Enabling Women's Economic Empowerment

NEW APPROACHES TO UNPAID CARE WORK IN DEVELOPING COUNTRIES



OECD

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Foreword

The OECD Policy Dialogue on Women's Economic Empowerment supports governments and development partners in their efforts to achieve women's economic empowerment in developing countries. The Policy Dialogue is co-ordinated jointly by the OECD Development Co-operation Directorate, the Development Centre and Statistics Directorate. The initiative brings together their unique expertise and networks to identify policy and programme solutions to promote women's economic empowerment, including by recognising, reducing and redistributing women's unpaid care work, combined with inclusive dialogues at the regional and global levels.

The Policy Dialogue initiative draws on the comparative strengths of the three co-ordinating directorates within the OECD. The Development Co-operation Directorate (DCD) and the Development Assistance Committee (DAC) Network on Gender Equality and Women's Empowerment (GENDERNET) are working together, both to scale up financing for gender equality and to improve donor effectiveness in programming for women's economic empowerment. The OECD Development Centre's Social Institutions and Gender Index (SIGI) examines how gender inequality is shaped by discriminatory laws and social norms that affect women's and girls' lives. The OECD Statistics Directorate's work on time-use data and analysis helps to understand how women and men spend their time, and allows for cross-country comparison.

As an output of the OECD Policy Dialogue on Women's Economic Empowerment, this report focuses on identifying what works to address unpaid care work – a situation that can prevent women's full participation in the economy. At the same time, care needs are growing globally, requiring action by governments and development partners to meet the needs of families and communities. The importance of addressing the burden of unpaid care work is recognised in Sustainable Development Goal (SDG) 5 through adoption of Target 5.4: "Recognise and value unpaid care and domestic work".

The report examines the four policy sectors highlighted in SDG Target 5.4: infrastructure, social protection, public services, and promotion of shared responsibility within the household. To understand the different approaches to each of the four sectors – and their relevance to and effectiveness in different contexts – the research team conducted a global literature review and three in-country research visits to Brazil, Kenya and Nepal, chosen for their geographic, policy and socio-economic diversity, as well as cross-country analysis to inform policy recommendations.

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The consultancy firm Social Development Direct conducted background and field research for the study and developed initial drafts of the report: Sally Baden supervised the project; Catherine Muller designed the framework and methodology for the country studies (Chapter 2) and was the lead author for Chapter 3 on shared responsibility within the household and chapter 4 on infrastructure; Zahrah Nesbitt-Ahmed was the lead author for Chapter 5 on social protection; and Susan Joekes the lead author for Chapter 6 on public services.

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Table of contents

Foreword 3

Acknowledgements 4

Abbreviations and acronyms 8

Executive summary 10

1 Overview 13
- Unpaid care work, gender inequality and the barriers to women's economic empowerment 14
- The economic case for addressing gender inequality in unpaid care work 19
- Measuring unpaid care work 21
- Priority policy areas for addressing gender inequality in unpaid care work 22
- Policy recommendations 24
- References 28
- Notes 31

2 How can promoting shared responsibility within the household address women's unpaid care work? 33
- An overview of shared responsibility for unpaid care work within the household 34
- Policy options to promote shared household responsibility for unpaid care work 36
- Evidence from Brazil, Kenya and Nepal on how to promote shared responsibility within the household to address women's unpaid care work 39
- Key findings 42
- References 43
- Notes 46

3 How can infrastructure address women's unpaid care work 47
- Connecting infrastructure and women's unpaid care work 48
- Infrastructure options to address unpaid care work 50
- Evidence from Brazil, Kenya and Nepal on how infrastructure can address women's unpaid care work 54
- Lessons learned in Brazil, Kenya and Nepal on addressing unpaid care work in infrastructure 55
- Key findings 58
- References 59
- Notes 62

4 How can social protection address women's unpaid care work? 63
Connecting social protection and women's unpaid care work 64
Social protection options to address unpaid care work 65
Evidence from Brazil, Kenya and Nepal on how social protection can address women's unpaid care work 71
Key findings 75
References 76
Notes 79

5 How can public services address women's unpaid care work? 81
Connecting public services and unpaid care work 82
Public services options for unpaid care work 84
Evidence from Brazil, Kenya and Nepal on how public services can address women's unpaid care work 88
Key findings 92
References 93
Notes 96

6 Financing options to address women's unpaid care work 97
Financing infrastructure options to address unpaid care work 98
Financing social protection options to address unpaid care work 99
Financing public service options to address unpaid care work 102
References 104

Annex A. Framework and methodology 107
Framework 107
Methodology and limitations 108

Annex B. Detailed research questions used for country case studies 110

Annex C. Programmes and policies included in analysis of Brazil, Kenya and Nepal 111
References 113
Notes 113

Tables

Table 2.1. Approaches to promoting shared responsibility for unpaid care work across different intervention areas 37
Table 3.1. Approaches to promoting infrastructure options to address unpaid care work across different intervention areas 51
Table 3.2. Access to water and women's time use in Ghana 52
Table 4.1. Approaches to social protection addressing unpaid care work across different intervention areas 66
Table 5.1. Dependency ratio, children and older people as shares of the total population, by region, 2016 82
Table 5.2. Approaches to public services that address unpaid care work across different intervention areas 85

Table A C.1. 111

Figures

Figure 1.1. Regional gender gaps in unpaid care work 15
Figure 1.2. Gender gaps in unpaid care work by income groups 16

Figure 1.3. The 3Rs approach: Three interconnected dimensions to address unpaid care work 18
Figure 1.4. Unpaid care work's contribution to GDP in OECD countries 20
Figure 1.5. Predicted values of women's time-use in routine housework by education levels 22
Figure 1.6. The Four Policy Domains of SDG Target 5.4 22
Figure 2.1. Gender gaps in unpaid care work by levels of discrimination in social institutions 35
Figure 3.1. Differences in time spent on unpaid care work in rural and urban settings 49
Figure 6.1. Aid targeting gender equality in public services, infrastructure and social protection 101

Boxes

Box 1.1. The OECD Policy Dialogue on Women's Economic Empowerment: Understanding "what works" to address unpaid care work 17
Box 1.2. Unpaid care work in international human rights commitments 18
Box 2.1. Working with male champions 38
Box 3.1. Combining infrastructure improvements with changing social norms through NGO-private sector partnerships 54
Box 3.2. Market-based distribution of clean cook stoves in Kenya 57
Box 4.1. Uruguay's National Integrated Care System 66
Box 4.2. Public works programmes and provision of childcare 69
Box 4.3. Contribution credits for carers in Latin America 70
Box 4.4. Care of vulnerable groups and social protection in Kenya 72
Box 4.5. Advocating to get unpaid care onto the agenda in Brazil 74
Box 5.1. Social enterprise and innovation in childcare provision in Nairobi: Collaboration between actors 91
Box 6.1. Tracking aid focused on gender equality in the infrastructure sectors 99
Box 6.2. Financing universal coverage of parental leave and maternity benefits 100

Box A.1. Policy environment for unpaid care work in Nepal, Kenya and Brazil 108

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Abbreviations and acronyms

ADB	Asian Development Bank
APHRC	African Population and Health Research Center
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CCTs	Conditional cash transfers
CT-OVC	Cash Transfer for orphans and Vulnerable Children, Kenya
DAC	Development Assistance Committee, OECD
DfID	Department for International Development, United Kingdom
ECD	Early child development
ICRW	International Center for Research on Women
IDRC	International Development Research Centre
IDS	Institute of Development Studies
IEA	International Energy Agency
IFC	International Financial Corporation
ILO	International Labour Organization
ITUC	International Trade Union Confederation
NGOs	Non-governmental organisations
NHIS	National Health Insurance Scheme, Ghana
NCC	Nairobi City Council
ODA	Official development assistance, OECD DAC
OPCT	Older Persons Cash Transfer Programme, Kenya
PBF	Programa Bolsa Familia, Brazil
PWPs	Public works programmes
SDG	Sustainable Development Goal
UCW	Unpaid care work
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization

UNHLP	United Nations High-Level Panel
UNICEF	United Nations International Children's Emergency Fund
UNRISD	United Nations Research Institute for Social Development
WFP	World Food Programme
WfWI	Women for Women International
WHO	World Health Organization

Executive summary

Around the world, women undertake the bulk of unpaid care work – a fact that has had a considerably negative impact on their ability to participate fully in the economy. The development community has recently stepped up its commitment to women's economic empowerment, recognising it as a lever of inclusive, sustainable growth. Yet progress on that agenda remains slow, due to the structural and social barriers blocking women from accessing labour markets and economic opportunities. These barriers are especially high in developing countries, where they are more likely to be in informal employment, public services and infrastructure may not be well developed, and women's unpaid care responsibilities are the heaviest. Indeed, as care needs continue to grow globally throughout ageing societies, women will continue to be disproportionately impacted by the lack of social and physical infrastructure necessary for care.

This report aims to shed light on how governments, donors the private sector and civil society actors – among others – can design policies to support both those who need care and those who provide care. Emphasising the links between unpaid care work, gender equality and women's economic empowerment, the report brings together existing knowledge of policy options for unpaid care work across regions, in four policy areas: infrastructure, social protection, public services and promotion of shared responsibility within the household. Insights from a review of existing literature are combined with findings of field missions in three countries – Brazil, Kenya and Nepal.

Key findings

Promoting shared responsibility within the household

- Efforts to promote shared responsibility for unpaid care work within households in Brazil, Kenya and Nepal are primarily led by non-governmental organisations (NGOs). National and local partners rooted in their communities and connected to key institutions are crucial to develop ownership of this issue and to avoid backlash based on a perception of a "foreign" agenda.
- Shifting responsibilities for unpaid care work within households requires a transformation of social norms, a field particularly sensitive to the socio-cultural context and to donor-government relations.
- The strength of social norms determines the time it takes to challenge them at scale and to reach a critical mass of men and women to change them. In addition, shared household responsibility for care is not just about changes in gender roles; it also concerns norms on intergenerational care responsibilities.

Infrastructure

- Improved access to safe water, sanitation and clean energy – along with the introduction of labour- and time-saving technology and gender-sensitive approaches to transport and urban planning – could well have a positive impact on women's use of time.

- Despite the potential for infrastructure to greatly reduce the time and effort needed for unpaid care work, there is no guarantee it will be realised. The fact that infrastructure sectors remain heavily male-dominated may make it difficult to design systems and investments that are inclusive of diverse user needs.
- Currently, few infrastructure programmes set out explicit aims to reduce – and even fewer to redistribute – women's unpaid care work.
- While labour-saving technologies have tremendous potential to reduce drudgery and free up time, scaling up through market-based solutions can be a challenge.

Social protection

- As they comprise the majority of unpaid carers, women in low-income countries rely heavily on social protection yet have reduced access to benefits that are less adequate to begin with. While there have been some advances, particularly in a few middle-income countries, there is insufficient investment in social protection to extend coverage to those providing unpaid care.
- Social protection programming largely targets women in their role as mothers or carers. While the intent is to increase welfare outcomes and so reduce poverty, this approach risks reinforcing existing stereotypes of women as "natural" caregivers.

Public services

- Governments have a key role to play in redistributing unpaid care from the household to the state and the market, and some governments and donors have made important advances in subsidising early childhood care.
- A childcare transition is under way in developing countries, with an evolving and growing spectrum of service provision by market, third-sector and public actors.

Recommendations

- Design development policies and programmes that work for women and address unpaid care work. Donors and governments can, for instance, incorporate the reduction of women's unpaid care work as an objective from the onset of the programme cycle, and ensure that policies and programmes include elements that aim to transform negative masculinities at different levels.
- Increase awareness raising and advocacy for greater recognition and redistribution of unpaid care work. To that end, donors and governments should for example consider media campaigns and engaging local or national leaders, celebrities or artists to become gender equality champions.
- Develop social protection programmes that support caretakers, through for example non-conditional cash transfers that avoid reinforcing gender stereotypes and potentially creating additional care-related burdens for women.
- Undertake relevant programme analysis, monitoring, evaluation and data collection to better understand the impacts on women's unpaid care work. National statistical offices could, for instance, measure social norm change at different levels to gain a better qualitative understanding of national and local contexts, interests and policy discourses.
- Engage with a diversity of actors for greater reach and more sustainable funding, for instance ensuring that women and women's rights organisations are represented throughout the programme cycle and continue afterward.

- Work with the private sector to provide services and technologies and transform social norms related to paid and unpaid care for women and men, for example by developing working environments conducive to family responsibilities.
- Invest in research and data to further strengthen the development community's understanding of what works to address unpaid care work – for example by supporting further research on men's engagement in care, in order to understand how wider social norms on masculinities constrain their engagement and may even cause women to push back against their involvement.

1 Overview

This chapter points to some of the conditions that persistently place a disproportionate burden of unpaid care work on women. It presents the case for correcting the imbalance with regard to women's economic empowerment and details international commitments such as Sustainable Development Goal (SDG) Target 5.4, which proposes tackling the problem on four policy fronts: public services, infrastructure, social protection policies and shared responsibility within the household. Lines of action to be taken are introduced through "the 3Rs approach" – recognise, redistribute and reduce unpaid care work. The chapter concludes with acknowledgement that women are not a homogeneous group but face intersecting inequalities that may restrict their ability to benefit from certain policy and programme interventions. Thus, the relative priority accorded the different policy domains and specific measures within them will necessarily depend on the particular context.

Unpaid care work, gender inequality and the barriers to women's economic empowerment

Unpaid care and domestic work

Unpaid care and domestic work refers to non-market, unpaid work carried out in households (by women primarily, but also to varying degrees by girls, men and boys) which includes both direct care (of persons) and indirect care (such as cooking, cleaning, fetching water and fuel, etc.) These activities are recognised as work, but typically not included in the System of National Accounts or – in the case of activities like fetching water/fuel – are theoretically included but often not well documented or accounted for (Folbre, 2018[1]). As highlighted in Sustainable Development Goal Target 5.4, investments in social protection, public service provision and infrastructure and the promotion of shared responsibility within the household can reduce and redistribute these tasks, by, for example, reducing the amount of time women spend collecting water or providing alternatives for child care. In this report, unpaid care work will be used to refer to unpaid care and domestic work.

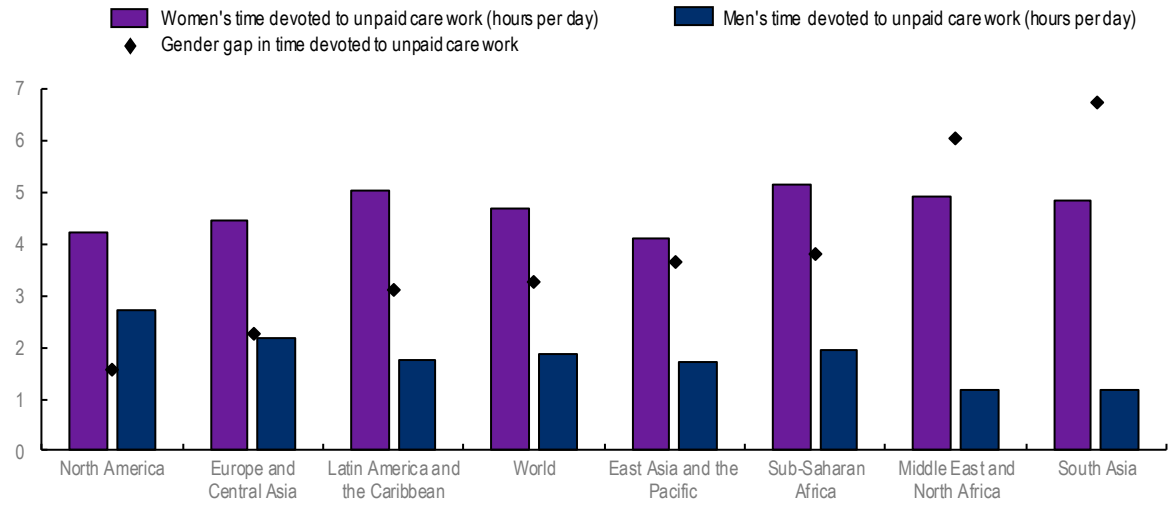
For women's equal access to paid work to facilitate sustainable development – without jeopardising human well-being – it has to be based on a comprehensive strategy that includes recognition of the critical importance of unpaid care work, reduction of the drudgery associated with this work to increase its productivity and free up time, and redistribution of the work between women and men within families and between families and other institutions providing care (UN Women, 2018[2]).

