Supporting improved access to health care services and promoting Sida can contribute to the redistribution of women's unpaid care work and unpaid work by:

• reducing the cost of such provision, and although it may not be able to fund care services it can support care solutions through tax allocation, by regulating care provision and controlling the basic quality of services. Other measures to facilitate redistribution of care work are policies and funding the reconciliation of work and family obligations, supporting parental leave, ending discriminatory legislation and creating programmes that challenge the traditional role of women taking primary responsibility for care work and expand women's opportunities and choices.

• Encouraging the adoption of economic and labour market policies that uphold basic ILO principles on rights to reconciliation of family and work and the human right to decent work: flexible working arrangements, provision of parental leave, protection of affordable child care, social security, pension credits, tax allowances and care services for the elderly.

• Supporting improved access to health care services and promoting the reduction of transportation and work time, improving the quality of care, changing the opening hours of health centres to meet the needs of families and raising the skills level of public care workers also give families more scope to make use of public care services rather than relying on women and girls to undertake unpaid care work.

• Shifting attention to interesting care arrangements carried out by NGOs, women's self-help groups, labour market associations, communities and others, and supporting research into how these initiatives could be scaled up.

• Supporting analysis of positive changes in the more equal sharing of care responsibilities in law, regulations and social benefits, for example the fact that parental benefits are often paid to the father as well as the mother, as these changes are intended to reduce social inequalities of unpaid work, identify remedies and exploit tax and other incentives for increased sharing of child care.

• Contributing to a change in the gender norms that allocate the responsibility for care to women and girls, through dialogue and supporting the work of civil society organisations, such as women's organisations or men's groups challenging these norms.

• Supporting male role modelling in important contexts to make room for change as well, including by encouraging fathers to be involved in child care to network, to participate in activities for societal change, or even having fathers do some child care, to reinforce the idea that child care is work.

BUSINESS INTERVENTION

• Women's Micro-Banking Programme: a self-help group giving women financial tools for their own micro-business. The programme included training of micro-finance practitioners at national and international levels, helping to make resources available to groups of women, raising their autonomy, increasing their business success, and raising their self-esteem. It has been implemented in 28 countries, and gives women the possibility to gain training as pre-school teachers.1

• Micro-Insurance: in Kenya, the Micro-Insurance Programme is based on the concept of Group life insurance, which is easy to become a member of as the criteria for membership are defined as "poor people" and "groups of poor people". The first country to provide this insurance was in India 20 years ago. In 2004, Sida started a pilot project in Kenya, which has been documented and evaluated. The programme has been successful in that it has been possible to get 70,000 people to join. The Sida-funded programme with the Kenya-based NGO (KFS) was able to make it possible for the programme to work. They needed help to keep the programme operative. The Sida-funded programme was able to do this through their local support network in Kenya.

CIVIL-SOCIETY INVOLVEMENT

• Public policies that acknowledge the unpaid work and offering legal or economic support to those who do unpaid work. A key condition for the possibility to implement legal or economic support is to acknowledge the work done by women.

• Preventing policies that are responsive to the requirements of women, in paying to those who provide an income from unpaid work. There is a need for policies that aim at reducing the need to carry out unpaid work. Policies should have a clear objective: to reduce the need to carry out care work, as well as the need for care work. Women, girls and other workers who may be in danger of social inequality. These parts of the law play a crucial role in training and urban planning.

• The unmet needs for care work as an obstacle to women's economic empowerment. Some of the measures taken by Sida to support civil society and social movements. For example, the launch of the "Women's Micro-Banking Programme" (see Business Intervention above) and the "Micro-Insurance Programme" (see Civil-Society Involvement above).

UNION SERVICES TO ALLEVIATE THE IMPACTS OF UNPAID WORK

• In Benin, unions have projects for childcare facilities near the main market to save families from having to leave their home while creating employment for other women in the neighbourhood; 2

• In South Africa, the Women’s Business Support Programme gives small-scale business owners training and assistance in order to make their business more competitive. The programme is implemented by SIDA-supported NGOs and the Women’s Business Support Programme is also working to improve the business environment for women entrepreneurs in South Africa.

• In Kenia, the Micro-Insurance Programme helps low-income women to better cope with financial burdens associated with medical emergencies. The programme is based on the concept of Group life insurance, which is easy to become a member of as the criteria for membership are defined as “poor people” and “groups of poor people”. The programme has been successful in that it has been possible to get 70,000 people to join. The programme has been successful in that it has been possible to get 70,000 people to join. The programme was able to do this through their local support network in Kenya.

UNPAID WORK AND UNPAID WORK

It is commonly understood that households and families (men and women) want to do the work they are paid to do and that the responsibility for the provision of unpaid work and other forms of unpaid work (voluntary work and informal work) without pay is allocated to women and girls. Women and girls are responsible for a disproportionate amount of unpaid or underpaid care work. Women therefore have less time to engage in paid work, to network, to participate in activities for societal change, or even have fathers do some child care, to reinforce the idea that child care is work.

