are adopted, budgeted for and implemented, and the extent to which they have a transformative effect on care.⁸⁸ The Score Card provides care advocates with a practical tool to measure

⁸⁵ Rutgers and Promundo. (2016). MenCare+: Key outcomes from a four-country initiative to engage men in SRHR, caregiving and violence prevention

⁸⁶ UN Women. (ND). *Innovative solutions to address women's unpaid care work in rural Senegal*.

⁸⁷ Oxfam. (2020). *Measuring and Understanding Unpaid Care and Domestic Work: Household Care Survey Toolkit*

⁸⁸ 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>

and track government progress and commitments on policies that have a direct impact on care (unpaid and paid) and provides policy makers with evidence and information to make informed decisions on these policies. The Scorecard draws on the work of feminist and development economists and the ILO's 5R Framework⁴² to outline the key components of a care-enabling public policy environment: one that is able to recognize, reduce, redistribute and represent unpaid care work and adequately reward paid care work. This is accompanied by a set of policy indicators and questions to assess progress systematically and holistically across relevant public policy areas for unpaid and paid care work.

The **Rapid Care Analysis (RCA)** is a rapid assessment tool to improve the design of a wider programme through gathering evidence to promote the recognition of care work and the identification of practical interventions. A key aim is to reduce the time or labour required for daily housework and caring for people, and thus increase women's: participation, empowerment, leadership, and representation in both the public and private spheres.⁸⁹ It is conducted to ensure programs are having the intended effect and not inadvertently reinforcing women's and girls' care loads. The RCA, however, is not a standalone tool for awareness-raising but is only a snapshot of the situation regarding unpaid care work in a community.

The **International Men and Gender Equality Survey (IMAGES)** focuses on crucial gender equality issues, such as gender-based violence, sexual and reproductive health and rights, reproductive labor and participation in caregiving, and fatherhood, using this evidence to drive and inform government policy at local and global levels. Developed by Equimundo (formerly Promundo-US) and ICRW, IMAGES is one of the most comprehensive studies ever to explore men's practices and attitudes related to gender equality alongside women's, implemented extensively with partners including UNFPA. The survey has conducted in-depth research involving over 67,000 men and women across 32 countries.⁹⁰ Using a wide variety of measures, IMAGES questionnaires investigate gender-based violence, health and health-related practices, household division of labor, men's participation in caregiving and as fathers, men's and women's attitudes about gender and gender-related policies, transactional sex, men's reports of criminal behavior, and quality of life. The IMAGES questionnaire incorporates items from existing survey instruments on gender, quality of life, childhood antecedents of violence (including observing gender-based violence), health, sexuality, family gender dynamics, and fatherhood. IMAGES data make it possible to explore men's experiences on topics usually explored only with women, triangulate results across men's and women's experiences, generate a baseline on gendered attitudes and practices in a setting so that progress toward the equality agenda can be contrasted with it in the future, and contribute to a global effort to improve the evidence base on men and masculinities and on gender equality.⁹⁰

In 2020, ILO launched a pilot **multi-country Labour Force Survey (LFS)** that aimed to contribute to addressing the need for statistics on UDCW by supporting the production of statistics and total work time through existing national LFS programmes. The programme aimed to produce evidence-based solutions to advance the production of accurate, timely, and cost-effective statistics on UDCW and total work time, in low- and middle income countries. With the aim of offering a practical solution where an independent TUS is not feasible, or where interim statistics are needed between dedicated TUS rounds, the programme assessed how best to leverage LFS-based time use (TU) measurement to support analysis of the

⁸⁹ Kidder, T., Pionetti, C., Chipfupa, U., & Remme, J. (2016). *Participatory methodology: Rapid care analysis*. Oxfam. <https://doi.org/10.21201/2016.620147>

⁹⁰ Equimundo. (2022). *The International Men and Gender Equality Survey: A status report on men, women, and gender equality in 15 headlines*. Washington, DC: Equimundo.

relationships and trade-offs between paid and unpaid work time, labour force participation, and opportunities for decent work.⁹¹

The **policy support tool for promoting decent employment for women**⁹² was developed within the framework of the UN Women and ILO Joint Programme titled “Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy.” It is also part of the UN-wide response initiatives included in the UN Socio-Economic Response to the COVID-19 pandemic. The tool aims to provide a methodology to 1) identify coverage gaps in care services—specifically public healthcare, long-term care, early childhood care and education, and primary and secondary education; 2) estimate the costs of public investments and expenditures needed to address these gaps; and 3) assess the economic returns on such investments in both the short and long term.

Designed to contribute to the formulation of post-pandemic intervention packages, this tool seeks to promote an effective and inclusive recovery. Its purpose is to assist governments in prioritizing expenditures from the perspective of gender equity and inclusive growth. Furthermore, it helps policymakers recognize the potential of investments in the care economy to address multiple development priorities while building and supporting national capacities.⁹² This tool specifically focuses on evaluating the short-term demand-side effects related to decent employment creation, gender equality, poverty alleviation, and fiscal sustainability.⁹²

5.2 Measurement challenges

Globally, it is estimated that women earn 77 per cent of what men earn¹⁷ and perform the major share of unpaid domestic and care work (UDCW).⁹¹ Historically, the value generated by UDCW, and the costs imposed, have been largely overlooked in public policy and investment decisions. Despite growing demand for statistics on UDCW, in many countries, data are collected infrequently or not at all. One reason for this is the cost and complexity of the default measurement approach, the time use survey.⁹¹