In all societies, women still carry out a greater share of unpaid care work responsibilities (Figure 1.1). Globally, women carry out 76% of the total amount of this work, over three times more than men (ILO, 2018[3]). Women's unequal share of unpaid care work has long been recognised by women's rights advocates as a key dimension of gender inequality; it is now increasingly recognised in mainstream economic policy discussions as a constraint to both economic growth and women's economic empowerment (Folbre, 2018[1]; United Nations, 2016[4]; World Bank, 2012[5]).

Yet gender disparities in unpaid care work remain both stark and resistant to change. Whereas there has been significant growth in female labour force participation in recent decades, there has been little progress in changing the distribution of unpaid work. During the last three decades, the gap between women's and men's contributions to unpaid care work narrowed by only seven minutes per day (ILO, 2018[3]). As a result, women continue to work longer hours than men do overall.

Technological progress and infrastructure development have helped to reduce time spent on unpaid domestic work (also referred to as indirect care) such as cooking and cleaning, particularly in developed countries. At the same time, care needs are growing as population's age – globally, but particularly in higher and middle-income countries. In parallel, childcare needs and care needs for disabled persons and persons with HIV/AIDS are a challenge in low-income and developing countries and poorer households. Unpaid care work is largely carried out by women through providing caregiving to those in need, with wide variations among countries and regions in both the absolute amount of time women spend on caregiving and the gender gap. Further, caregiving of any kind is more difficult and time-consuming in low-income settings, where proper equipment is lacking and food is scarce.

Figure 1.1. Regional gender gaps in unpaid care work



Note: This graph shows regional gender gaps in time devoted in unpaid care work.
Source: OECD (2019[6]), Gender Institutions and Development Database (GID-DB), https://stats.oecd.org/.

StatLink https://doi.org/10.1787/888933948416

Unpaid care work: A barrier to women's economic empowerment

Unpaid care work remains a key constraint on women's participation in activities outside the household, including paid work (Razavi, 2007[7]), and a driver of women's disadvantage in the labour market (Ferrant, Pesando and Nowacka, 2014[8]; Folbre, 2018[1]; World Bank, 2012[5]). The challenge is particularly great in developing regions because of more limited access to basic infrastructure and public services, the more arduous nature of the work, and the lesser extent to which men carry out unpaid care work (as Figure 1.1 shows).

Addressing gender inequality in unpaid care work is thus a priority in working toward women's economic empowerment. Women are better able to participate in the labour market – and labour market outcomes are more equitable – where working-time arrangements are more flexible, childcare is subsidised, and paid parental leave for both men and women is available (Ferrant, Pesando and Nowacka, 2014[8]; Folbre, 2018[1]; ILO, 2018[3]). Analysis has shown that in the Nordic countries, which have the most comprehensive policies in this regard, there is greater gender equality in employment participation and outcomes (OECD, 2018[9]; UN Women, 2015[10]).

On the other hand, in many developing countries where the informal labour market is the main source of employment for women (and men), social protection such as parental leave provision is limited or not offered. Public care services are limited in availability and quality, and entrenched social norms make it difficult for women to combine paid and unpaid work, or to participate in paid economic activities on the same terms as men. Instead, many women may opt for part-time, informal work that is more easily combined with their unpaid care responsibilities. Alternatively, they are completely excluded from paid work (ILO, 2018[3]; UN Women, 2015[10]).

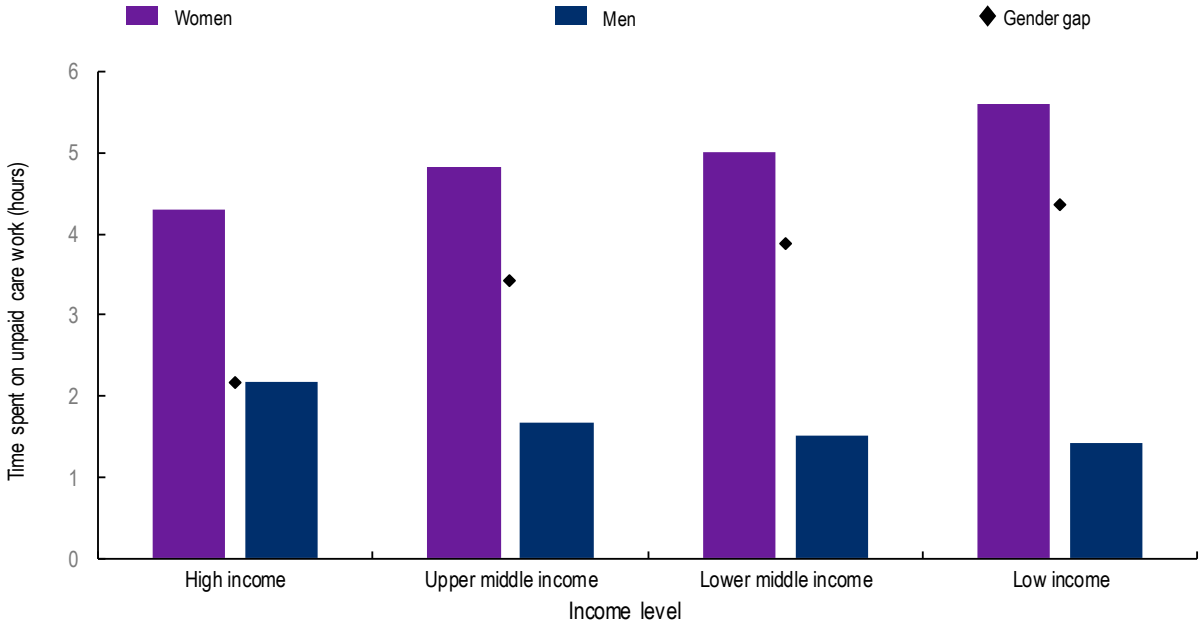
Where infrastructure and technology is less developed, high levels of often heavy unpaid care work may cause many women to suffer depletion of energy as well as injuries, disabilities and other physical or

mental harm (Butt et al., 2018[11]). Recent work in the United Republic of Tanzania ("Tanzania"), Nepal, India and Rwanda has shown that the combination of constant paid and unpaid care domestic work (often heavily physical) saps physical as well as mental capacities, leaving little or no time for personal care, hygiene or leisure: the "lack of time often meant too little sleep, chronic fatigue, and mental stress … most women reported an overwhelming sense of tiredness, as they struggled to maintain their lives and livelihoods" (Chopra and Zambelli, 2017, p. 34[12]).

On the other hand, as a country's Gross Domestic Product (GDP) increases, infrastructure is likely to improve and access to services increase decreasing the time women spend on domestic and care tasks, such as cooking or traveling to health centres (see Figure 1.2). For example, in Bangladesh, where the GDP per capita is USD 1 156, women allocate 56% of their time to unpaid care work when awake, compared to 40% in Peru and 33% in South Africa where the GDP per capita is USD 6 572 and USD 6 161 respectively (World Bank, 2017[13]). As a result, women in South Africa and Peru have more time for paid work and study as well as leisure and personal care (Ferrant and Thim, 2019[14]).

While time spent in unpaid care work decreases as a country's GDP increases, the gender gap in unpaid care work remains. Globally, the gender gap in time spent in unpaid care work has declined by only seven minutes between 1997 and 2002, despite economic growth. The ILO estimates that at this rate, it will take 210 years for to close the gender gap in unpaid care work (ILO, 2018[15]). The reduction in the gender gap is driven largely by a reduction in unpaid care work for women (Figure 1.2). On the other hand, men's share of unpaid care work increases only slightly even as GDP increases. This suggests that as GDP increases, a reduction in the physically and time-intensive tasks of unpaid care work (such as collecting water or fuel) can be observed for (mainly) women, but this does not lead automatically to a more equitable distribution among household members (Ferrant, Pesando and Nowacka, 2014[8]).

Figure 1.2. Gender gaps in unpaid care work by income groups



Note: This graph shows gender gaps in time devoted in unpaid care work by income group. For a definition of income groups see http://data.worldbank.org/data-catalog/world-development-indicators.
Source: OECD (2019[6]), Gender Institutions and Development Database (GID-DB), https://stats.oecd.org/.

StatLink https://doi.org/10.1787/888933948435

Box 1.1. The OECD Policy Dialogue on Women's Economic Empowerment: Understanding "what works" to address unpaid care work

The OECD Policy Dialogue on Women's Economic Empowerment was launched to support countries' efforts to achieve women's economic empowerment and the SDG gender commitments. The Policy Dialogue initiative is co-ordinated jointly by the OECD Development Co-operation Directorate, the Development Centre and Statistics Directorate, bringing together their unique expertise and networks. The initiative aims to identify policy and programme solutions to promote women's economic empowerment, including by recognising, reducing and redistributing women's unpaid care work. The initiative focuses on producing new analysis and policy recommendations to address unpaid care work combined with inclusive dialogues at the regional and global levels.

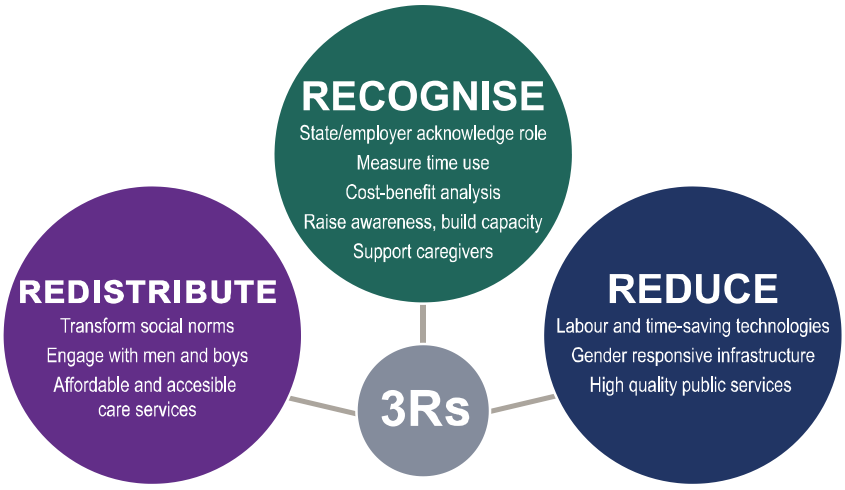
A first meeting of the Policy Dialogue held in January 2018 at the OECD headquarters in Paris brought together a diverse community of over 150 stakeholders – government representatives, members of the OECD Development Centre and the Development Assistance Committee (DAC) Network on Gender equality (GENDERNET), researchers, and members of civil society and the private and philanthropic sectors. The event was an opportunity to share experiences, discuss challenges and identify knowledge gaps on unpaid care work. Discussions highlighted the need for both qualitative and quantitative data and evidence to inform context-specific interventions.

In November 2018, a Latin American and Caribbean regional Policy Dialogue meeting was organised in Montevideo, Uruguay, jointly with UN Women and the government of Uruguay.

Note: For more information: https://www.oecd.org/development/womens-economic-empowerment.htm.

The importance of addressing the burden of unpaid care work in order to achieve gender equality and women's empowerment is recognised in Sustainable Development Goal (SDG) 5 through adoption of Target 5.4: "Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate". The United Nations Secretary-General's High-Level Panel on Women's Economic Empowerment, established in September 2015, went further and highlighted the need to recognise, reduce and redistribute ("3Rs") unpaid care work as one of seven key drivers of women's economic empowerment (United Nations, 2017[16]) (UN, 2017b[17]). The 3Rs (Elson, 2017[18]) have been widely adopted by women's rights advocates as the framework for policies to address unpaid care and work (Figure 1.3).

Figure 1.3. The 3Rs approach: Three interconnected dimensions to address unpaid care work



The International Labour Organization (ILO, 2018[3]) has recently proposed an extension of the 3Rs framework to "5Rs", to address decent work for paid care workers, including Reward for care workers and their Representation in social dialogue with employers and the state. Changes in household structure and ageing populations – coupled with the reduction in budgets for healthcare and social care in many countries – have led to the development of global "care chains" through which care services are transferred from poorer to richer countries, usually via female migrant labour. These in turn create "care drains": women leave their families to provide low-paid care work to others, shifting their own care responsibilities onto other family members (grandparents or older children) (Folbre, 2006[19]). This report does not address in detail the specific issues facing paid care workers, whose poor working conditions, particularly those of domestic workers, are well documented (see ILO, 2018 for an in-depth look at the care economy, (ILO, 2018[3]).

These recent commitments build on the 1995 Beijing Declaration and Platform for Action, which recognises the importance of tackling the unequal distribution of paid and unpaid work between men and women as an essential step towards achieving gender equality. There is also a range of legally binding obligations enshrined in the international human rights system and labour standards (see Box 1.2).

Box 1.2. Unpaid care work in international human rights commitments

The international human rights framework establishes the right to care for vulnerable groups and their caregivers, such as children and persons with disabilities, in the Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (2006). These Conventions stipulate the responsibility of both parents for care of children, as well as that of governments to provide support for disabled persons and their families and caregivers. In addition, from a rights-based framework, women's unequal responsibility for unpaid care work can undermine their possibilities to enjoy a range of other human rights, including those in:

- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW – 1979), which establishes the framework for substantive equality between men and women. Among other things, the framework includes the responsibility of both parents to bring up children and the requirement of states to provide social services that enable parents to combine family with work and public life.

- The International Covenant on Economic, Social and Cultural Rights (ICESCR – 1981), which guarantees women the right to work on an equal basis with men (Article 6) and equal rights at work (Article 7).
- These obligations under the international human rights framework are complemented by labour standards set out in a variety of International Labour Organisation (ILO) conventions, such as:
- Convention No. 156 (1983) on workers with family responsibilities, which aims to provide equal opportunities to women and men who have dependants;
- Convention No. 183 (2000) on maternity protection, which aims to ensure proper protection, maternity leave and benefits to women workers;
- Convention No. 189 (2011) concerning decent work for domestic workers.

Compliance with all these obligations is essential to remove gender inequalities and discrimination, and recognise and redistribute unpaid care work. At the same time, failure of governments to address women's disproportionate unpaid care workload can be understood as non-compliance with their international legally binding obligations regarding equality and non-discrimination. Indeed, the 2013 report of the Special Rapporteur on extreme poverty and human rights, "Unpaid care work and women's human rights", argued that women's "heavy and unequal" care responsibilities were a violation of human rights, as they make it impossible for women to enjoy their rights on an equal basis to men – including rights to political participation, education, leisure, and livelihoods.

Source: (United Nations, 2017[16]) "How to recognise, reduce and redistribute unpaid care and work", (United Nations, 2013[20]), Report of the Special Rapporteur on extreme poverty and human rights, https://www.ohchr.org/EN/Issues/Poverty/Pages/AnnualReports.aspx.