• The first country to provide this insurance was in India 20 years ago. The programme has been documented and evaluated. The Sida-funded programme with the Kenya-based NGO (KFS) was able to make it possible for the programme to work. The programme was able to do this through their local support network in Kenya.

UNPAID WORK

UNPAID WORK

• Encouraging the adoption of economic and labour market policies that uphold basic ILO principles on rights to reconciliation of family and work and the human right to decent work: flexible working arrangements, provision of parental leave, protection of affordable child care, social security, pension credits, tax allowances and care services for the elderly.

• Supporting improved access to health care services and promoting the reduction of transportation and work time, improving the quality of care, changing the opening hours of health centres to meet the needs of families and raising the skills level of public care workers also give families more scope to make use of public care services rather than relying on women and girls to undertake unpaid care work.

• Shifting attention to interesting care arrangements carried out by NGOs, women's self-help groups, labour market associations, communities and others, and supporting research into how these initiatives could be scaled up.

• Supporting analysis of positive changes in the more equal sharing of care responsibilities in law, regulations and social benefits, for example the fact that parental benefits are often paid to the father as well as the mother, as these changes are intended to reduce social inequalities of unpaid work, identify remedies and exploit tax and other incentives for increased sharing of child care.

• Contributing to a change in the gender norms that allocate the responsibility for care to women and girls, through dialogue and supporting the work of civil society organisations, such as women's organisations or men's groups challenging these norms.

• Supporting male role modelling in important contexts to make room for change as well, including by encouraging fathers to be involved in child care to network, to participate in activities for societal change, or even having fathers do some child care, to reinforce the idea that child care is work.

BIOGRAPHIES


1 Catherine Hein, p. 44

2 Catherine Hein, p. 46

UNPAID WORK

Insurance Programme. This insurance programme was developed together with an international network of insurance providers. The first country to provide this insurance was in India 20 years ago. The programme has been documented and evaluated. The Sida-funded programme with the Kenya-based NGO (KFS) was able to make it possible for the programme to work. The programme was able to do this through their local support network in Kenya.

6 UNRISD – Research and Policy Brief 9, Why Care Matters for Social Development.

This quick guide discusses the concept of unpaid care work and aims to highlight women’s economic empowerment. It suggests how women’s unpaid care work can be recognised, reduced and redistributed, and provides Sida with some practical entry points for supporting this.

UNPAID CARE WORK AND OTHER UNPAID WORK

It is commonly understood that households and families (men and women) want to do the work they are paid to do and that the responsibility for the provision of unpaid work and other forms of unpaid work (voluntary work and informal work) without pay is allocated to women and girls. Women and girls are responsible for a disproportionate amount of unpaid or underpaid care work. Women therefore have less time to engage in paid work, to network, to participate in activities for societal change, or even have fathers do some child care, to reinforce the idea that child care is work.

• The first country to provide this insurance was in India 20 years ago. The programme has been documented and evaluated. The Sida-funded programme with the Kenya-based NGO (KFS) was able to make it possible for the programme to work. The programme was able to do this through their local support network in Kenya.

1 UNRISD – Research and Policy Brief 9, Why Care Matters for Social Development.

This quick guide discusses the concept of unpaid care work and aims to highlight women’s economic empowerment. It suggests how women’s unpaid care work can be recognised, reduced and redistributed, and provides Sida with some practical entry points for supporting this.

UNPAID CARE WORK AND OTHER UNPAID WORK

It is commonly understood that households and families (men and women) want to do the work they are paid to do and that the responsibility for the provision of unpaid work and other forms of unpaid work (voluntary work and informal work) without pay is allocated to women and girls. Women and girls are responsible for a disproportionate amount of unpaid or underpaid care work. Women therefore have less time to engage in paid work, to network, to participate in activities for societal change, or even have fathers do some child care, to reinforce the idea that child care is work.
promote equality of access to employment;

measures to guarantee that:

Protocol to the African Charter on Human and People’s Rights relating to the Rights of Women;

Article 20: Parental Responsibilities

Article 18: Protection of the Family

The African Charter on the Rights and Welfare of the Child;

Part 8 – Peace Building and Conflict Resolution, article 29 to 31

Part 9 – Media Information and Communication, articles 67 and 68

The Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The benefits of reducing women’s unpaid care work

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The benefits of reducing women’s unpaid care work

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution

The benefits of reducing women’s unpaid care work

The 3R strategy addressing unpaid care work:

Recognition, Reduction and Redistribution:

Professor Diane Elson has suggested a model with three interconnected components:

Recognition

Reduction

Redistribution