Another challenge may be due to **incremental informal care time**. This relates to either: (i) the amount of total caregiving time that is due to the needs of a particular health condition of a recipient or (ii) the amount of caregiving time excluding the day-to-day tasks the provider would have done anyway had they not become a carer.⁹³ Other challenges include: i) joint production (performing of multiple tasks at the same time), ii) time-bound tasks (the degree to which certain caregiving tasks have to be performed at the same time each day), iii) time measurement methods (different means of collecting informal time care information such as diary vs recall methods), iv) intangible tasks (tasks that have no tangible end product such as social and emotional care v) carer and recipient identification (informal care information compared between carers or recipients within the same dyad, or from one perspective across different measurement methods), vi) multiple caregivers (informal care provided by someone who is not the primary caregiver), vii) aggregation of informal care tasks (means of collecting informal care information through list-based tasks or one aggregated question), viii) non-response bias (carers may be more or less likely to take part in surveys or answer caregiving questions than non-carers)⁹³

⁹¹ 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

⁹² [Policy-tool-Care-economy-en.pdf \(unwomen.org\)](#)

⁹³ 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>

A complete understanding of the challenges in measuring informal care time is key if this aspect of informal care is to be more widely included in economic evaluations.

6. The landscape of care programming

6.1 Global Landscape of Care Programming

There are various stakeholders that play key role in advancing the global care economy landscape. These include UN agencies such as UNDP and UNICEF, and various alliances and coalitions, as demonstrated below:

The United Nations Development Programme (UNDP) developed a four-step methodology based on the UNDP SDG Investor Map to analyse the opportunities and challenges in shaping and scaling a sustainable care economy in China using an evidence-based approach.⁹⁴ The methodology helps to identifying potential investment opportunity areas and we prioritize those with maximum impact on empowering women, measured against indicators such as the amount of time saved for women in unpaid care.⁹⁵

The United Nations Children's Fund (UNICEF) in 2019 launched its family friendly policies initiative⁹⁶, in response to the global childcare crisis. This initiative highlights the potential 'triple dividend'^{Error! Bookmark not defined.} of investing in childcare services, which includes benefits for children's development, women's participation in the workforce, and overall economic growth.

In 2022, **the World Bank Group** introduced the Invest in Childcare initiative⁹⁷ to promote investment in high-quality, affordable childcare. This initiative aims to tackle the childcare challenge by focusing on research, data collection, policy reforms, and scalable operational strategies. It assists countries in advocating for childcare, designing and executing high-impact projects, and maximizing benefits for women, children, families, businesses, and economies. Additionally, the initiative supports analytical work, including impact evaluations, data gathering, and the creation of new tools and guidance to address knowledge gaps, strengthen the evidence base, and inform effective programming.⁹⁷

The Global Alliance for Care is an inaugural global multi-stakeholder network designed to create and support spaces for collaborative action, advocacy, communication, and learning about care. It emphasizes the recognition of care as a need, a form of work, and a right. This alliance brings together governments, civil society, trade unions, philanthropic organizations, international bodies, and academic institutions to promote the care agenda from local to global levels.⁹⁸ With UN Women serving as a co- convener, the alliance, which includes governments, civil society, trade unions, philanthropic organizations, international entities, and academic institutions, seeks to advance the care agenda from local to global

⁹⁴ UNDP SDG Investor Platform (n.d.). Methodology: <https://sdginvestorplatform.undp.org/methodology>

⁹⁵ [Bridging Gender Gaps with a Sustainable Care Economy: Investment Opportunities and Challenges | United Nations Development Programme \(undp.org\)](#)

⁹⁶ [UNICEF-Childcare -Family-Friendly-Policies-2019.pdf](#)

⁹⁷ [Invest in Childcare \(worldbank.org\)](#)

⁹⁸ [Global Alliance for Care leads changes in the care economy | UN Women – Headquarters](#)

levels. It focuses on care economy strategies and fosters multi-stakeholder engagement and political will through a gender equality lens.⁹⁹

6.2 Landscape of Care Programming in East and Southern Africa.

In East and Southern Africa, the care economy is supported by a diverse range of stakeholders including governmental bodies, international organizations, non-governmental organizations (NGOs), and academic institutions. Some of the key players that are working across the region include:

African Population and Health Research Center (APHRC): APHRC focuses on transforming unpaid care work through evidence-based research and policy advocacy.¹⁰⁰ APHRC emphasizes the use of evidence to advocate for the transformation of unpaid care work into a more recognized and valued sector¹⁰⁰.

International Labour Organization (ILO): The ILO works on various aspects of the care economy, including time use measurement and decent work conditions for care jobs. Their reports and policy tools support governments and organizations in developing care policies¹². ILO addresses various aspects of care work, including decent work conditions, future care jobs, and time use measurement. Their tools help assess and improve care work policies^{Error! Bookmark not defined.}.

World Bank Group (WBG): The World Bank supports initiatives that integrate care work into broader economic policies and development strategies⁷⁸. The WBG provides support for integrating care work into economic development projects, focusing on how care impacts economic outcomes.¹⁰¹

Oxfam: Oxfam advocates for gender-sensitive care policies and supports projects aimed at addressing unpaid care work.¹⁴ Oxfam works on developing and implementing policies that address the challenges faced by women in the care sector and promotes gender equality¹⁴.