The economic case for addressing gender inequality in unpaid care work

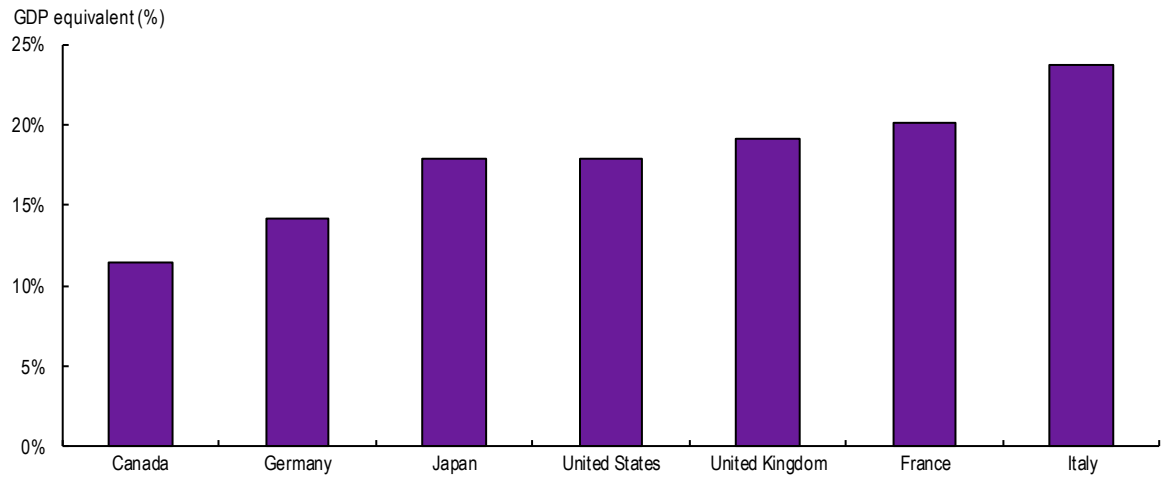
Unpaid care work contributes to the maintenance and development of human capabilities, generating important benefits for recipients and society as a whole (Folbre, 2018[1]).

The economic imperative to address unpaid care work

Unpaid care work is a human rights issue; it is also an economic development issue. Investing in care can contribute to long-term economic development, through contributing to the quality of human resources and the development of human capabilities (Folbre, 2018[1]; UN Women, 2015[10]) as well as creating sustainable, high-quality jobs (ILO, 2018[3]; ITUC, 2016[21]).

Indeed, unpaid care work provides, and produces, a huge amount of goods and services, for human development, health, education and sanitation. The ILO estimates unpaid care work to be around USD 11 trillion, or 9%, of global GDP (ILO, 2018[3]). In some countries, unpaid care work may represent an even greater share of GDP – for example, 14% in South Africa and Canada; 23% in Argentina, France and New Zealand; and 33% in People's Republic of China ("China") (Figure 1.5) (Ferrant and Thim, 2019[14]). However, in all countries, women are responsible for the largest share of unpaid care work.

Figure 1.4. Unpaid care work's contribution to GDP in OECD countries



Note: This graph presents unpaid care work's contribution to GDP, as percentage of GDP. The method used is based on replacement cost. Data on time use are based on the latest available time use surveys: Canada (2015); France (2009-10); Germany (2012-13); Italy (2013-14); Japan (2016); United Kingdom (2014-15); and United States (2016). Data refer to the population aged 10 and over for Germany and Japan; to the population aged 11 and over for France, Italy, and the United Kingdom; and to the population aged 15 and over for Canada and the United States.

Note: For more information see van de Ven, P., J. Zwijnenburg and M. De Queljoe (2018[22]), "Including unpaid household activities: An estimate of its impact on macro-economic indicators in the G7 economies and the way forward".

Source: OECD (2019[23]) Time Use Database: http://stats.oecd.org/Index.aspx?DataSetCode=TIME_USE; gross domestic product: http://stats.oecd.org/Index.aspx?DataSetCode=SNA_TABLE1; Taxing Wages: http://stats.oecd.org/Index.aspx?DataSetCode=AWCOU.

StatLink https://doi.org/10.1787/888933948454

Gender inequality in unpaid care work excludes large numbers of women from the labour market. The ILO (2018[3]) estimates that 606 million women, or 41% of those currently inactive, are outside the labour market because of their unpaid care responsibilities. This exclusion has an impact on economic growth and development. According to Ferrant, Pesando and Nowacka (2014[8]), women's unequal share of unpaid work negatively affects not only their level of participation in the labour force, but also the quality of jobs they access, contributing to gender wage gaps. They point out that this in part explains why the reduction in gender gaps in education has not translated into better outcomes for women in labour markets in countries where unpaid care continues to be distributed unequally between women and men. At the same time, using cross-country data, the authors show that decreases in women's time in unpaid work correlate with increases in their labour force participation. Further, the OECD (2018[9]) has shown that closing gender gaps in labour force participation can contribute to economic growth.

Nevertheless, governments are often reluctant to dedicate funding to addressing care needs, seeing these as social expenditures and not as investments with positive returns. Evidence from countries as diverse as Kenya, Brazil, China, Guatemala and Mexico has shown that subsidising or providing access to public childcare provision leads to increases in female labour force participation (Clark et al., 2017[24]; Folbre, 2018[1]). In turn, this can create 'fiscal space' from increased taxation revenues, for governments to reinvest in social provision or other developmental priorities (Ilkkaracan, Kaya and Kim, 2015[25]; Ortiz, Cummins and Karunanethy, 2017[26]). Investing in care provisions can also create quality jobs in sectors that are accessible to women further promoting women's economic empowerment (Ilkkaracan, Kaya and Kim, 2015[25]; ITUC, 2016[21]; UN Women, 2015[10]). For employers, lack of care services has been linked to higher turnover and absenteeism, lower productivity, and difficulty recruiting skilled employees (IFC, 2017[27]).

Measuring unpaid care work

Time use data is an indispensable tool to design policies and programmes that empower women and men to spend their time in more fulfilling and productive ways, such as paid work or study, quality time with their families, participating in their communities or resting. Time use surveys and modules, the main statistical tools to measure time-use, provide a window into women and men's allocation of time to different tasks. Data is collected through stylised questions or time-use diaries typically covering 24 hours of a day or 7 days of a week. The scope and quality of time-use data differs significantly from one survey or module to the next making comparability across countries difficult. While some time-use surveys and modules are nationally representative, others may be more limited in scope, for example, only capturing rural or urban areas. The range and classification of activities covered as well as the level of detail varies between surveys (e.g. whether a time-use diary captures 15 minute or 30 minute time slots).

Another conceptual concern when collecting time use data is how to capture and measure simultaneous activities or multi-tasking. While some surveys allow respondents to report both primary and secondary activities, secondary activities are not consistently reported or analysed. This is especially important when measuring women's time use as their time spent on paid and unpaid tasks often overlap. Research conducted by the Institute of Development Studies (IDS) in India, Nepal, Rwanda and Tanzania found that women multi-task over 11 hours on average throughout the day combining child care with different household tasks such as cleaning and cooking and paid work (Chopra and Zambelli, 2017[12]). Despite the importance of capturing multi-tasking to capture the intensity of how women's time is spent, there is no international standard on how to measure simultaneous activities.

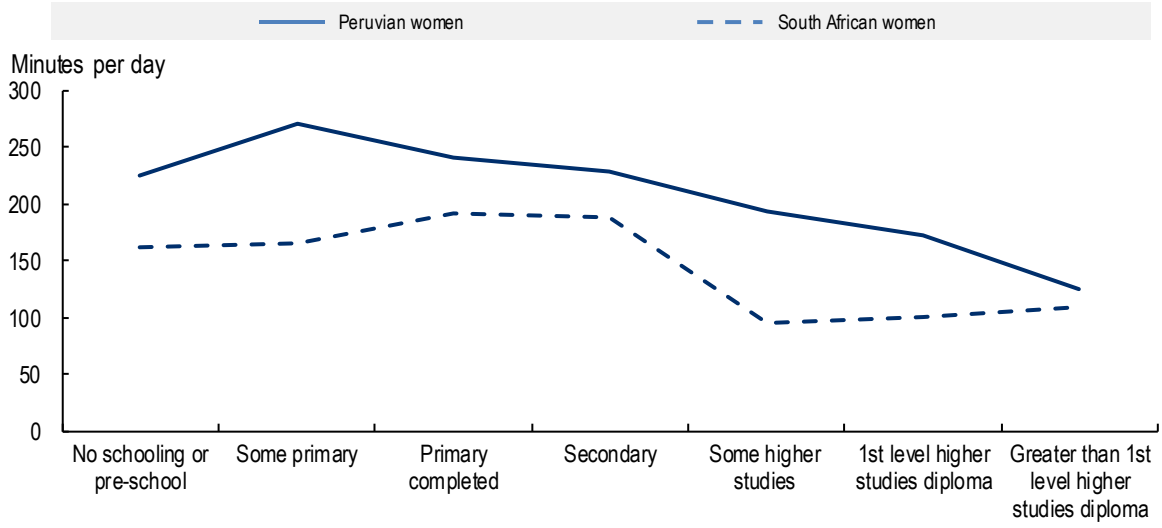
Globally, time use data remains limited, in particular for developing countries, due to the significant costs and capacities needed to undertake a time use survey. Reporting on SDG Target 5.4 requires regularly collected time-use data disaggregated by sex, age group and location. However, to date, only 83 countries have ever conducted time-use surveys, and only 24% of those were conducted after 2010 (UN Women, 2018[28]). Of the 47 least developed countries, only 8 have collected time-use data. The OECD Time Use database aims to improve comparability between OECD countries. The OECD time-use database includes information on the average time spent per day in different activities for 28 OECD member countries and 3 emerging economies (China, India and South Africa).[1]

Gender gaps in time-use: Evidence from Bangladesh, Ethiopia, Peru and South Africa

Analysis of time-use data for Bangladesh, Ethiopia, Peru and South Africa confirm what previous analysis of time use data revealed: men spend more time in paid work or study than women do, while women undertake the bulk of unpaid care work (Ferrant and Thim, 2019[14]). In Ethiopia, for example, men spend almost twice as long on paid work or study than women, while the opposite is true for unpaid care work. Overall, women spend over an hour longer on unpaid and paid work combined than men – the "double burden" – leaving them with less time for personal care (including sleeping) and leisure. Similar to OECD countries, women have around 40 to 50 minutes less leisure time than men do in all countries, with the exception of Bangladesh (Ferrant and Thim, 2019[14]).

Gender gaps in unpaid care work begin at an early age for girls and boys, increasing for women at marriage and childbirth. For men, however, marriage may actually decrease their time spent on unpaid care work. Married men spend less time on routine housework than single men do, if all other factors stay the same (e.g. number of children, location, age).While education is essential for women and their children to live healthy and productive lives, it is not a silver bullet for helping alleviate the unpaid care work burden. Primary school education does not have a significant impact on the time women spend on routine housework, and, in some cases, is associated with an increase. Only women with higher education are likely to see a decrease in routine housework, due to increasing income and opportunities to substitute these responsibilities with market services (Figure 1.5) (Ferrant and Thim, 2019[14]).

Figure 1.5. Predicted values of women's time-use in routine housework by education levels



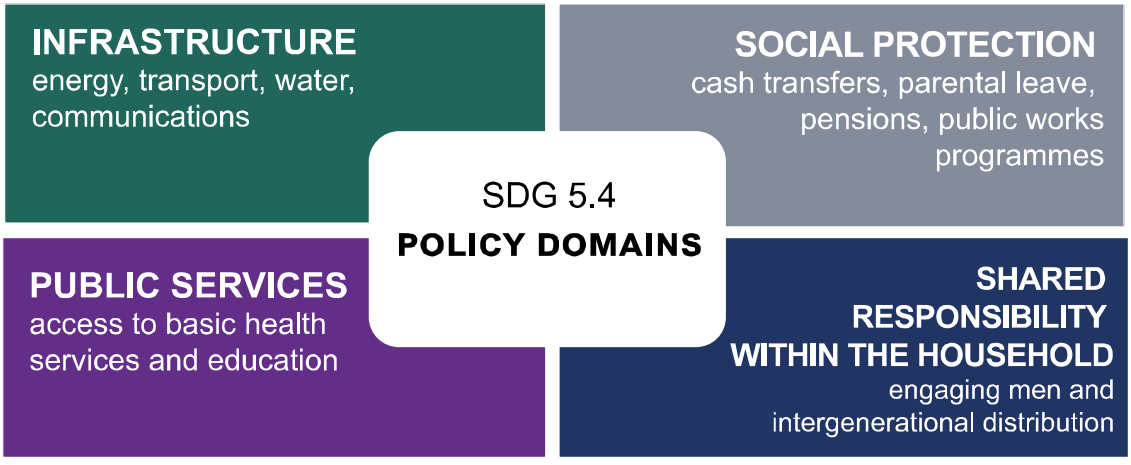
Source: Peru (2010) Encuesta Nacional de Uso del Tiempo 2010; South Africa (2010), Survey of Time Use

StatLink https://doi.org/10.1787/888933948473

Priority policy areas for addressing gender inequality in unpaid care work

SDG 5.4 highlights four priority policy areas in addressing unpaid care work: public services, infrastructure, social protection and the promotion of shared responsibility within the household and the family (Figure 1.6) (UN, 2015a[29]). Depending on how policies and programmes within these areas are designed and interact, women's and men's options can be broadened, or they can confine women "to traditional roles associated with femininity and motherhood" (Razavi, 2007[7]).

Figure 1.6. The Four Policy Domains of SDG Target 5.4



Social protection and public services are key policy domains that shape how direct caring work (care of persons) is distributed within households as well as among households, states and the market, through direct provision and regulation of care services; financial transfers to households to support their caring work; and family-friendly policies. These policies also affect the distribution of care across generations. Public provision of or subsidies to care services can reduce the amount of time that household members (particularly women and girls) spend looking after dependents and free up time for them to engage in paid work or other activities.

Investments in infrastructure that address the drudgery of domestic work more directly have the potential to increase the productivity of such work, and reduce the time and physical effort women (and others) spend on domestic chores.

Shared responsibility within the household is relevant to both direct caring and domestic work in that it changes the social norms that shape gendered roles and responsibilities. However, interventions in other policy areas – such as the availability and structure of paternity leave, the length of maternity leave, monetary transfers to caregivers and the design of income taxation – can also create incentives for the behavioural change of redistributing gender roles within households and contribute to changing wider norms. Similarly, increased access to infrastructure and investments in labour-saving technologies can incentivise a redistribution of household work from women to men. For instance, evidence shows that when collecting water requires walking long distances, men are less involved than when collection is closer to the consumption area (household).

While all four areas are critical to addressing the 3Rs and achieving SDG 5.4, the relative priority accorded the different policy domains and specific measures within them depends on the context. Gender inequality in the division of unpaid care work is universal but more pronounced in developing countries (ILO, 2016[30]), a testament to more conducive conditions in higher income countries for recognising, reducing and redistributing such work. Thus the expansion of universal public services, especially healthcare and childcare, and investments in infrastructure may be of more immediate relevance to reducing the unpaid care work of (especially rural) women in poorer countries than indirect incentives for redistribution through social policy or taxation (ILO, 2017, p. 38[31]; UN Women, 2015[10]). At the same time, women are not a homogeneous group; they face intersecting inequalities that may restrict their ability to benefit from policy and programme interventions. For example, women in the informal economy may not be able to benefit from employment related policies, such as parental leave or pensions, and rural women may prioritise water and energy services over childcare.

Similarly, the drivers for addressing unpaid care work may differ according to context. In high and some middle-income countries, especially in Latin America, higher rates of formal female labour market participation and ageing populations have been pushing this issue onto the policy agenda. In sub-Saharan Africa, the HIV/AIDS crisis underscored the need to support families and communities in their provision of care, and the role of older people in this context (United Nations, 2013[20]). Younger populations in this region signal a need to invest in the development of human resources through quality care, to realise the potential benefits of the “youth dividend”. Overall, however, few governments adequately prioritise policies to address women’s unequal share of unpaid care work, or invest sufficiently in care services and jobs, particularly in the face growing care deficits (ILO, 2018[3]).

Policy recommendations

This section sets out policy recommendations for development partners, including donors and governments, and areas for further research. The recommendations are based on the research and analysis undertaken for this policy paper.

Design development policies and programmes that work for women and address unpaid care work

Donors and governments can:

- Incorporate the reduction of women's unpaid care work as an objective from the outset of the programme cycle, notably by adding pertinent questions to front-end and ongoing assessments. While this may not be relevant for all projects, making unpaid care a programme objective ensures that, at a minimum, interventions are not exacerbating women's unpaid care work burden and, whenever possible, they integrate ways to address it. This will entail incorporating the recognition of unpaid care work in monitoring and evaluation strategies, thus further strengthening the currently very limited evidence base. For example, Helvetas, ActionAid and Oxfam have found targeting unpaid care work to have positive results in both reduction and redistribution, which monitored the results from the beginning (see Chapters 3 and 4).
- Ensure that policies and programmes reduce and redistribute women's unpaid care work and include elements that aim to transform negative masculinities at different levels. Within communities, examples include creating spaces for men and boys to discuss gender stereotypes. At the institutional level, public and private organisations can learn from the successful experiences of CSOs to engage men as fathers/carers, including through local governments and health and other public sector services (e.g. education) to promote men in care roles as both employees and users (see for example Promundo and FEMNET's experiences in Chapter 3).
- Guarantee appropriate safeguarding measures to prevent sexual exploitation and abuse in all investments. Policy and programming should pursue a no-harm approach to beneficiaries and local populations. Appropriate reporting mechanisms, awareness-raising campaigns, and victim and survivor services should be provided and accompanied with adequate co-ordination mechanisms with local actors.

In addition, governments can:

- Make care a priority in their economic policymaking and budget setting (see for example Uruguay's National Integrated Care System in Chapter 5). This could include for example, dedicating specific budget lines to strengthening and expanding the types of public services or programmes that significantly relieve households' unpaid care workload, incorporating awareness-raising elements of the contribution of carers, and co-ordinating across government sectors to build on potential synergies and ensure that the needs of carers are addressed (for example with education and health ministries).

Increase awareness raising and advocacy for greater recognition and redistribution of unpaid care work

Awareness raising, advocacy, and training related to women's unpaid care work are important elements to support implementation of policies and programmes in this area. That includes stronger awareness of the responsibility of governments and employers to address unpaid care work and the contribution of unpaid carers to human and economic development.

Donors and governments should consider the following:

- Awareness-raising and media campaigns to increase understanding of unpaid care work and gender stereotypes more generally. These can be incorporated into existing campaigns, e.g. health campaigns highlighting hazards of traditional cooking methods or education on the use of new technology. The private sector and the media can be key partners in these efforts. For example, Unilever has collaborated with Oxfam to reduce women's time dedicated to laundry by combining investments in infrastructure with a communications programme involving radio, TV and social media campaigns.
- Training for service providers and other relevant actors to increase their understanding of unpaid care work and ways to support unpaid carers, and to promote men's involvement in care giving and domestic tasks. In Brazil, Promundo trains healthcare providers to encourage men's involvement at the critical time just before and after childbirth (see Chapter 3). Childcare providers and teachers can also inadvertently reinforce gender stereotypes related to care work.
- Engaging with local or national leaders, celebrities or artists to become gender equality champions. In Kenya, the NGO Femnet has found working with men and local champions for gender equality at the community level to be one of the most effective ways of transforming negative social norms (see Chapter 3).

Develop social protection programmes that support caretakers

There are opportunities to design social protection programmes that support those who need care and avoid exacerbating existing care burdens or penalising women as caregivers. Possible solutions for donors and governments, depending on the context, include:

- Unconditional cash transfers that avoid reinforcing gender stereotypes and potentially creating additional care-related burdens for women. As shown by the experiences in Kenya and Brazil in Chapter 5, conditional cash transfers can reinforce existing gender roles that place the largest share of care on women and, in certain cases, increase women's time devoted to care (see Box 4.4 for more information on the experience in Kenya).
- Free, quality childcare provision in all public works programmes, infrastructure projects and other relevant programmes. This could be on-site or located in the community, depending on the local context and safety concerns of women and their families about travelling with children (see box 4.2 to learn more about experiences in South Africa and India to provide childcare in public works programmes).

Governments should also consider:

- Expanding contributory credits linked to pensions and other programmes to all caregivers (female and male) to compensate for contributions "lost" during periods out of the labour force to provide care (see Chapter 4 on the Housewife Policy in Brazil, and Box 4.5 on additional experiences in Latin America).
- Including access to care services as part of universal health and social insurance packages (particularly maternity benefits and long-term care).
- Making paternity leave non-transferable and including incentives to encourage men's take-up. Chapter 5 provides more information on the difficulties of increasing men's use of paternity and parental leave as well as potential solutions, including close collaboration with the private sector and media campaigns.
- Ensuring that private sector mandated childcare provision is supported by tax incentives and is not linked to the number of female employees, possibly discouraging the hiring of women.

Undertake relevant programme analysis, monitoring, evaluation and data collection to better understand the impacts on women's unpaid care work

Investments in infrastructure, social protection and public services should be informed by better collection and analysis of national or regional time use data, alongside data that capture information about access and use at the household and individual level.

Donors can:

- Support gender assessments or diagnostics that consider the impact of infrastructure, social protection and public service investments on women and girls' unpaid care work, as well as potential negative impacts on wider gender-related constraints. Rapid care analysis, time use diaries and community consultations can inform programme design and evaluation, as Oxfam and ActionAid have done in Kenya and Nepal (see Chapter 3). This can also encourage redistribution of care responsibilities to men by raising awareness among community members of women and girls' care burden. Assessments and monitoring should also ensure that the unpaid care work burden is not transferred to other women in the household, in particular older women and girls.
- Support national statistical offices to undertake regular collection of sex disaggregated data collection and analysis, specifically time use data and data related to social norms. This can include:
  - The measurement of social norm change at different levels to gain better qualitative understanding of national and local contexts, interests and policy discourses
  - Monitoring time poverty outcomes of infrastructure investments, including the links between infrastructure and technology for women in different settings such as urban and rural areas
  - Monitoring social protection programmes to understand both who is contributing and benefiting and the impact on unpaid care work at the household level.

Governments can:

- Prioritise gender data collection. This should include the harmonisation and extension of national-level time use data (and analysis of these data) to better understand and monitor changes in men and women's unpaid care work and their links with policies and programmes.

Engage with a diversity of actors for greater reach and more sustainable funding

Involving a variety of actors in programme design and implementation is key to understanding the local context and designing fit-for-purpose policy and programme solutions. Multi-stakeholder initiatives can also allow for wider impact, greater financial sustainability, and national and local ownership.

Governments and donors can:

- Ensure that women and women's rights organisations are represented throughout the programme cycle, and that their representation continues afterward. Development practitioners should work with local actors and women's rights organisations to engage with women and men concerning investment decisions and programme design.
  - Donors can increase support to women's rights organisations through quality and long-term funding. Informants across the three focus countries mentioned the crucial role of women's rights organisations in getting unpaid care work onto the policy agenda, for example in Uruguay (see Box 4.1) and in Brazil (see Box 4.5)
  - Community consultations and participatory learning approaches can ensure that women and men's needs are adequately addressed. Furthermore, this can have positive spill over effects for other empowerment areas, by challenging existing gender stereotypes and encouraging women to take on greater decision-making authority, as was done in by Helvetas in Nepal (see

Chapter 4). In addition, donors should consider elements that will encourage women's ongoing participation in governance and decision making, through training and skills building for example.

In addition, governments can:

- Better co-ordinate "care" approaches across different government sectors – including education, health, social protection, employment and fiscal policy – through integrating an understanding of appropriate measures to reduce and redistribute unpaid care, and providing support via cross-governmental networks or innovation funds (see Chapter 5 on Kenya's cash transfer programme). For example, encouraging take-up of labour-saving technology, such as clean cook stoves, could involve ministries in charge of gender equality, health, education and the environment.

Work with the private sector to provide services and technologies and transform social norms related to paid and unpaid care for women and men

Governments and the private sector can work together to:

- Develop working environments conducive to family responsibilities, as Promundo is doing in Brazil (see Chapters 3). This includes policies for effective provisions for carer leave, including paternity leave, and access to childcare or other relevant care services as a way to reduce and redistribute women's unpaid care work and contribute to quality job creation. Employers also have a role to play in encouraging men to take on a greater share of unpaid care work and supporting employees with caregiving responsibilities.
- Ensure the affordability of market-based solutions to infrastructure and care services where relevant. Multi-stakeholder partnerships can lead to innovative solutions that both increase the reach of care services and infrastructure to underserved groups, and improve the quality of existing informal services. Local governments, social impact investors and private sector employers are important potential partners in this area. Chapter 6 goes into more depth on the public and private sector actors working together in Nairobi, Kenya to meet the early childcare development needs of women and their families.
- Close gender gaps in employment in infrastructure sectors and provide training and awareness raising for men and women to encourage the design of more gender-sensitive investments.
- Provide quality childcare to all employees, working with the government to ensure standards and regulations are met.
- Design services and products for women and carers – including labour-saving technologies, transportation services, insurance plans, online platforms for paid and unpaid carers, and other digital tools that support the reduction or redistribution of unpaid care work.
- Support women (and men) in their use of labour-saving and other technologies through training or education, to make sure they have the skills to benefit from and promote demand for improved technology, including mobile and Internet services (see Chapter 4). This may also require ensuring that gender norms do not discourage women and girls (or men and boys) from using new and existing technology, and closing gaps in availability of digital goods, services and capital.

Invest in research and data to further strengthen the development community's understanding of what works to address unpaid care work

This report aims to contribute to the existing evidence on how donors, governments and development practitioners are working to recognise, reduce and redistribute women's unpaid care work. Nevertheless, the paper identified several knowledge gaps that will require further research.

Donors can:

- Support further research on men's engagement in care, to understand how wider social norms on masculinities constrain their engagement and may even cause women to push back against their involvement. This research should also look at the potential role of new technologies or services – and the ways they are designed and marketed – to incentivise men's engagement in unpaid care, thus redistributing care between men and women (and generations) within and outside households.
- Invest in innovative policy and programme tools to incorporate strategies to recognise, reduce and redistribute unpaid care work. For example, checklists and diagnostic tools could ensure unpaid care work concerns are considered from the outset of the programme cycle.

Researchers can:

- Explore new data collection methods to capture women's time use and unpaid care work burden as well as systematic approaches to capturing, monitoring and reporting social norms change as part of wider programming. This could entail methods for measuring the drudgery related to domestic work tasks, such as collecting water, fuel and food.
- Further explore promising care models, including financing models (for example cross-subsidisation by private sector providers; subsidised provision through co-operatives) and successful adaptations of childcare services that have increased take-up and/or access for marginalised groups (e.g. informal sector workers; disabled carers/children).

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Notes

[1] The OECD time-use database includes information on the average time spent per day in different activities for 28 OECD member countries and 3 emerging economies (China, India and South Africa). The database is updated annually, on International Women's Day, and its estimates are sourced from national time-use surveys, based on nationally representative samples of between 4 000 and 20 000 people. To improve the comparison of time use data across countries, the samples in the OECD time-use database are restricted to populations aged 15-64, and activities are aggregated into five main categories: (1) Unpaid work; (2) Paid work or study; (3) Personal care; (4) Leisure; and (5) Other time use. For each of the categories only primary activities are taken into account, while simultaneous or secondary activities are excluded to improve comparability across countries. A top-level overview of the data is available and live at http://stats.oecd.org/Index.aspx?datasetcode=TIME_USE, while the full database can be accessed at: http://www.oecd.org/gender/data/OECD_1564_TUSupdatePortal.xlsx.

2 How can promoting shared responsibility within the household address women's unpaid care work?

The chapter begins by noting persistent and pervasive perceptions that fuel the social norms underpinning gender differences in time spent on unpaid care work within households. It goes on to describe approaches to promoting shared responsibility – involving men in community discussions, gathering evidence of time use gaps between women and men, and the potential contribution of the media (including the use of champions and role models) are among the examples cited. The focus then turns to lessons learned in the three focus countries, Brazil, Kenya and Nepal (See Annex A for the criteria for selecting the three focus countries). The study highlights specific efforts of non-governmental organisations in these countries as the primary actors in promoting shared responsibility, rather than government. The chapter closes with current attempts to monitor and measure changes in social norms.

An overview of shared responsibility for unpaid care work within the household

Mounting evidence demonstrates that simply "encouraging" redistribution of care and domestic work within the household from women to men is not enough. For women and men to be able to participate more equitably in unpaid care work, they need to both have access to paid work on terms that allow them to do so, and recognise and value the contribution of unpaid care work to their family's and community's well-being. This entails having flexible working hours, fair wages, parental leave and other forms of social protection, as well as having services, infrastructure and labour-saving equipment that are accessible and affordable (O'Neill, Chopra and Vargas, 2017[1]; Oxfam, 2018[2]). As the UN Secretary-General's High-Level Panel on Women's Economic Empowerment suggests, a push for change should be aimed not only at individual behaviour but also at norms that "regulate institutions, structures and policies", and include gendered social as well as economic norms in order to "address the devaluation of care work and the stigmatization of the informal economy" (UN, 2017b[3]).

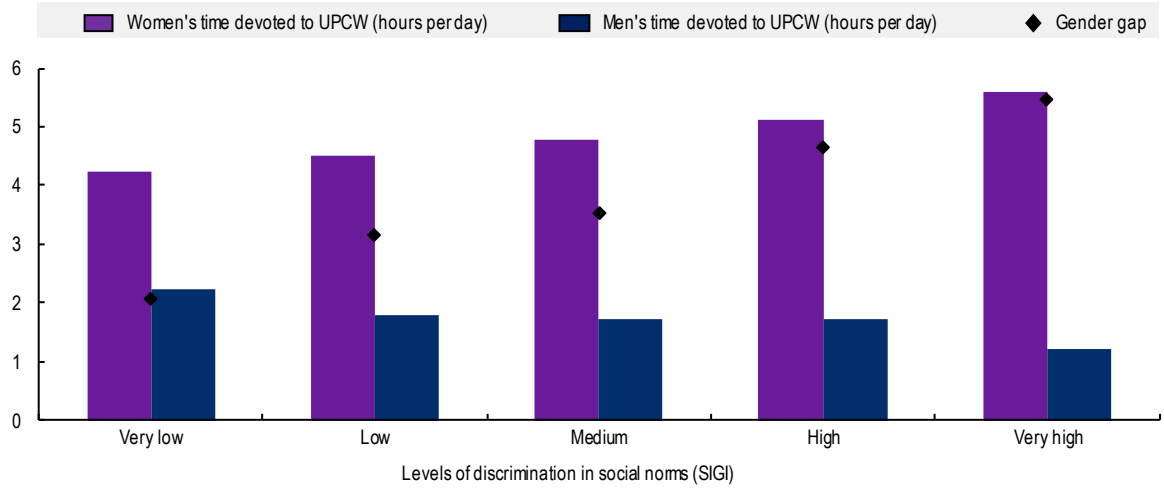
The persistent gender gap in unpaid care work: Slow to close

Even if over recent decades men have taken on more responsibility for unpaid care work in many countries (ILO, 2016[4]), women still provide between two and ten times more unpaid care work than men. Socio-demographic and economic factors, such as education and wealth, explain part of the prevailing differences; however, between 50% and 60% of the difference is unexplained (Berniell and Sánchez-Páramo, 2011[5]; Ferrant, Pesando and Nowacka, 2014[6]) and may be related to the fact that "in most societies, working for pay is considered a masculine task, while unpaid care work is seen as women's domain" (Ferrant, Pesando and Nowacka, 2014[6]).

Where a narrowing of gender differences in time use has occurred, it is primarily due to a reduction of women's time spent on household tasks – mainly meal preparation and cooking, which slightly increased for men at the same time. Time spent on direct childcare has increased for both women and men (UN Women, 2015[7]). Some studies suggest that when men do engage in childcare, it mostly consists of play, taking children to the doctor and helping with intellectual activities, such as homework (ILO, 2016[4]). Similarly, men's participation in domestic chores tends to be limited unless they involve a "valued" domestic task, such as preparing a more sophisticated meal (Bruschini, 2007[8]), pointing to the need to change perceptions of the importance of unpaid care and domestic tasks. Other contributing factors to the overall reduction in the time women spend on domestic work are smaller family sizes, increased provision of half-day or full-day school, and women's increased labour market participation where the additional income has allowed outsourcing of domestic tasks (Bruschini, 2007[8]).