Catholic Relief Services (CRS): This organization integrates gender-sensitive, labor-saving technologies into project design to support care work.¹⁰² CRS focuses on labor-saving technologies that alleviate the burden of care work.

Global Affairs Canada, in collaboration with the **African Women's Development and Communication Network (FEMNET)** and the UN Women East and South Africa Region (ESAR), hosted a sharefair to create a regional definition of the care agenda for ESAR. The event aimed to enhance understanding and capacity regarding unpaid care and domestic work in the area. Additionally, the sharefair explored innovative care service models, began discussions on reforming discriminatory laws and policies, and pinpointed key investment areas to alleviate the time burden associated with care work.

MenCare: A Global Fatherhood Campaign¹⁰³ actively involves men as fathers and caregivers to promote gender equality. In Rwanda, the campaign has initiated efforts to engage men in enhancing maternal,

⁹⁹ [About us - Alianza Global por los Cuidados / Global Alliance for Care](#)

¹⁰⁰ African Population and Health Research Center. (2023). "Transforming Unpaid Care Work: Using evidence to mobilize change". <https://aphrc.org/blogarticle/transforming-unpaid-care-work-using-evidence-to-mobilize-change/>

¹⁰¹ World Bank Group. (2021). *Making it Work for Women: What SPI Projects are Doing in the Care Space*. <https://documents1.worldbank.org/curated/en/816231640172488162/pdf/Making-it-Work-for-Women-What-SPI-Projects-are-Doing-in-the-Care-Space.pdf>

¹⁰² Catholic Relief Services. (2023). *Gender-sensitive labor-saving technologies and practices: Integrating labor-saving technologies and practices into project design and implementation*.

¹⁰³ [Homepage - MenCare](#)

newborn, and child health, preventing violence, supporting caregiving, and fostering healthier couple relationships.¹⁰⁴ In South Africa, MenCare advocates for policy changes, urging lawmakers to introduce paid leave for new parents.¹⁰⁵

UN Women has partnered with the **University of Nairobi**,¹⁰⁶ the **Kenya National Bureau of Statistics**, and the **State Department of Gender and Affirmative Action** to lead a care work needs assessment and create a policy formulation roadmap for Kenya. This collaboration includes providing technical support for developing the National Care Policy and involves producing time use survey analyses, quantitative data, and policy recommendations to address unpaid care and domestic work.⁵⁸

6.3 UN Women's Role

UN Women is a key stakeholder in the care economy landscape. The organization's regional office for East and Southern Africa provides strategic guidance and support for care economy policies and practices across the region.¹⁰⁷ Its strategic plans and toolkits emphasize integrating care into broader gender equality and economic empowerment agendas¹⁰⁸.

Some key areas of strengths include:

1. **UN Women brings significant experience in advocating for policy changes and reforms** related to the care economy, leveraging its global and regional presence.¹⁰⁹
2. **UN Women has published extensively on the care economy**, producing comprehensive research and toolkits that guide policy-making and program implementation.^{Error! Bookmark not defined.} Its toolkit on care work supports local efforts to improve care infrastructure and support systems.^{Error! Bookmark not defined.}
3. **UN Women brings strong relationships with the women's movement and other stakeholders working in this space.** The Regional Office and Country Offices have facilitated coordination among various stakeholders and ensured that regional strategies align with global frameworks.³³ Working with regional networks and other partners helps enhance the reach and impact of care economy initiatives.¹⁰⁰ Leveraging existing initiatives, both internal and external to UN Women, and scaling initiatives that have worked in other contexts, form key approaches to UN Women's strategy.

7. Evaluation synthesis

This section summarizes the existing evidence base on 'what works', drawing on internal and external evaluations, using the categories of strategies and actions towards addressing the care economy introduced in section 4.

¹⁰⁴ [Scaling Bandebereho: a positive fatherhood and gender equality intervention in Rwanda - MenCare](#)

¹⁰⁵ [Sub-Saharan Africa - MenCare Around the World - MenCare](#)

¹⁰⁶ UN Women (2021). Gender Statistics for Evidence-Based Policies: Women's economic empowerment, health and gender-based violence. Nairobi, Kenya: UN Women

¹⁰⁷ UN Women. (2024). Women's Economic Empowerment Strategy. <https://www.unwomen.org/sites/default/files/2024-03/un-women-womens-economic-empowerment-strategy-en.pdf>

¹⁰⁸ UN Women. (2024). Brief - Key priorities for Women's Economic Empowerment. https://www.unwomen.org/sites/default/files/2023-11/wee_strategy_-_executive_summary.pdf

¹⁰⁹ UN Women. (2023). *UN Women East and Southern Africa - Strategic Plan 2022-2025 Building a Gender-Equal Africa*. https://africa.unwomen.org/sites/default/files/2023-03/ESA%20regional%20booklet_Web%20Ready.pdf

1. Data and research

Evaluations and case studies highlight the importance of data and research as a first step for recognizing unpaid care work and designing projects that fit the specific context. The UN Women 3R evaluation identified that baseline studies are critical for designing projects based on the patterns of unpaid care work, to address their impact on women and girls.¹¹⁰ UN Women and ILO (2021) jointly created a policy tool that supports costing and returns analysis, which supports the design of policies grounded in the likely costs and returns of any specific context. A compendium of case studies prepared by UN Women in Ethiopia noted that many effective interventions prioritized working with governments to gather data on unpaid care work as a first key step.¹¹¹