As shown in Figure 2.1, countries with higher levels of discriminatory social institutions generally display higher levels of inequality in unpaid care work, driven by the perceptions that women's main responsibilities lie within the domestic sphere.

Figure 2.1. Gender gaps in unpaid care work by levels of discrimination in social institutions



Note: This graph shows gender gaps in time devoted in unpaid care and domestic work by levels of discrimination in social institutions, as measured by the SIGI.
Source: OECD (2019[9]), Gender Institutions and Development Database (GID-DB), https://stats.oecd.org.

StatLink https://doi.org/10.1787/888933948492

Evidence suggests that the social norms underpinning gender differences in time spent on unpaid care work are persistent and pervasive: the vast majority of 800 female respondents in Rwanda, United Republic of Tanzania ("Tanzania"), India and Nepal believe men to be better at paid work and women to be better at care work and household tasks (Chopra and Zambelli, 2017[10]). Similarly, 92% of the population in Burkina Faso believe that men's role is to support the family financially, and 67% view a "stay-at-home" man negatively (OECD Development Centre, 2018[11]). Research across a range of urban and rural communities in 20 countries with different economic, political and social circumstances showed that husbands are seen as "the highest household authority" while wives are expected to be "responsible for all the housework and the care of all members of the household […], held strictly accountable for her domestic responsibilities day in and day out" (Boudet, Petesch and Turk, 2013[12]).

There is some evidence that social norms around unpaid care and paid work are evolving for both women and men. The studies mentioned above also showed a change in norms in younger generations, with "good husbands" increasingly expected to be sensitive to their wives and children's needs and to participate in family life, including the share of domestic chores (Boudet, Petesch and Turk, 2013[12]). Research has also found that men, particularly fathers, would like to have more time to spend caregiving: a survey in the United States revealed that 63% of fathers feel that they spend too little time with their children (Pew Research Centre, 2018[13]). In a recent ILO/Gallup poll of 142 countries, men and women overwhelmingly agree with women engaging in paid work, while however recognising that balancing this with their family responsibilities remains the biggest challenge (Gallup and ILO, 2017[14]).

More often than not, unpaid care work within households is shared primarily among female household members or between women and children, especially girls (Oxfam, 2018[2]); (Chopra and Zambelli, 2017[10]). On average, girls aged 5-14 spend up to 50% more time on household chores than boys of the

same age. This difference increases to 200% in the Middle East, North Africa and South Asia regions (UNICEF, 2016[15]). In Ethiopia, Peru and South Africa time use data is available for girls and boys from age ten, revealing that ten-year-old girls spend on average 44 minutes in unpaid care work compared to 24 minutes for boys of the same age. In Peru, 15 year-old girls spend on average around two hours, while boys of the same age spend a little over one hour. Research by Plan International (2017) found similar results: in their study, girls aged 5-9 spend 30% more time on household tasks than boys the same age. The gap widens to 50% for girls aged 10 14 (Plan International, 2017[16]). The girls in the study reported that they were often expected to take on additional care and household tasks, negatively affecting their ability to attend school (Plan International, 2017[16]). More positively, Oxfam (2018[2])finds that in Uganda, Zimbabwe and the Philippines, men whose fathers engaged in care activities when they were children are more likely to contribute to unpaid care work themselves.

The idea of redistributing unpaid care work between women and men is of no relevance to the 21% of single mother households worldwide.[1] In some countries, the proportion of households headed by single mothers is much higher: 45% in Botswana, Namibia and the Kingdom of Eswatini ("Eswatini"), for example.[2]

In view of the ageing population in many countries across the world, understanding social norms with respect to elderly care is also an important topic. According to UN Women (UN Women, 2015[7]), more than 10% of adults aged 50 or older in OECD countries are caring informally for a sick or elderly person and around 60% of these caregivers are women. This number is expected to rise by 20-30% by 2050. Certain evidence indicates that "outsourcing" elderly care often goes against traditional beliefs and expectations (see for example (Chang and Schneider, 2010[17]); (Carreiro, 2012[18]), for evidence from People's Republic of China ["China"]).

Policy options to promote shared household responsibility for unpaid care work

The focus in this section is on attempts to address gender norms related to unpaid care work, and on how such efforts can be supported by incentives for redistribution in other policy domains such as social protection, public services and infrastructure (see Table 2.1 for an overview).

The past two decades have seen a growing trend of governments and employers supporting men's involvement in childcare through granting paternal leave, with varying degrees of effectiveness (see Chapter 4 on social protection). A few governments have additionally adopted wider strategies to directly promote redistribution of unpaid care work within households. Also, labour market and social protection policies and programmes such as equal pay, minimum wages, decent work provisions, maternity and paternity leave and investments in infrastructure, among other things, can indirectly support change in gender norms in ways that incentivise redistribution of unpaid care work (see Chapter 4 on social protection, and Chapter 3 on infrastructure).

Table 2.1. Approaches to promoting shared responsibility for unpaid care work across different intervention areas

Intervention area	Approaches	Examples
Transforming gender stereotypes and changing social norms relating to unpaid care work	Gathering evidence, e.g. time use data and/or participatory data collection, diaries, surveys etc. (either standalone or alongside wider programmes) used for advocacy	Oxfam We-Care (Oxfam, 2018[19])
	Challenging masculinities and engaging men and boys in domestic activities Initiatives institutionalising social norm change, e.g. in health systems	Men in Kitchen initiative in Mozambique Promundo in Brazil[1]
	The role of the media and the private sector: marketing campaigns raising awareness on unpaid care work and gender equality	Australia, Portugal, Slovenia (OECD, 2017[20]) Tanzania TV programme (Kidder, 2014[21])Global campaigns, e.g. UN Women's HeForShe, Unilever's #UNSTEREOTYPE
Social protection	Legislative or policy change aimed at encouraging men to take up parental leave; pension credits	See Chapter 4 on social protection
Infrastructure	Engaging with men on the design and introduction of household labour-saving technologies	See Chapter 3 on infrastructure
Public or private provision of care-related services	Childcare provision; engagement of men as care providers and users in health sector/antenatal care and provision of childcare	Childcare in China (Oxfam, 2018[2]) Maternal health India, Pakistan, Niger (Levtov, 2015[22]) Health initiatives (Heilman, 2017[23]) See also Chapter 5 on public services

Note: 1 https://promundoglobal.org/2017/02/01/promundo-launches-first-report-state-brazils-fathers/.

Transforming gender stereotypes and changing social norms on unpaid care work

One way of promoting a redistribution of unpaid care work is to challenge stereotypes that ascribe specific gender roles such as care work, and gender discrimination more generally at all levels – the individual, relational, community and societal level. This involves working with institutions and stakeholders such as government, the private sector, civil society and grassroots organisations as well as individuals and communities, and an approach that promotes structural change, e.g. by working with the media and organising collective action.

In order to address social norms and in particular shift perceptions about women's paid and unpaid work and its value, many interventions have focused on gathering evidence of gender differences, such as time use gaps between women and men, and advocated for public investments and policies (O'Neill, Chopra and Vargas, 2017[1]). Many organisations go beyond mere collection of time use data and employ participatory methods with women, men and communities to unravel prevailing gender norms and their meaning in everyday life. For example, Oxfam's We-Care initiative has shown the need to "use public sector communications channels and education systems to encourage men and boys to take on a more equal share of unpaid care work within their households", e.g. in school curricula, adult literacy classes and public health campaigns (Oxfam, 2018[19]). Australia pursued a joint public-private campaign to support men with care responsibilities in pursuing flexible working arrangements, and Portugal and Slovenia have implemented public campaigns explicitly targeting the equal sharing of domestic tasks (OECD, 2017[20]).

Some governments have also supported initiatives targeting norms that discriminate against women and girls more broadly, e.g. through development of school curricula that promote gender equality or national (and international) critical discussions and social norms campaigns. For example, in Sweden and Norway, the "modification of gender roles was largely seen as a question of re-education and socialisation: with re-education for parents, and the de-emphasis on full-time work for men, men would devote more time to family and parenting, and new forms of masculinity would emerge" (Nagy, 2008, p. 104[24]). In both countries, specific policies that cast fathers as carers supported these changes, such as paternity leave.

Although there is little evidence on involving men and boys in women's economic empowerment interventions, identifying and supporting local male gender champions in particular (either as individuals or groups) "to engage with other men and promote gender equality is a powerful way to encourage sustainable change for gender equality" (ILO and WED, 2014[25]) (see Box 2.1).

Box 2.1. Working with male champions

Working with male champions in communities is a very effective tool, as they can serve as role models for more gender-equitable beliefs and behaviours. Male champions could be political or religious leaders, celebrities, artists or notable men in the community. It is important to select men "who truly believe in the benefits of more equitable relationships" and support them emotionally and technically along the way. Inspired by these champions, men can first be sensitised about existing harmful gender norms, and then learn how to transform these norms by making more equitable economic and social decisions. Male champions can also help advocate for more equitable policies with community leaders and within government structures.

Source: (Glinski et al., 2018[26]), Gender Equity and Male Engagement: It Only Works When Everyone Plays, http://www.cartierphilanthropy.org/uploads/media/5acb7ba53fb8f/icrw-maleengagementbrief-webready-v5-150dpi.pdf.

Promundo's Program P in Rwanda has demonstrably increased men's time spent on childcare and household chores[3] by more than 52 minutes per day (over 60%) two years after having participated 4-5 months in the programme. During Program P men met weekly with peers from their communities (half of the time women joined their partners) and discussed health- and violence-related issues. They also talked about their hopes and fears related to becoming parents, how to improve their relationships with their partners, including communication, conflict resolution and the sharing of caregiving responsibilities (Doyle and al., 2018[27]). Promundo's work in communities shows that significant change can be achieved after only four to five months.

Some evidence has shown that addressing gender stereotypes associated with unpaid care work through working with men and boys can "'de-feminise' caregiving". This has been shown to increase men's and young people's involvement in home-based care services for people living with HIV and AIDS in Zimbabwe and Zambia,[4] and strengthen men's engagement in providing emotional support to their children who then perform better academically in China (Oxfam, 2018[19]).

Engaging men in maternal health processes can lead to better health outcomes for their partners and children (Levtov, 2015[22]). For example, in India and Pakistan, men's participation in training related to pregnancy health resulted in higher engagement with domestic work and higher levels of willingness to take their wives to doctors and health clinics, while in Niger such training has increased the use of family planning and the use of prenatal consultations. Furthermore, when provided with information and counselling about the benefits fathers will encourage and support women's breastfeeding as well as influence decisions related to the health and well-being of their children (Levtov, 2015[22]).

Oxfam (2018[2]) showed that men were more likely to engage in care when they recognised care work as a valuable and skilled task, and when informed of the challenges related to mobility, time burden and health impacts.

However, the causal relationship between perceptions of and engagement in care work are not fully understood: Oxfam's research also showed that men's "perception that others do not approve" is more important than men's own perceptions about care or willingness to engage in care work (Oxfam, 2018[2]).

Existing initiatives in this area have found that working with both men and boys and women and girls simultaneously or sequentially, in single sex and/or mixed groups is more effective than single sex interventions targeted at only females or only males (Glinski et al., 2018[26]; WfWI, 2007[28]). Oxfam, for example, found that even though men are more likely to participate in care work if their fathers did so, parents often do not want their sons to carry out care work. Mozambique's Getting Men in the Kitchen programme showed that while some women "were happy to see the transformation" in men, other women "saw their [men's] newfound enthusiasm for engaging in care work as an invasion of their private space" and/or started questioning their partners' manhood.[5] These findings suggest the need for a more nuanced understanding of how gendered social norms surrounding care evolve to promote an equal sharing of responsibilities within communities, as well as within households.

The role of the media and the private sector

Traditional and social media as well as the private sector are key actors in social norms change in the workplace and at societal level. For example, a daily Tanzanian TV programme that allowed viewers to follow the difficulties women face when becoming farmers and challenged the image of farming as a male role reached millions of viewers and has been replicated in other countries (Kidder, 2014[21]). Unilever promotes gender equality in the workplace through a variety of initiatives, including among others policies relating to their advertising campaigns, the gender balance in their workforce and recruitment processes, and flexible working (UNHLP, 2017[29]). This includes a three-year partnership with Oxfam in the Philippines and Zimbabwe. Part of the programme challenged social norms through communications with communities and through radio, TV and social media campaigns, in addition to infrastructure initiatives and advocacy for public policies.[6]

Global campaigns, such as UN Women's HeForShe campaign, reach millions of people worldwide with the aim of evoking discussions about and challenging gender stereotypes. However, evidence on the effect of information campaigns on reducing prejudice is mixed, and evaluation of their impact on changing gender stereotypes has not yet been conducted (OECD, 2017[20]). This may be related to methodological challenges as "interventions designed to work at scale are often expected to achieve maximum reach quickly" (V4C, 2017[30]), which makes establishing a control group for impact evaluation more difficult.

Evidence from Brazil, Kenya and Nepal on how to promote shared responsibility within the household to address women's unpaid care work

Research in the three focus countries identified a number of different approaches to addressing the distribution of household responsibilities for unpaid care used by various actors (see Annex C). These include awareness-raising campaigns on gender equality (UN Women in Brazil); programmes working with men to challenge notions of masculinities (Oxfam and Femnet in Kenya, and Promundo in Brazil); programmes that include helping women and men in communities understand unpaid care work as part of their wider agenda (ActionAid Kenya); work with the private sector to raise awareness and encourage uptake of parental level and with the public (health) sector to encourage ways of working that incentivise the sharing of care responsibilities (Promundo); and research to bring the issue of care work to policy discussions (Secretariat for Women's Policies in Brazil).

Almost all of these initiatives target specific sub-groups, either by socio-economic background, vulnerability to violence, or location. UN Women in both Nepal and Kenya and Promundo and the Secretariat for Women's Policies in Brazil aim to change gender norms at the institutional or societal level, while the other organisations work to achieve change at the community level (three in Kenya and one in Nepal).

Lessons learned in Brazil, Kenya and Nepal on promoting shared responsibility for unpaid care work

Little evidence has been generated so far on how these initiatives have changed attitudes and behaviour towards unpaid care work, because many are very recent and, in some cases, social norm change was not the primary aim.

The unpaid care work programme piloted by ActionAid in Nepal (as well as in Nigeria, Uganda and Kenya) showed that community discussions on that topic and comparative time diary collection with men and women contributed to changing perspectives on unpaid care work and men engaging more with household chores such as collecting water in Uganda and Nigeria (ActionAid, 2013[31]). Most of the organisations interviewed gather primary evidence – for example, through time diaries and rapid care analysis – to identify needs and gaps in their programmes. This highlights the fact that detailed information on time use by women and men to inform programmes and initiatives is often not available or outdated. More information would enable activities to be tailored to local realities or to specific target groups that have been previously underserved or are hard to reach.

Limited government action to engage with men and boys

Few examples were identified in the case studies of government action to address shared household responsibility for unpaid care. This highlights an important gap in capacity related to a key policy area for SDG 5.4. In response, NGOs are using evidence to support advocacy in national and local policy discussions to create space for policy change. For example, work by ActionAid and its partners in Kenya led to development of the Women's National Charter in 2012 (ActionAid, 2013[31]), which requires that government recognise, quantify and redistribute the work of women in the home, including unpaid work. In Nepal, the Ministry of Women, Children and Senior Citizens is in dialogue with UN Women on care and social norm change. In Brazil, the Secretariat of Women's Policies, through a working group looking at formalising paid domestic work, commissioned research on changing perceptions about care and domestic work (see Chapter 5 on social protection).

The use of evidence to support advocacy in national and local policy discussions creates space for policy change. For example, work by ActionAid and its partners in Kenya led to development of the Women's National Charter in 2012 (ActionAid, 2013[31]), which requires that government recognise, quantify and redistribute the work of women in the home, including unpaid work. At the local level, Oxfam Kenya used a "quick scan" version of their rapid care analysis to highlight that women are not able to attend NGO meetings because of their unpaid care work responsibilities. As a result, Oxfam was able to advocate for water and health services more conveniently located for women to be able to attend meetings, appointments, etc. without putting an additional burden or time pressure on them (key informant interview, Oxfam, Kenya).

Careful selection of entry points is crucial when addressing social norms. Many organisations, including some of the key informants interviewed, are working with men and local champions for gender. As mentioned in Section 2.2, this is one of the most promising strategies for social norms change. As a key informant observed, "the men initially most resistant or angered who return to discussion groups, later become the most fervent champions" (key informant interview, Femnet, Kenya). Thus, it is important to have a critical mass of actors for change, particularly where working with men and boys is highly visible, as in small communities. As mentioned in one interview, it "can be very lonely place for men who join – feel of loss of manliness, it needs lots of support from the centre" (key informant interview, Femnet, Kenya).

Promundo uses fatherhood as an entry point to engaging men in care, because experience across several different settings has shown it to be a transformative life cycle event for women and men. At the same

time, “a child figure creates empathy – nobody will disagree that a child should be cared for” (key informant interview, Promundo, Brazil). The health sector – antenatal care in particular – has been a key entry point for Promundo’s work with fathers, and has been highly successful both in engaging men and in addressing gender-stereotyping behaviour by health professionals. According to Promundo’s State of Brazil’s Fathers report, 55% of men claim that healthcare professionals exclusively direct their information to their partners (the pregnant women) during consultations. Promundo also encourages health services to implement simple strategies, such as providing two chairs instead of one in their health facilities.[7]

Different strategies are needed to engage diverse target groups. For example, Promundo engages with men from lower income groups through community or residence associations, schools or health centres, and with higher-income groups through working with the private sector. On the other hand, Promundo works through the private sector to engage men from middle- and higher-income classes in Brazil, which suggests that different socio-economic groups need different approaches. A recent achievement through its work with the National Early Childhood Network was the extension of paternity leave from five to twenty days for public employees and companies enrolled in the Citizen Company programme in Brazil.[8] Paternity leave in Brazil is not covered by public financing (social protection) but by the private sector. Thus, much effort is directed at convincing companies to extend paternity leave as well as flexible working hours to fathers, and at working with private sector employees to demand more family-friendly working conditions for both women and men.

An enabling policy environment on gender equality and women’s rights more broadly is also critical; this can evolve but also reverse over time. In Kenya, discussions around unpaid care work are mainly among non-governmental organisations (NGOs), civil society organisations (CSOs) and a limited number of private sector actors, although these actors are working to get this on the larger policy agenda. For example, Safaricom and Village Nut Company are providing on-site childcare (IFC, 2017[32]). The interviews in Nepal also suggested a growing interest in and understanding of unpaid care work issues: while there are no concrete policies in relation to unpaid care work, the Constitution states that household work should be recognised. In Brazil, several key informants pointed out that the policy focus of the government has been more on paid care by domestic workers whereas discussions on policies to address unpaid care work are rare and have been more difficult to introduce.

Actors’ choices of approaches and entry points to address unpaid care are based on identifying common interests, often informed by strategies and experiences from other contexts. For example, UN Women in Nepal collaborated with the Ministry of Women, Children and Senior Citizens to develop their advocacy campaign. ActionAid Kenya’s choice of intervention strategy was informed by their overall global strategic planning framework, based on input from different country offices. Promundo’s decision to work with the private sector to engage men from upper and middle socio-economic groups was informed by learning from the global MenEngage Alliance.

Financial constraints and interests of donors, agencies and governments limit how organisations can frame their work and the level at which they can address unpaid care work. Key informants noted that unpaid care work issues are often not considered as important as other concerns, even when they are closely linked. For example, cook stoves projects in Kenya were motivated by health, energy and environmental concerns but not by unpaid care work. In Nepal, one key informant observed that reproductive health, livelihood programmes and education programmes were usually designed from poverty alleviation perspectives. At the same time, policies and programmes that impact on unpaid care work can be found across ministries that rarely come together to co-ordinate their impact or engagement with men and women.

For smaller organisations in their early stages of operation, decisions on entry points and approaches are often driven by committed individuals or small groups with a common aim. For example, Daayitwa in Nepal designed their programme with a four-person team from local NGOs. Organisations in Brazil and all three Kenyan organisations mentioned the importance of individual commitment, ranging from public officials,

responsible actors at policy level or in legal professions, and male champions at the local level. Promundo in Brazil stressed the importance of ensuring that individuals in key implementing institutions participate voluntarily in the programmes; for example, school directors were sometimes interested in implementing Promundo's work but teachers were not, or vice versa. This underlines the importance of involving front-line "change agents" in designing or understanding approaches before embarking on implementation. The importance of strong local implementing partners and staff was also mentioned, as well as the dedication of staff – particularly by younger organisations.

Approaches to monitoring and measuring changes in social norms related to unpaid care are still being developed. Promundo closely monitors and measures potential impact through focus group discussions and their Gender-Equitable Men scale, following up after a minimum three-month period to ensure at least some impact (key informant interview, Promundo, Brazil). The scale measures attitudes related to sexual and reproductive health, sexual relations, violence, domestic work and homophobia. In testing and developing the scale, the researchers found that more equitable gender norms are related to less violent behaviour and more use of contraceptives by men (Pulerwitz, n.d.[33]). Promundo is currently developing a scale to measure social norms and their change over time (key informant interview, Promundo, Brazil). In addition, ActionAid and Oxfam's analysis tools can be used for monitoring programmes and identifying change as much as for programme design (see for example (Chipfupa, Kidder and Remme, 2016[34]). Following a pilot and learning process, the NGO Care has also recently developed measurement approaches and tools to capture the influence of social norms on behaviours (Stefanik and Hwang, 2017[35]).

Key findings

The above analysis and insights from documentary evidence as well as from field missions carried out in the three focus countries underline the following key overall findings.

Efforts to promote shared responsibility for unpaid care work within households in the three countries are primarily led by non-governmental organisations (NGOs). This may be because NGOs and CSOs have more experience working on social norm change (Alexandar-Scott, Bell and Holden, 2016[36]; Haider, 2017[37]). In addition, limited evidence on what works to change social norms in relation to unpaid care work and the challenges related to unpaid care work are not yet well understood by policy makers. Often, unpaid care work issues are not seen as "urgent" or priority – unlike for example violence against women, even among women's organisations. This is particularly relevant given the shrinking space for civil society, forcing organisations to prioritise more "pressing" or "mainstream" issues over others. Thus, while established organisations may be able to include activities that are not donor priority, such as unpaid care issues, this may not be feasible for younger organisations.

Shifting responsibilities for unpaid care and work within households requires a transformation of social norms that is both a relatively new field for policy and research, and one that is particularly sensitive to the socio-cultural context and to donor government relations. Understanding social norm change, in general and specifically related to unpaid care work, is still in its infancy; attempts to measure change in this area, while systematic, are still nascent. They are also hampered by inconsistent data on men and women's time use across countries and years.

National and local partners rooted in their communities and connected to key institutions are crucial to develop ownership of this issue and avoid backlash based on a perception of "foreign" agenda. A lack of understanding of unpaid care work by professionals or policy actors that are further removed from the "ground" can lead to poorly designed initiatives. These are often persons of higher socio-economic background who can outsource care and domestic work. They are also often the ones making executive decisions on programmes and policies – doctors and directors in health centres compared to community personnel and nurses, or higher-level government officials compared to civil servants involved in project

design, planning and management. The private sector and the media have a particularly important role to play here, as do "champions" and role models.

The strength of social norms determines the time it takes to challenge them at scale and to reach a critical mass of men and women to change them. A recent summary of the evidence on what works in tackling social norms in relation to violence against women and girls also shows that change of harmful social norms can take many years, particularly if aimed at scale (Alexandar-Scott, Bell and Holden, 2016[36]). Research on value changes towards gender equality and tolerance in 80 countries between 1982 and 2014 confirms this by showing that it takes decades for societies to reach a "tipping point" where different, more gender-equal and tolerant attitudes become new and predominating norms (Inglehart, Ponarin and Inglehart, 2017[38]). What limited evidence there is suggests that social norm change at scale is a long-term process and more likely to be achieved through a combination of legislative or policy incentives or investments, along with social marketing and/or public campaigns and face-to-face engagement, or influencing through peer networks and community dialogue.

Shared household responsibility for care is not just about changes in gender roles; it also concerns norms on intergenerational care responsibilities. This is a pressing issue for many societies where adult women need to work, or where demographic changes mean that women are simultaneously responsible for the care of elders as well as children. Instead of a more equal redistribution or reduction, care responsibilities may be passed onto more vulnerable younger or older household members, most often girls and older women. Finally, the sharing of responsibilities in the household sphere is only part of a wider "redistributive" agenda on unpaid care and work, which also requires both the state and the market to intervene. The role of the state is particularly important for households where there is only one parent or for poor households where men, like women, are caught between work in the market to meet basic needs, and the care needs of their children or vulnerable family members.

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Notes

[1] Median percentage. For comparison, the median percentage of lone fathers is 3%.

[2] Although households headed by women are most common in North America, Europe, Latin America and the Caribbean – with 47%, 37% and 34%, respectively – only a small percentage of them are lone mothers.

[3] This is in addition to lower rates of intimate partner violence and violence against children; greater use of contraceptives; improved involvement of women in household decision making; and higher attendance rates of women in prenatal health facilities.

[4] www.whatworksforwomen.org/Sections/23-Care-and-Support/sections/71-Women-and-Girls/evidence#s-521.

[5] http://menengage.blogspot.com/2016/08/men-seeing-themselves-as-full-partners.html.

[6] https://insights.careinternational.org.uk/development-blog/how-business-can-tackle-social-norms-which-hold-back-women-s-economic-empowerment.

[7] Promundo's Program P Manual provides ideas and tools to create open spaces for fathers in antenatal and postnatal clinic settings and services that provide health care to children up to 4 years of age; guidance on how to carry out gender-transformative group education with fathers and their partners; and tips to promote community engagement around fatherhood, maternal care and childcare, child protection and gender equality (https://promundoglobal.org/resources/program-p-a-manual-for-engaging-men-in-fatherhood-caregiving-and-maternal-and-child-health/).

[8] https://promundoglobal.org/2017/02/01/promundo-launches-first-report-state-brazils-fathers/.

3 How can infrastructure address women's unpaid care work

This chapter examines physical infrastructure's potential for reducing and redistributing the time and effort women spend on unpaid care work in different intervention areas. Examples are furnished of time use data serving to guide investment decisions (water access); of how investments are context-dependent and might not always save time (electrification); of the effectiveness of gender-sensitive planning (transport); and of one factor behind a greater engagement of men in care and household tasks (labour- and time-saving technologies). Few programmes benefiting women actually have the explicit aim of reducing the drudgery of unpaid work or monitoring time use; initiatives undertaken by the Asian Development Bank (ADB) and the NGO Helvetas are introduced as rare exceptions. The chapter concludes by describing the benefits of having women engaged in project design and investment decisions, and the pitfalls of scaling up through market based solutions.

Connecting infrastructure and women's unpaid care work

Whereas the provision of social infrastructure primarily addresses the direct care of persons – such as children, the elderly, and people who are sick or have disabilities – investment in physical infrastructure has a more direct impact on domestic work, namely through provision of water and fuel, food processing, cooking and washing. It can also indirectly contribute to better access to social infrastructure, such as childcare facilities. Most of the recorded time decrease in unpaid work for women between the 1960s and 1990s was achieved through a reduction of time spent on meal preparation and cooking (UN Women, 2015[1]). There is evidence of this for the United States, where the introduction of labour-saving technology such as washing machines, refrigerators, vacuum cleaners and other devices reached the majority of households (Greenwood, Seshadri and Yorukoglu, 2005[2]).[1]

The gendered impacts of poor infrastructure

Physical infrastructure has a direct link with the time use and physical hardship related to domestic work. In low-income countries especially, the lack of basic physical infrastructure such as water, sanitation, roads, transportation and time and labour-saving technology contributes to a significant increase in time spent on domestic work (ILO, 2016[3]). That work, given prevailing gender divisions and social norms, is primarily carried out by women and girls. However, both absolute levels of time use and gender differences in time used for household chores vary widely across countries, reflecting different demographic profiles, levels of development and investment in infrastructure, as well as varying social norms. For example, whereas the average time spent on routine household tasks across OECD countries is 163 minutes per day for women, it is only 73 for men – ranging between 95 minutes for women in Sweden and 273 for women in Mexico; and 14 minutes for men in Japan and 114 minutes for men in Slovenia.

Water collection for domestic use is a particularly time-consuming task for women and girls and to a lesser extent for men and boys, in many low-income countries. In 53 out of 73 countries worldwide where data are available, women are primarily responsible for collecting drinking water (WHO, 2017[4]). Data from sub-Saharan Africa in 2012 show that the collection of water used for cooking, washing and drinking costs women collectively at least 15 million hours each day (Fontana and Elson, 2014[5]).

Comparing access to drinking water across regions illustrates the correlation between the level of infrastructure development and time spent on accessing safe water. Households in developed countries almost universally have access to at least basic drinking water, compared to only 82% of households in small island developing states and 62% of households in landlocked developing and least developed countries (WHO and UNICEF, 2017[6]). For doing laundry alone, women in Zimbabwe and the Philippines make four and five trips of six and thirteen minutes three times a week, respectively, which is equivalent to two hours per week collecting water – again, just for laundry – using heavy 20-litre buckets or containers (Oxfam, 2018[7]).

Apart from water collection, other time-consuming tasks that could be alleviated by infrastructure include fuel collection, washing and cooking. In Ethiopia, 54% of women spent seven hours per day collecting firewood in 2010 (Ferrant, Pesando and Nowacka, 2014[8]). In Ghana, cooking, fetching water, collecting firewood, washing clothes, washing dishes and running errands take up about 36% (almost 5 hours) of women's 13 hours paid and unpaid work per day (Ferrant, Pesando and Nowacka, 2014[8]). In Ethiopia, Peru, and South Africa, rural women spend more time on routine housework than women in urban areas do (39, 42 and 24 minutes respectively) (Ferrant and Thim, 2019[9]). Recent research in Burkina Faso found that women do at least 80% of the work collecting fuelwood and water (OECD Development Centre,

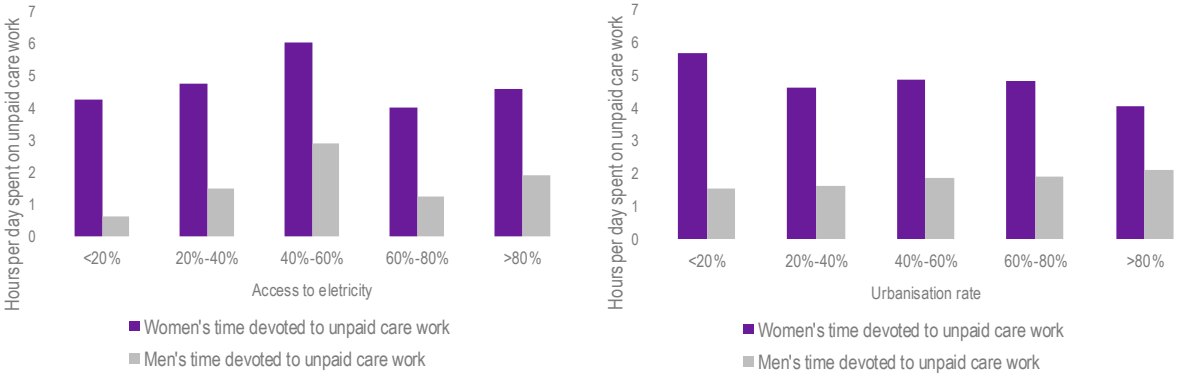
2018[10]). On average, a woman in Africa carries 20 kilograms of fuelwood five kilometres per day (UN Women, 2018[11]).