Data on care systems remain limited. Oxfam's desk review of major care programmes across the world identified that many low-income countries have limited evidence on care, due to lack of labour force surveys and time use surveys and high number of informal care providers. It calls for data to be disaggregated along multiple criteria, to provide a picture of marginalized women's experiences with the care system.¹¹² Several countries have undertaken sought to measure unpaid care work, including through time use survey reports, but this data is not yet integrated into national GDP statistics. (Kenya and Ethiopia)¹¹³ There are also limited efforts to quantify the contribution of unpaid care work to the economy and include it in the estimation of GDP, which hinders an understanding of the full extent of its contribution.¹¹¹

Evidence on unpaid care have been effectively used to monitor policies. Time-use data was used in Tanzania to monitor the extent to which public water and sanitation expenditures were gender-sensitive. Time-use surveys have also been used to evaluate the impact of specific care policies, such as Korea's childcare voucher programme on income poverty. Focus groups with women informal workers as well as time use surveys have raised the visibility of the care agenda.¹¹⁴

However, there remain gaps in the tracking of impacts of care interventions on women. A high number of care programmes target childcare provision to support women's participation in the labour force, but most programmes do not track the impact on mothers, nor its reach of marginalized women workers.¹¹² A UN Study on national fiscal stimulus packages from a gender equality perspective also highlights the importance of monitoring the effects of a policy, using sex disaggregated data, to be able to fully assess the impact of a given policy.¹¹⁵

Another limitation of the existing research is that much of it draws conclusions from small-scale initiatives, resulting in evidence gaps in terms of what works at scale in low-income contexts.¹¹⁶ There has been some innovations to pilot scalable interventions. For example, the KIDOGO project is being carried out in Nakuru Country in Kenya to test the potential of a new early childhood development 'hub and spoke' model, on improving women's economic outcomes.¹¹²

¹¹⁰ UN Women [3R evaluation](#)

¹¹¹ [Good Practices, Lessons, Opportunities, and Challenges in the Care Economy in Ethiopia | Publications | UN Women – Africa](#)

¹¹² 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 \(globalallianceforcare.org\)](#)

¹¹³ [Kenya Time Use Survey Report | Publications | UN Women – Africa](#)

¹¹⁴ [Flagship2016_Ch3.pdf \(unrisd.org\)](#)

¹¹⁵ [Consolidated report: National fiscal stimulus packages from a gender equality perspective | Publications | UN Women – Headquarters](#)

¹¹⁶ [Donor-investment-in-the-care-economy_final.pdf \(globalallianceforcare.org\)](#)

2. Policy and advocacy

Effective partnership with government, women's movement and workers' organizations is needed to influence policy. The 3R evaluation identified the need to strengthen programme implementers' relationships with governments, throughout the project design, implementation and reporting phases, to enable successfully advocacy.¹¹⁰ A learning note based on UN Women's experience on using briefings for evidence-based policy reform for childcare provision in West and Central Africa identified the importance of working with strategic partners, such as women groups, advocacy organizations and development partners and relevant government ministries. The note also identified the importance of engaging in policy dialogue with government to agree next steps and commitments to be announced at multi-stakeholder meetings, ideally led by government.¹¹⁷ Research also identifies the need for women's movements, trade unions, and carers to work together to inform policy and for strong coordination across government ministries such as health, education, infrastructure, and social protection.¹¹⁴

There is evidence that advocacy work can lead to transformative care policies. As a result of engagement between women's movements and state actors, transformative care policies have been introduced. Key enablers include broad alliances between women workers' organizations and labour unions, and the strength of women workers' associations.¹¹⁸ For example, women's rights organizations worked with labour unions to put the idea of the Integrated National Care System on the policy agenda in Uruguay.¹¹⁹

More policy advocacy work is needed to achieve scale and hold governments accountable to their commitments. In care programming, funding for advocacy is often lacking. Care policies include leave policies, family friendly working arrangements, social protection, and care services and infrastructure. Examples of effective policy programming include Oxfam's WE-Care programme. The programme supported women in informal settlements in Kenya to advocate for care services. This led to increases in government expenditure on accessible water points by 30% and childcare centres by 10%. The programme also contributed to advocacy work in Zimbabwe and Philippines, which led to the construction and repair of water points.¹¹²

Policy implementation needs to be more closely monitored, to understand how policies are being used to address care issues. Analysis of care policies often do not include analysis of implementation,¹²⁰ which can bring their own challenges. For example, in Ethiopia, paternity leave provisions were strengthened in 2017 and 2019, but there is little information on take up. Some men report not knowing how to use it, or not using the leave on household tasks. One respondent noted that they returned to the office after taking four days off because he didn't know what to do with the leave.¹¹¹ There is need to understand how policies and methods are being used, and any norms or other barriers affecting uptake. In Uruguay, UN Women worked with the World Bank and National Office of Social Security to raise awareness to encourage fathers to take part time parental leave. Previous to the campaign, only 4.5% of eligible fathers took leave. The campaign provided information about the parental leave benefit and the importance of fathers' involvement to shift gender norms. The campaign effectively increased the uptake of paternity

¹¹⁷ [UN Women Advocacy n WCA comp.pdf](#)

¹¹⁸ Kabeer, Naila. 2016. Women Workers and the Politics of Claims Making: The Local and the Global. Prepared for UNRISD Project Women's Claims Making. Mimeo.; WIEGO (Women in Informal Employment Globalizing and Organizing). n.d. Domestic Workers: A Victory for Decent Work. http://wiego.org/sites/wiego.org/files/resources/files/Impact_Domestic_Workers_Victory.pdf.; Goldsmith, Mary. 2013. Collective Bargaining and Domestic Workers in Uruguay. Cambridge: WIEGO.