Unpaid care work is often linked with poor infrastructure, and can have severe health consequences for women and their families. Lack of access to clean energy for cooking means that around 3 billion people worldwide cook with solid fuels and kerosene, mostly in low- and middle-income counties. This has harmful cumulative health effects manifested in respiratory infections, lung inflammation and cancer, low birthweight, cardiovascular problems and cataracts (UN Women, 2018[11]). The household air pollution linked to cooking with solid fuels killed almost 2.6 million people worldwide in 2016, mostly in South Asia (1 million), East Asia (around 645 000), sub-Saharan Africa (around 520 000) and Southeast Asia (215 000) (Roser, 2018[12]).

Illness or disability of household members also affects the time and effort required for domestic work, as well as the impacts of lack of provision. For example, the need for water increases when small children or ill family members need to be cared for (Fontana and Elson, 2014[5]). Without accessible transportation, people with disabilities and their caregivers are more likely to suffer social exclusion (Agarwal and Steele, 2016[13]).

Domestic work needs to be less time-consuming and less hard physically and mentally. Large differences exist between rural and urban locations and among income groups in relation to access to water, fuel, sanitation, and basic services – both across countries (Figure 3.1) and within countries. For example, in Colombia, 76% of indigenous women and girls in the poorest rural households lack access to clean cooking fuel, compared to 0% of women and girls in the richest urban households. In Pakistan, access to water and clean cooking fuel differ vastly between poor and rich populations in urban and rural areas: more than 99% of women and girls from the poorest rural households lack access to clean fuel, compared to 1% of those in the richest urban households (UN Women, 2018[11]). However, in some countries access to basic services and infrastructure is low among both rich and poor alike. In Nigeria, for example, 89% of even the richest urban households lack access to clean cooking fuel, as do all of the poorest rural households (UN Women, 2018[14])

Figure 3.1. Differences in time spent on unpaid care work in rural and urban settings



Source: OECD (2019[15]), Gender Institutions and Development Database (GID-DB), https://stats.oecd.org.

StatLink https://doi.org/10.1787/888933948511

Poor or gender-blind transportation may also increase the amount of time women spend travelling for care and domestic responsibilities. Women's daily travel patterns are often more complex than men's are, with usually shorter but more frequent trips and "trip chaining" (combining multiple purposes and multiple destinations within one trip), most often off peak (EBRD, 2011[16]). Typically, transportation plans have

prioritised the movement of private cars, even if most people – and women in particular – do not tend to use these to get around cities (ITDP and WEDO, 2018[17]). Women more often rely on buses as they offer more flexibility in terms of short trips and are more accessible than metros or rail. Women in low-income countries are also more likely than men to use intermediate modes of transport and local services (e.g. rickshaws, shared taxis, bicycle taxis) because they can carry items and travel with children and the elderly more easily.

Infrastructure options to address unpaid care work

Investments in physical infrastructure such as electrification, improving access to running water, safe and dignified sanitation services, cleaner energy and efficient public and private transport can reduce the time and physical effort required for domestic care tasks and increase the time available for attending school and paid work (UN Women, 2018[11]). Fontana and Natali (2008) estimated that as of 2006, more than 10 million hours could be saved per year in the United Republic of Tanzania ("Tanzania") with improvements in infrastructure (Fontana and Natali, 2008[18]). The International Energy Agency (IEA) estimates that households relying on biomass for cooking spend 1.4 hours each day collecting firewood on average, in addition to several hours cooking with inefficient stoves. Clean cooking for all would then save more than 100 billion hours of women collecting and hauling fuelwood over a year, which would in turn "free up the equivalent of a workforce of 80 million people, while reduced household air pollution would prevent 1.8 million premature deaths per year" (IEA, 2017[19]).[2]

Different types of infrastructure investment have different impacts on women's time poverty (ADB, 2015[20]). Table 3.1 summarises physical infrastructure investments and their relationship with unpaid care work and women's empowerment outcomes.

Much of the existing literature on infrastructure investments and time use relates to experiences in rural areas. However, women in urban areas face disproportionate burdens through their responsibility for unpaid care work alongside engagement in paid work, mostly in low-paid formal and informal sectors. In addition to usually higher costs for accommodation, food, water and transport, poor urban women are exposed to environmental hazards and high levels of violence and crime, and need to cover large distances to reach health services and schools (Tacoli, 2012[21])These challenges are particularly stark in slum settlements (UN-Habitat, 2013[22]), where service delivery is usually particularly poor and insecurities higher (ADB, OECD, UNDP (2016), 2016[23]).

Unfortunately, recent evidence shows that new cities tend to lack development strategies that include low-income residents, and thus "increasingly cater for higher income groups, creating a periphery of low-income neighbourhoods" (ADB, OECD, UNDP (2016), 2016, p. 106[23]). Shack/Slum Dwellers International (SDI) have used participatory approaches to engage women in the stocktaking of transportation and public service provision, as well as the planning of slum improvement programmes and new urban settlements. Such initiatives can contribute to reductions in women's drudgery and time spent on unpaid care work, thereby supporting women's livelihoods and economic empowerment (Mohun, 2016[24]).

Table 3.1. Approaches to promoting infrastructure options to address unpaid care work across different intervention areas

Intervention area	Approaches	Examples
Access to safe water	Reducing time spent on housework and increasing labour force participation Reducing time spent on domestic work and multitasking; increasing time for leisure, social activities, sleeping and studying Increasing school attendance of girls Increasing rural enterprise activity of women	Pakistan Uganda, Zimbabwe, Morocco Yemen, Morocco, Uganda, Rwanda, Malawi, Madagascar, India, Nepal, Pakistan Senegal
Access to electrification	Increasing female labour force participation Increasing wage work, non-agricultural businesses and higher-status jobs (not women-specific) Increasing use of labour-saving devices with: reduced but some mixed effects on time use in household work; some evidence of greater equality in time use on domestic work Increasing leisure/reading	South Africa; various studies from (Buvinic, Furst-Nichols and Pryor, 2013[25]). Ghana: (not women-specific) Zimbabwe, Uganda, Nicaragua; various countries in (ADB, 2015[26]) Philippines (Oxfam)
Roads and transportation	Increasing access to markets, reducing times to buy food Reducing time to reach services (e.g. health facilities, banks, schools)	Bhutan (IFAD) Nepal – Building Back Better (not women-specific)
Labour-and time-saving technology (for water collection, food processing, storage)	Reducing drudgery Redistributing of domestic tasks (water collection) from women to men	Philippines (Oxfam)
Access to clean energy technologies (LPG/clean cook stoves; solar energy light etc.)	Reducing time and drudgery on fuelwood collection; reduced cooking times Saving from reduced costs of purchasing fuel and benefits to women as agents for promotion and sale of clean energy	India; Energia (various) Energia (various); Kenya (see Section 3.3) Energia

Source: (ADB, 2015[20]); (Akpandjar and Kitchens, 2017[27]); (Dutta, Kooijam and Cecelski, 2017[28]); (Energia, n.d.[29]).; (Ferrant, Pesando and Nowacka, 2014[8]); (Fontana and Elson, 2014[5]); (Grogan and Sadanand, 2013[30]); (IFAD, 2016a[31]); (Oxfam, 2018[7]).

The following sections provide further insight into the different approaches in these sectors and their potential benefits for reducing or redistributing unpaid care work.

Access to safe water

Many experiences demonstrate the positive impacts of improved access to water on women's lives (Table 3.2). The potential impact of water infrastructure provision on times-s5avings for women depends on the type of water access prior to the improvement. For example, recent OECD analyses show that Ghanaian women whose water source is surface water spent most time on water collection compared to Ghanaian women who collect from tube wells, boreholes, public tap standpipes, protected wells, or women with drinking water piped into their house, garden or the neighbour's garden (Table 3.2). Thus, providing better water access to women who collect surface water will be particularly effective in terms of time-savings – even more effective than providing access to electricity (Ferrant and Thim, 2019[9]). Other sources suggest that providing access to electricity to power water pumps can lead to a significant impact on women's time use reductions (Dutta, Kooijam and Cecelski, 2017, p. 2[28]) citing Winther, 2008).

Table 3.2. Access to water and women's time use in Ghana

	Drinking water is piped into the house, the garden, or the neighbour's garden	Drinking water is collected from public tap or standpipe	Drinking water is collected from a tube well or borehole	Drinking water is collected from a protected well	Drinking water is collected from surface water
Prevalence rate amongst Ghanaian women	24.85%	27.23%	23.20%	5.76%	6.57%
Time use for collecting water (all women respondents) in minutes	1.62	3.77	11.98	5.40	13.34
Time-use for collecting water (women participants only) in minutes	32.64	44.05	51.32	36.98	53.50

Source: (Ghana Statistical Service, 2009[32]), Ghana Time-Use Survey (GTUS) http://www.webdeploy.statsghana.gov.gh/nada/index.php/catalog/53/sampling. Table 3.2.

This analysis illustrates the value of detailed time use data in understanding where infrastructure investments can be more effectively targeted. Investments to extend access to safe water also need to be planned and designed based on understanding of the socio-cultural context and of women's own priorities; otherwise, they risk having unforeseen negative consequences. For example, in some villages in Africa, Veolia, a water and energy infrastructure company, found that introducing access to drinking water at home substantially reduced gathering opportunities for women outside the home (see the Summary Report of OECD Policy Dialogue on Women's Economic Empowerment, 2018[3]). While this reduced the time women spent on the task, there was a loss of important opportunities for networking that were highly valued by women in a context of social norms that restricts women's mobility.

Access to electrification

Recent research has also shown the impact of electrification with regard to improving living conditions and economic indicators. Rural electrification led to a 9% increase in female labour force participation through a reduction in the time women spent on housework in South Africa (Ferrant, Pesando and Nowacka, 2014[8]).

However, a few studies show that increased access to electricity is not always associated with a reduction in time spent on care and domestic work. Oxfam's recent research in the Philippines (2018[7]) found access to electricity to be positively related to a reduction of women's time spent on care and an increase in leisure time along with a more equal division of care between men and women (Oxfam, 2018[7]). In Zimbabwe and Uganda, however, the same study found that increased availability of electricity meant domestic tasks were being carried out later in the evening, leading to less sleep. It found a similar result for Nicaragua (Oxfam, 2018[7]). While it is not clear what explains these differences, they reflect that impacts of infrastructure investments are context-dependent and might not always lead directly to a reduction in time spent on care or the domestic tasks of women, even if they have benefits for other aspects of women's economic empowerment.

Roads and transportation

The construction of roads and provision of safe transport can reduce the time needed for children to reach school and for household members to reach health services and access markets and employment (Gammage, 2010[33]); (Tacoli, 2012[21]). Given women's greater reliance on walking, investments that prioritise local tracks and feeder roads are likely to have greater impacts on their workloads. For example, in Bhutan, the construction of feeder roads opened community access to markets and considerably reduced shopping times by easing transport of goods and enabling more shops to open in rural areas (IFAD, 2016a[31]). Similar to the effects of other infrastructure investments, the impact of improved transport on time poverty can be complex due to the new opportunities created (ADB, 2015[20]).

In recent years, policy makers and planners have been developing approaches to gender sensitive transport planning. Solutions involve, among other things, more services during off-peak hours, flexible fare structures, and strategic planning of bus stops around key services such as schools and health centres (EBRD, 2011[16]). Furthermore, the time spent in cars and buses as well as intermediate modes and local services very much depends on effective traffic management, as traffic jams drain both time and energy. As well as using sex-disaggregated time use data and information about travel patterns to inform transport planning, gender-transformative approaches to urban transport planning also address issues of safety and security that affect women's mobility as well as take-up of transport facilities (Jobes, 2017[34]). In middle- and higher income countries, ride hailing mobile applications such as Uber are increasing women's mobility and allowing them to reach previously inaccessible locations and travel more easily with children or dependents. However, this solution is costly and issues of safety remain (IFC, 2017[35]).

Intermediate means of transport – donkeys, wheelbarrows and carts as well as bicycles, bicycle trailers and hippo water rollers – have also been used especially in some rural contexts to address mobility and transport challenges, particularly among poorer communities and households (IFAD, 2016b[36]). These can be of particular significance for women who have traditionally had fewer opportunities to use motorised and non-motorised modes of travel and transport technologies. Further, where intermediate means of transport are made available, there is some evidence that men are more likely to engage in water and fuel collection (Carr and Hartl, 2010[37]).

Labour- and time-saving technologies

As well as the potential of infrastructure to reduce unpaid care and particularly domestic work, (Oxfam, 2018[38]) identified potential redistributive effects of introducing time- and labour-saving technology on the time spent by women and men in care and household tasks (Oxfam, 2018[7]). For example, men spent more time on water collection where households owned more water-related equipment, and more time on primary care if the household had more fuel-related equipment (see Box 3.1). However, it is unclear to what extent this relationship is causal, i.e. does the introduction of such equipment lead to men spending more time with it, or do households where men take on a more equal share of such tasks spend more money on such investments? It is necessary to have a better understanding – of the social norms and perceptions around care and domestic tasks, their relation to such equipment, and how the equipment might be used to promote the redistribution of care work (Oxfam, 2018[7]).

Box 3.1. Combining infrastructure improvements with changing social norms through NGO-private sector partnerships

In late 2016 Oxfam and Unilever's Surf brand launched a three-year partnership that aims to recognise, reduce and redistribute the amount of time spent by women and girls on unpaid care work. This programme is providing better access to water and laundry infrastructure with new or improved communal laundries, household laundry facilities and water systems/centres to communities in Zimbabwe and the Philippines to reduce the time women and girls spend on collecting water and laundry as well as other chores. Alongside this, the initiative is seeking to change harmful social norms that currently mean women bear the brunt of household chores through a communications programme. The strategy involves local agents and household visits, local radio, TV and social media campaign, and engaging evidence based advocacy for policy change with women's organisations and leaders.

Source: (Oxfam, 2018[7]) Infrastructure and equipment for unpaid care work: Household survey findings from the Philippines, Uganda and Zimbabwe, https://policy-practice.oxfam.org.uk/publications/infrastructure-and-equipment-for-unpaid-care-work-household-survey-findings-fro-620431.

Access to clean energy technology

Clean, energy-saving cooking stoves have the potential to reduce time used for firewood collection as well as meal preparation times. A handful of initiatives are currently focused on market-led approaches to expand access to these technologies, some targeting women as entrepreneurs (Energia, n.d.[29]); (Dutta, Kooijam and Cecelski, 2017[28]). However, financing is a challenge: many households lack the ability to pay the upfront costs for the improved stoves, and even where these are subsidised there is not always a readily available and cheap supply of fuel in rural areas. Thus, affordability remains an issue for poorer women, and each these initiatives are still only reaching, at most, a few million consumers and a few thousand women entrepreneurs (see also Box 3.2 in the next section for further discussion of the challenges of these programmes).

Evidence from Brazil, Kenya and Nepal on how infrastructure can address women's unpaid care work

Of the specific initiatives identified for analysis in Kenya, Nepal and Brazil, only two undertaken by the Asian Development Bank (ADB) and the NGO Helvetas recognised women's unpaid care work as an issue and directly aimed at reducing it. These projects have both been implemented in Nepal. In Brazil, key informant interviews suggest an understanding of the issue of gender equality more broadly and the need to economically empower women. For example, both the Agua para Todos programme and the Bolsa Familia social protection programme (see Chapter 4 on social protection), which identify women as their main beneficiaries, aim to "empower" them financially. However, while there has been policy focus on paid domestic workers´ rights, less attention has been given to unpaid care work. In Kenya, there has been limited focus on unpaid care work but there is some scope for non-governmental organisations to bring the topic onto the table, alongside other gender equality issues.