¹¹⁹ 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>
¹²⁰ Rossella Ciccía, Emanuela Lombardo, Care policies in practice: how discourse matters for policy implementation, *Policy and Society*, Volume 38, Issue 4, December 2019, Pages 537–553, <https://doi.org/10.1080/14494035.2019.1702278>

leave.¹²¹ Tools like the Care Policy Scorecard can be used to track the adoption, budgeting, implementation and effects of policies related to care.

In addition to recognition of care, a strong gender perspective and rights-based approach is needed to support policy change. The care lens does not automatically result in transformative policies. A rights based approach to social protection and care policies, recognizing the state as duty bearer and caregivers and care receivers as rightsholders, has been effectively used in countries such as Uruguay and Costa Rica to effect policy change.¹²²

3. Service Strengthening

There is strong evidence that free or subsidized childcare provision, has a positive impact on women's labour force participation. Impact evaluations have identified this positive effect through a range of programmes and policies, including provision of childcare, financial assistance to increase the availability of childcare options, afterschool care, and supporting informal childcare programmes.¹²³ One review of 13 studies in lower and middle income countries found that a 30 per cent increase in daycare utilization resulted in women's employment increasing by six per cent on average.¹²⁴ For example, in Ethiopia, a government institution set up day care for its employees, which has resulted in reducing employee turnover and improving women's performance and career progression at work. Addis Ababa's school feeding programme in 2019 was also reported to reduce the time mothers needed to spend time preparing meals at home, which enabled them to allocate this time to income generating activities.^{Error!}

Bookmark not defined. There is also evidence that establishing ECD centres linked to workplaces can be effective. UNICEF in Rwanda worked with the government to provide market based ECD centres to support women working in cross-border trade.¹²⁵

The table below summarizes examples of childcare policies and programmes and evaluated impacts.

Table 2: Examples of Childcare policies and programmes and evaluated impacts

Category of intervention	Policy / programme	Example(s)	Features	Impacts
Financial Assistance	Means-tested subsidies	Mexico: Programa de Estancias Infantiles (PEI) ¹²⁶	Government subsidies for childcare services to low-income mothers, while also providing financial support to those providing home based	<ul style="list-style-type: none"> raised beneficiary mothers' labor force participation by 18% for those in secure employment and by 15% in short-term tenures. number of working hours increased.

¹²¹ [World Bank Document](#)

¹²² [Flagship2016_Ch3.pdf \(unrisd.org\)](#)

¹²³ 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.

¹²⁴ Evans, D. K., Jakiela, P. & Knauer, H. (2021). The impact of early childhood interventions on mothers: Failure to measure the impacts on women's time and other maternal outcomes implicitly sets their value at zero. Science, 372(6544), 794-796. 65 Harper, S., Austin, N., & Nandi, A. (2017). Daycare and women's health, social, and economic outcomes in low and middle-income countries: Systematic review and evidence synthesis. GROW Working Paper Series No. 2017-07. <http://grow.research.mcgill.ca/publications/working-papers/gwp-2017-07.pdf>

¹²⁵ WIEGO, UNICEF and ILO. 2021. Family-friendly policies for workers in the informal economy. [Family-Friendly Policies for Workers in the Informal Economy .pdf \(unicef.org\)](#)

¹²⁶ [impact evaluation of PEI](#)

Category of intervention	Policy / programme	Example(s)	Features	Impacts
			or community childcare.	<ul style="list-style-type: none"> Labor market gains were strongest among mothers who never worked prior to the program.
	Vouchers	Nairobi, Kenya ¹²⁷	Mothers were given 12-month vouchers for children (aged 1-3) to use at daycare centers.	<ul style="list-style-type: none"> Participants were 8.5 percentage points more likely to be employed, compared to control group, and with 24% higher income
	Subsidized daycare	Nicaragua: Programa Urbano ¹²⁸	Provides half a day early child education and care, serving the most disadvantaged communities	Significant impact on maternal labour force participation
Direct Provision by Government	Preschool / ECE	Indonesia ¹²⁹	Public preschools for every 1000 children vs private preschools	Only public preschools increased mother's labour force participation
	Day care	Rio de Janeiro, Brazil ¹³⁰	Full time daycare for low-income children, aged 0-3	Services increased the use of care (from 51% to 94%) and mothers' employment (from 36% to 46%), and almost doubled the employment of mothers who were not working before program. A follow-up <u>impact evaluation</u> shows access to childcare creates substantial and lasting impacts on household income and child investment.
	After school program	Chile: 4-7 program ¹²⁹	Government funded free after school childcare provision (6-13)	7% increase in mother's labour force participation and 5% increase in employment For mothers not previously in the labour force, participation increase of 19%

¹²⁷ Clark, S., Kabiru, C. W., & Muthuri, S. (2019). The Impact of childcare on poor urban women's economic empowerment in Africa. *Demography*, 56(4), 1247-1272. <https://doi.org/10.1007/s13524-019-00793-3>

¹²⁸ Hojman, A. & López Boo, F. (2019). Cost-Effective Public Daycare in a Low-Income Economy Benefits Children and Mothers. Inter-American Development Bank. https://publications.iadb.org/publications/english/document/Cost-Effective_Public_Daycare_in_a_Low-Income_Economy_Benefits_Children_and_Mothers_en.pdf

¹²⁹ Martinez, C. & Perticará, M. (n.d.). The impact of extending childcare on female labor in Chile. Abdul Latif Jameel Poverty Action Lab. <https://www.povertyactionlab.org/evaluation/impact-extending-childcare-female-labor-chile>

¹³⁰ [randomized impact evaluation](#)

Category of intervention	Policy / programme	Example(s)	Features	Impacts
Non-government provision	NGO	India: Seva Mandir ¹³¹	Running community childcare centres	160 childcare centres serving 4000 children and 25,000 mothers, allowing them to do income generating work
		India: mobile Creches ¹³²	Provide childcare services to migrant workers at construction sites and informal settlements in Delhi	1000 daycare centres, provided care to 867,000 children since inception and trained 6,500 women as daycare workers
	Social enterprise	Kenya: Kidogo Early Childhood Learning Centres ¹³³	Training for entrepreneurs to formalize existing childcare centres or start new ones. Social franchising model with established quality standards and ongoing monitoring	400 women trained, providing services for approximately 11,000 children in informal settlements
		Colombia: Hogares Comunitarios de Bienestar Familiar ¹³⁴	Encouraged formation of parents associations with elected community mother. Families pay a small monthly fee used for the community mother's salary.	A study on the long- and medium-run effects of the program found that HCBF increased average female employment rate by 31% and average hours of work by 75 hours per month.

Source: Adapted from Borrowman, et al. (2022). Global Assessment of Care Services: Current Status, Impact, and Policy Recommendations, WeProsper. Washington, D.C.¹²³

However, care provision remains unevenly distributed, with provision for children with disabilities especially limited. The 3R programme evaluation found that care work is not systematically funded by national or local government, resulting in unequal and patchy distribution of care provision, especially in rural communities. The evaluation recommended that local authorities and communities work to estimate care needs, to provide a foundation for developing a community ownership and financing. The evaluation also identified the need to partner with specialist organizations when working with children and women with disabilities, due to the need for specialist skills, services and equipment.¹¹⁰

Modelling work has also used estimates of costs of providing universal childcare through decent work conditions, the resultant employment effects, and the fiscal effects of jobs created, and identified net

¹³¹ Seva Mandir. (2022, July 22). Balwadis. Seva Mandir. <https://www.sevamandir.org/WhatwedoSubPag.aspx-?page=Balwadis&wwdID=5&wdId=20>

¹³² Grantham, K., Rouhani, L., Gupta, N., Melesse, M., Dhar, D., Mehta, S. K. & Kingra, K. J. (2021). Evidence review of the global childcare crisis and the road for post-covid-19 recovery and resilience. Gates Foundation. https://docs.gatesfoundation.org/documents/evidence_review_of_the_global_childcare_crisis_and_the_road_ahead_for_covid-19_recovery_and_resilience_english.pdf

¹³³ SEED. (n.d.). Kidogo Early Childhood Centres. SEED. <https://seed.uno/enterprise-profiles/kidogo-early-childhood-centres>

¹³⁴ [study on the Hogares Comunitarios de Bienestar Familiar](#)

positive economic effects across many countries.¹³⁵ Research has identified that resources needed to provide universal childcare range from 1.1 per cent to 14 per cent, and would result in significant generation of employment, particularly for women, which would also generate tax revenues to offset the expenditure (ranging from 10.5 per cent to 77 per cent of investment cost). Studies are summarized in the table below.¹³⁶

Table 3: Examples of Studies estimating costs and returns of childcare provision

Author	Scope	Country	Costs	Employment effects (direct and indirect jobs)	Fiscal Returns from Tax Revenues	Net Investment (costs - fiscal returns)
UN Women (2019) 195 ¹³⁷	Free ECCE at universal and medium enrollment rates, different ratios and pay levels	South Africa (2071)	3.2% - 7.3% GDP	2.3 – 3.1 m jobs; 10-12 percentage point increase in women’s employment rate	35%-43% self-funded	2.1-4.2% net GDP investment
UN Women [2021] 198 ¹³⁸		Rwanda	11% of GDP for “improved” scenario	–345,486 jobs –81% women – 22 percentage point increase in women’s employment rate	47% self-funded	9% GDP net investment
		Senegal	10% of GDP for “improved” scenario	–422,599 jobs –75% women – 16 percentage point increase in women’s employment rate	51% self-funded	6.2% GDP net investment
		Tanzania	14% of GDP for “improved” scenario	–1,550,973 jobs –76% women –23 percentage point increase in women’s	26% self-funded	7.3% GDP net investment

¹³⁵ [Investing in free universal childcare in sub-Saharan Africa: Côte d'Ivoire, Nigeria, Rwanda, Senegal, and the United Republic of Tanzania | Publications | UN Women – Headquarters](#)

¹³⁶ [Estimating Care Deficits, Investment Costs and Economic Returns for Early Childhood Care and Education \(ECCE\) in Ethiopia | Publications | UN Women – Africa](#)

¹³⁷ De Henau, J., Budlender, D., Filgueira, F., Ilkkaraçan, I., Kim, K., & Mantero, R. (2019). Investing in free universal childcare in South Africa, Turkey and Uruguay: A comparative analysis of costs, short-term employment effects and fiscal revenue. UN Women. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2019/Discussion-paper-Investing-in-free-universal-childcare-in-South-Africa-Turkeyand-Uruguay-en.pdf>

¹³⁸ UN Women. (2021). Investing in free childcare in sub-Saharan Africa: Côte d'Ivoire, Nigeria, Rwanda, Senegal and the United Republic of Tanzania: Estimating spending requirements, gendered employment effects and fiscal revenue. UN Women. https://www.unwomen.org/sites/default/files/2021-12/Issue-paper-Investing-in-free-universal-childcare-in-sub-Saharan-Africa-en_0.pdf

				employment rate		
Long-term care: ILO 2019 (200) ¹³⁹	LTC for meeting SDG goals compared to current baseline	45 countries	2.3% of GDP	–64.8 million jobs –54% of jobs would go to women	17.9% (both health and LTC services)	n/a

Source: Adapted from Estimating Care Deficits, Investment Costs and Economic Returns for Early Childhood Care and Education (ECCE) in Ethiopia | Publications | UN Women – Africa

4. Workforce investment and social protection

This section summarizes some examples of what works in of workforce investment and social protection for care outcomes.

There is some evidence that social protection and cash transfers can support care outcomes. An evaluation of South African’s Old-Age Pension Grant found that women living in households with pensioners receiving the Old-Age pension grant were 15 per cent more likely to be employed than those who did no.¹⁴⁰ The MERANKABANDI programme targets households with children living in extreme poverty, providing cash transfers, early childhood development support and tools that encourage active involvement of fathers in parenting. An evaluation found that the programme has effectively supported women to increase income generation activities.¹²⁵ South Africa has also effectively set up the Unemployment Insurance Fund for informal workers with multiple employers, allowing multiple employer contributions for a single employee.^{Error! Bookmark not defined.}

Programmes supporting and training care workers have also been found to be effective. A five year programme in Ethiopia developed a digital platform that connects service providers (such as cleaners) with clients and provides training to service providers. Reviews have identified that the programme have effectively supported shift workers with upskilling and increasing their income generating activities.^{Error! Bookmark not defined.}

Another area of work has been in developing safe markets. WIEGO worked with traders organizations in Ghana, Kenya and South Africa to support municipalities to include childcare facilities for women vendors and traders. This has supported increased women traders in the target markets.^{Error! Bookmark not defined.}

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, given the commonplace challenges of low wages, long hours, lack of formal contracts and regulation, and poor working conditions. Projects that focus on securing rights for paid care workers have proven effective. For example, in Bangladesh, an Oxfam project supported domestic workers with occupational training, set up worker groups, supported in identifying safe placements, and advocated for recognition of domestic work as a formal profession, working with policy makers, government and employers. An evaluation found that the

¹³⁹ 200 Ikcaracan, I. & Kim, K. (2019). The employment generation impact of meeting SDG targets in early childhood care, education, health and long-term care in 45 countries. International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732794.pdf

¹⁴⁰ Spindler, M. (2019, January 8). The old-age pension grant and elderly care in South Africa. The Borgen Project. <https://borgenproject.org/elderly-care-in-south-africa/>

project was effective at increasing the security and income levels of participants.¹⁴¹ Supporting decent work and regularizing the informal sectors is needed to advance the care economy.¹⁴¹

5. Infrastructure Investment

There are many examples of technologies that have effectively freed up women's time and energy, to take on additional income generating activity. For example, enset processing technology has been tested and rolled out in Ethiopia, reducing processing time from four days to an hour, and reducing losses.^{Error! Bookmark not defined.} However, uptake of many of these technologies face challenges, such as low demand affecting scaling efforts and access to finance.^{Error! Bookmark not defined.}

Evidence syntheses have identified the following enablers:

- **Taking a participatory approach to ensure appropriateness:** Labour saving technologies that address a need voiced by women themselves and which have been tested with the target end users have higher adoption rates. For example, a mechanized potato selection technology in Bolivia was tested with men instead of women, who found it difficult to lift the heavy bags of potatoes. The technology required adapting for women.¹⁴²
- **Gender analysis and monitoring to support gender responsive approaches:** Understanding who makes decisions on technology and income use within households and existing access to technologies is needed to design gender responsive approaches. This will help shed light on whether target end users have control over the income that is needed to purchase and maintain the technology. Key risks are that men can generally more easily afford energy saving technologies, and do not always share the increased income with the household. Another risk seen is that men adopt the technology and displace women to more labor-intensive work. This requires monitoring to see who is using and controlling the technology.^{143,144,145} Introducing labour-saving technologies is often not enough to support women's empowerment but requires also addressing barriers to women's ability to adopt new technologies.¹⁴⁶
- **Understanding the broader context and engaging other stakeholders can support relevance and sustainability of the new technologies:** It is important to understand the culture and whether gender norms and roles will facilitate adoption of the new technology. Understanding the policy environment can support targeting of strategies that best meets women's needs. Working with the private sector and governmental partners can support sustainability and adoption after the end of the project. Private sector actors can support market-based solutions. Government stakeholders, such as local government and agriculture offices, can support sensitization of the technology and policy change.¹⁴⁷

6. Social norms change.

Shifting social norms on care is challenging and takes time but is essential to support transformative change. For example, a 2018 Oxfam study showed that even when women reduced time spent on domestic activities due to improved care infrastructure or energy saving technologies, they often distribute this to other caregiving work. This risk needs to be mitigated by incorporating components that

¹⁴¹ [WEF The Future of the Care Economy 2024.pdf \(weforum.org\)](#)

¹⁴² Mudge, et al, 2020. [gender sensitive labor saving technologies and practices brief 2021.pdf \(crs.org\)](#)

¹⁴³ Marilyn Carr with Maria Hartl. 2010. IFAD. Lightening the Load: Labour-saving technologies and practices for rural women. Available here.

¹⁴⁴ XXI Komatsu, H., Malapit, H., J., Theis, S. 2018. "Does women's time in domestic work and agriculture affect women's and children's dietary diversity? Evidence from Bangladesh, Nepal, Cambodia, Ghana, and Mozambique." Food Policy. In press.

¹⁴⁵ FAO. 2011. Analysis for Agriculture and rural investment projects. Rome. <http://www.fao.org/3/i2816e/i2816e00.htm>

¹⁴⁶ FAO, IFAD and WFP. 2020. A compendium of fifteen good practices. Rome. <https://doi.org/10.4060/cb1331en>

¹⁴⁷ FAO. 2019. Fostering the uptake of labour-saving technologies How to develop effective strategies to benefit rural women. Rome. <http://www.fao.org/3/CA2731EN/ca2731en.pdf>

seek to change social norms.¹⁴⁸ There have been good practices in this area, including bringing men and women together to challenge discriminatory gender norms, using approaches such as the SMART Couples, Gender Champions, or SILC + GTA which support more equitable household decision making.¹¹² Specific programmes include: Promundo's MenCare which uses education, media and advocacy to promote men's equal involvement in caregiving, which has been delivered in 50 countries. In Rwanda, Promundo successfully increased men's time spent on childcare by 52 minutes per day.¹⁴⁹ The WISE programme in Ethiopia uses facilitators to engage family members to discuss who is doing which domestic tasks, and monitors improvements. The evaluation found that the programme effectively contributed to changing social norms.^{Error! Bookmark not defined.} However, the majority of programmes are delivered by NGOs and not yet institutionalized and mainstreamed in government programmes.^{146, Error! Bookmark not defined.}

A synthesis of evaluations of 26 programmes that aimed to engage men in caregiving, improving family well being and supporting gender equality identified that six out of the seven programs that measured men's participation in housework and caregiving found positive changes, although gendered attitudes on caregiving roles remained. The review found that programmes need to be scaled to have larger impact, through being integrated within existing institutions and policies such as social protection and family support. The review identified that key enablers of success of engaging men include: 1. Working closely with government, health and other relevant sectors, and building sustainability by working with community structures; 2. Delivering contextualized training that is continuously adapted; 3. Investing in recruiting, training and supporting local facilitators.¹⁵⁰

A synthesis of 35 engaging men intervention experimental and quasi-experimental evaluations identified mixed results, highlighting the potential of these interventions but also the need to ensure they are well designed and tailored to the context. While some had success in supporting women's economic empowerments, others had negative effects, undermining women's agency and decision making autonomy. Around half of the engaging men interventions led to improvements in women's economic outcomes. Given the mixed record, the synthesis identified the need for well designed, tailored intervention. It also identified that more intensive interventions were not necessarily more effective than light-touch, well contextualized interventions. Some of the studies reviewed also identified that while men increased the time spent on domestic work, this did not always result in a reduction in women's time on household tasks.¹⁵¹

7. Holistic programming

Evaluations point to the need for developing a holistic package of solutions. For example, the 3R programme involved energy and labour-saving equipment, childcare services, local and community engagement to support local reforms, piloting of innovations at the local level, and national level data and policy dialogue around unpaid care work.¹⁵²

Many care programmes remain at the local level, and scaling and better linkages with other development issues is required to achieve greater impact. This requires collaboration between civil society, women cooperatives and women rights organizations, government, communities, traditional leaders, private sector, and international partners such as multilateral agencies and international finance

¹⁴⁸ [Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe - 2017 Household Care Survey report - Oxfam Policy & Practice](#)

¹⁴⁹ <https://promundoglobal.org/fathers-rwanda-use-less-violence-reveals-new-study/>¹⁴⁹

¹⁵⁰ 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

¹⁵¹ Pierotti, R., Delavallade, C., Brar, R. 2023. Engaging Men for Women's Economic Empowerment: Overview of the Evidence.

¹⁵² [3r national consultative conference.pdf \(unwomen.org\); 3R evaluation](#)

institutions.¹⁵³ Care programming needs to be better integrated with other development issues, such as health, climate change and conflict.¹¹²

Research also points to the need for a national, universal care model to generate the most gender equitable outcomes, involving paid parental leave policies, high quality, inclusive, sustainable and affordable childcare and incentives for fathers to participate in caregiving.¹⁵⁴ An example is in Costa Rica, where a care system was implemented following a national care policy. The policy targets older adults and people living with disabilities, providing remote support, domestic support, day centres and a care network. Paid care work can also be strengthened by introducing care skills in national qualifications frameworks, development of new curriculum in consultation with businesses and community organizations to identify needs, government developed platform with active business and community organizations input to support information flow on the supply and demand of care services.¹⁵⁵

¹⁵³ [WEF The Future of the Care Economy 2024.pdf \(weforum.org\)](#); <https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en>; [3R evaluation](#)

¹⁵⁴ 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>

¹⁵⁵ <https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en>; [Donor-investment-in-the-care-economy final.pdf \(globalallianceforcare.org\)](#)

8. Annex

8.1 Full Bibliography

Includes bibliography identified by UNW ESARO, WEE team and Ladysmith.

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