In Nepal, Helvetas' work on the Strengthening Women's Leadership in Climate Change Adaptation programme used the Reflect methodology[4] to work with communities. Alongside wider discussions about climate change, women and men were encouraged to think about how this has affected their respective workloads, and to identify what measures could be implemented to strengthen resilience to the impacts of climate change. The ADB Nepal Gender Equality and Empowerment of Women project explicitly

recognised women's time constraints by dedicating one component of the programme to "increased availability of time and improved opportunities for poor rural women to pursue both personal and community development (social empowerment)" (ADB, 2015[26]).

On the other hand, in Brazil, Agua para Todos' access to water and food security components has not been designed with the intent to decrease women's time to collect water. Nevertheless, drawing on past experiences of the implementing organisations, unpaid care responsibilities are taken into account: during the collective training activities in the communities, a space is provided for childcare so that women can participate in the training. Indeed, that was now "one of the priorities [we] put in call for proposals explicitly" (key informant interview, Ministry of Social Development, Brazil). So far, the programme has equipped more than 1 million families with cisterns and more than 5 000 schools with water access, and more than 200 000 families have benefited from the second project component on home production of food. At the moment, the programme is expanded to work in the Amazonia region with 4 000 families and 1 000 schools (key informant interview, Secretariat for Food Security, Health and Nutrition, Brazil).

Luz para Todos, a rural electricity grid expansion programme that reached over 3.3 million households after 10 years in large parts of Brazil, is estimated to have injected around USD 2 billion into the household appliance market through beneficiaries' buying electrical appliances. Seventy-one per cent of families have bought refrigerators (da Silveira Bezerra and al., 2017[39]), and whereas only 10% of beneficiary households had washing machines in 2009, 46% owned one in 2013 (MDA, 2013[40]). There is no empirical assessment of the impact on time used or the reduction of drudgery; however, 93% of households reported that their quality of life had improved (MDA, 2013[40]).

Lessons learned in Brazil, Kenya and Nepal on addressing unpaid care work in infrastructure

As previously noted, few of the identified infrastructure programmes recognise unpaid care work as an issue or have the explicit aim of reducing the burden of unpaid work or monitoring their impact on women's time use. When monitoring systems have been put in place (as in the Helvetas and ADB projects in Nepal), interventions have been shown to be effective in reducing time burdens and drudgery related to unpaid care and domestic chores, and have also led to some redistribution of such work to men. However, while evidence on time-saving through labour-saving technology and infrastructure are measured, "drudgery" – even if mentioned – typically is not. The lack of documentation of these effects is perhaps due to a lack of common definition or established methodologies to measure them.

Where women are collectively engaged or consulted in the design of projects or decisions on investments, time-saving infrastructure or labour-saving technologies are more likely to be prioritised. For example, in Helvetas' programme, through time diary analysis and climate change discussions, communities themselves identified alternatives to current practices that were more impactful and "women-friendly" (Helvetas, 2017[41]). For some of these outcomes, women had to lobby to obtain financial support, e.g. to install new or more modern power lines for the grinding mills. The design of active engagement, including Reflect discussions and leadership training, had more general positive impacts on women's empowerment than expected. With the confidence gained during the programme, women also lobbied for childcare centres, "talked with local government and took out citizenship in their own name ... gave their candidacy in local elections […with…] support from their family" (key informant interview, Helvetas, Nepal).

Similarly, identification of the priorities in the ADB Nepal Gender Equality and Empowerment of Women project was the responsibility of women, who were organised into savings and credit co-operatives that provided platforms for networking and collective actions, in addition to access to finance. These findings reflect wider evidence that women and men have different preferences regarding sanitation and water issues, with women more concerned with privacy and safety than men (ICRW, 2005[42]). Other examples include the Urban Partnerships for Poverty Reduction programme in Bangladesh: women played an

essential role in the community development committees responsible for deciding on how available funds were to be invested. Furthermore, the definition of "improved" sanitation agreed upon by the beneficiaries incorporated the critical measure of "whether women enjoyed sufficient privacy and felt secure using the facility" (Key informant interview, Nepal).[5]

Improved access to transport and water services, and the introduction of labour- and time-saving technology, have strong potential to impact on women's use of time and reduce drudgery.[6] The introduction of some adaptive, labour-reducing technologies in communities in Nepal through Helvetas' Strengthening Women's Leadership in Climate Change Adaptation programme, such as electric grinding mills, water taps and biogas plants, has facilitated women's unpaid work. Women started cooking with gas instead of firewood, which used to take four hours to collect (Helvetas, 2017[41]). Finally, through the ADB Nepal Gender Equality and Empowerment of Women project, more than 3 500 small community infrastructure projects were carried out between 2009 and 2013. Most of these addressed water, sanitation, transportation and time- and labour-intensive food production technologies, e.g. wooden bridges, culverts, foot trails, grinding mills, hand pumps, irrigation canals, drains and toilets. The water taps alone reduced women's daily time spent on household chores by 41 minutes on average, "while freeing them from heavy physical burdens" (grinding mills were also mentioned as a large contributor to reduced drudgery). Reportedly, 67% of households that saved time due to the use of community taps have used this time for income-generating activities (ADB, 2015[20]).

In general, the ADB Nepal Gender Equality and Empowerment of Women project seems to have benefited from strong co-operation among different actors; the capacity building of women's organisations and public institutions; policy consultations dealing with mainstreaming gender equality; and joint project monitoring. The Nepalese Government's counterpart funding showed strong commitment to gender mainstreaming and women's empowerment, as mentioned in the completion report (ADB, 2015[26]). In addition, the report mentioned the importance of experienced staff, resources, support facilities and the staff's dedication in the implementing agencies, despite limited capacities and given that "involving the women themselves constituted a new approach for the executing agency" (ADB, 2015, p. 7[26]).

The Building Back Better programme of the World Food Programme (WFP) rehabilitated water systems and trails in the central and western regions of Nepal. The programme has the potential to benefit women as it makes accessing services easier (schools and hospitals), as well as making journeys easier for those with small children or who are elderly" (Key informant interview, Nepal) – all known to reduce time and drudgery in relation to care and domestic work activities. Therefore, even if any successes in terms of reduced unpaid care work have been "unintentional", displaced households could return, children could go to school, and housing could be reconstructed because of water access.

In Brazil, the Agua para Todos programme provides access to safe water and supports the production of food; however, the reduction of drudgery and time used on unpaid care work was not the primary intent of the project, or even a particular focus. Nevertheless, through the provision of access to safe water the initiative has allowed women to spend more time in other activities, has reduced drudgery (from collecting water) and has had an overall positive impact on family health through reductions in child mortality and in water-related diseases (Rasella, 2013[43]).

The Agua para Todos programme in Brazil changed its approach to project administration and procurement, and the move has led to a cost reduction. In the past, organisations working on the ground for this initiative had to follow a very bureaucratic and expensive process to account for expenditures. The reporting has now been redesigned: the organisations are given a lump sum for each cistern to be built (based on technical requirements) and can hire less expensive local labour instead of having (non-local) companies bid and coming in to deliver. These changes to management processes have not only reduced spending by about 50% (according to the interview), but also supported local economic development.

Labour-saving technologies have tremendous potential to reduce the effect of drudgery and free up time; however, scaling up through market-based solutions can be a challenge. For example, the promotion of

improved cook stoves in Kenya failed to convince users to adopt and maintain the stoves on a sufficiently wide scale (HEDON, 2014[44]). Lack of investment and working capital for producers, and lack of information and awareness for consumers as well as their cultural barriers, have been identified as general obstacles to large-scale adoption and sustained use of clean cooking stoves and fuel by the International Finance Corporation (IFC) (Ekouevi, 2013[45]). More recent programmes have adopted a market systems approach – sometimes combined with community-based methods for implementation – but continue to experience challenges (see Box 3.2). While the market oriented approach may be a key to sustainability, even if gender-sensitive, its success in a given case depends on potential customers' actual or prospective ability and willingness to pay. Women in poorer and more remote households have fewer resources and, in these areas, market opportunities tend to be more limited.

Cook stoves and other small-scale, clean energy projects in Kenya are seeking ways of enhancing their social and gender contribution. Based on previous learning, The Green Mini Grid Facility of Kenya recommends baseline community consultations to inform gender mainstreaming as part of the funding application procedure. Meanwhile, according to an informant interview, gender-mainstreaming guidelines are expected to be applied in the evaluation of the first round of interventions in September 2018.

Only one infrastructure-related project identified (Helvetas) explicitly addressed the redistribution of unpaid care work from women to men. Women and men were encouraged to fill in and discuss time diaries in order to track progress over the course of the programme and monitor unpaid care workloads and participation in climate change-related discussions and actions. Two of the other projects organised and consulted with or engaged women and communities in decisions or management of investments in infrastructure. Positive outcomes have been observed in all three, but Helvetas' participatory action learning approach allowed for structured learning and the discourse of women and men that went beyond mere supply of basic services, to challenge existing gender divisions.

Similarly, for the maintenance of smaller infrastructures in the ADB Nepal Gender Equality and Empowerment of Women project, a small fund from women's savings groups is kept aside on a monthly basis. The involvement of local users in maintenance work can enhance the sense of ownership, but also presents difficulties and needs to take into account the institutional context (Mansuri, 2013[46]). Such approaches can also increase pressures on women's (voluntary) unpaid labour if not designed carefully, because management and maintenance require time that could be used for other purposes, which creates opportunity costs for women if they are solely responsible for carrying out these tasks.

Box 3.2. Market-based distribution of clean cook stoves in Kenya

The Developing Energy Enterprises Project (DEEP – East Africa), active between 2008 and 2013 in Kenya, Tanzania and Uganda, supported the development of micro and small energy enterprises providing improved cook stoves and other energy-efficient services affordable to "bottom of the pyramid" consumers in rural and peri-urban areas. The market-oriented approach assumes, first, that sustainability of impact depends on local market actors – producers and distributors – operating commercially in the cook stove sector; and second, that progress rests on consumer demand backed up by ability to pay.

According to the final evaluation, the project supported the evolution of hundreds of "artisans" into commercially viable entrepreneurs who, over five years, sold products (cooking stoves and more energy-efficient fuels such as briquettes) to more than 240 000 households in Kenya. This enabled an estimated 1 210 535 "men, women and children" to access energy products and services from supported energy enterprises (Aitken, 2014[47]), more than double the original target.

The project design recognised the health hazard from indoor pollution as a key problem, but did not include any gender targeting among the beneficiaries despite women's higher exposure to indoor

pollution. Nor is there any analysis in the project documentation of the social impact of project activities. An end-of-project customer survey of 212 households in the three countries reveals some possible biases in project delivery in this respect. The single main reason given by customers for purchase of a cook stove (55%) was "saving money". The second reason given (by 14%) is "better cooking". Only 16% of beneficiaries undertook extra income-generating activities because of their purchase (Aitken, 2014[47]).

These results indicate that purchasers did not see value in reducing women's time burden or lessening exposure to pollution. They also suggest that the majority of beneficiaries previously purchased cooking fuel, as opposed to gathering wood for free; the project was therefore of lesser benefit to households that did not purchase fuel, most likely because they were either too poor and/or remote for this option. Thus, it seems likely that the "bottom of the pyramid" population was not well served by the project, nor women in households where the unpaid care workload (UCW) tends to be the highest.

Source: Key informant interviews, Kenya; (Aitken, 2014[47]), Terminal evaluation of the developing energy enterprises project in East Africa, https://www.researchgate.net/publication/305442688_Terminal_Evaluation_Developing_Energy_Enterprises_Program_-_East_Africa.

Key findings

Infrastructure investments have an untapped potential to reduce women's unpaid care work

Improved access to safe water and sanitation, clean energy, and the introduction of labour-and time-saving technology, as well as gender-sensitive approaches to transport and urban planning, have strong potential to improve women's use of time. All can lead to a reduction in drudgery and significant progress on women's economic opportunities, health, education, leisure and well-being. There is also huge, as-yet unrealised potential for infrastructure to be a "'game changer' for women's economic empowerment" (Mohun, 2016[24]) and – specifically – to play a more intentional and expanded role in relieving women's time poverty by reducing drudgery.

Currently, few infrastructure programmes set out explicit aims to reduce – and even fewer to redistribute – women's unpaid care work. Even those that have these aims do not systematically monitor their impacts, or monitor them in a disaggregated way. Thus, while reducing drudgery and negative impacts on women's health and well-being is a priority alongside reducing time poverty, particularly for poorer women and girls in rural areas, there is little evidence of a consistent practice or attempts to capture impact on unpaid care work. However, where women are collectively engaged in consultative processes in the design of projects or decisions on how infrastructure investment funds are used, time-saving infrastructure or labour-saving technologies are more likely to be prioritised.

Despite the potential for infrastructure to greatly reduce the time and effort needed for unpaid care work, there is no guarantee it will make a difference for women. The infrastructure sectors remain heavily male-dominated, making it difficult to design systems and investments that are inclusive of diverse user needs. Context-specific gender analysis is critical to ensure that investments are based on an understanding of the socio-cultural context and of local women's own priorities. If not, they may risk having unforeseen negative consequences on other dimensions of women's economic empowerment and potentially causing harm. Restrictive gender roles and lack of necessary skills may curtail women's and girls' ability to benefit from labour-saving technologies.

While labour-saving technologies have tremendous potential to reduce drudgery and free up time, scaling up through market-based solutions can be a challenge. This is particularly true for poorer households in contexts where existing social norms undervalue women's labour or markets are not sufficiently developed. Public financing and subsidies can mitigate these issues, and should be complemented by access to these technologies as well as information and awareness campaigns that highlight benefits and incentivise household investments.

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Notes

[1]For the spread of household devices, see https://ourworldindata.org/grapher/technology-adoption-by-households-in-the-united-states?country=Dishwasher+Freezer+Household%20refrigerator+Refrigerator+Vacuum+Washing%20machine.

[2]https://www.iea.org/newsroom/news/2017/october/universal-energy-access-by-2030-is-now-within-reach-thanks-to-growing-political-w.html.

[3]https://www.oecd.org/development/gender-development/OECD-Policy-Dialogue-WEE-Summary-Note-Jan-18.pdf

[4] Regenerated Freirean Literacy through Empowering Community Techniques (REFLECT) holds a fusion of the major ideas of Paulo Friere and Robert Chamber. It is a participatory tool/methodology, which helps adults to understand both the world and word. Word as there is literacy component and world as with critical discussion over power, why one is in the position where they are and what are the root causes of poverty, injustice and structural discrimination and how power plays a role in it. Thus, it is the sustained process which is for both conscientisation and to break the culture of silence. Several organisations who work on the issue of social norms change use REFLECT methodology. See: https://www.actionaid.org.uk/sites/default/files/doc_lib/190_1_reflect_full.pdf.

[5] In addition to whether and when sanitation was being used, how convenient it was to use, and whether or not it flooded during the rainy season. The importance of safety in urban shelters and services in relation to women's paid and unpaid work has also been stressed by (Tacoli, 2012[21]), as indicated in Section 4.2 on infrastructure options to address unpaid care work.

[6] There are however numerous methodological challenges to rigorous measurement of these impacts, drudgery in particular.

4 How can social protection address women's unpaid care work?

This chapter explores ways in which social protection policies can address women's unpaid care work. It begins with a look at coverage gaps associated with significant underinvestment in social protection, such as in maternity leave and paid parental leave for men. There follows a discussion of policy options to redress women's socio-economic disadvantage resulting from unpaid care responsibilities. Highlighted are the interventions of health and social insurance; cash transfer programmes; cash-for-care benefits; public works programmes; pensions; and leave benefits. The dynamics of such programmes are examined through examples from the focus countries: provision of welfare payments or transfers to enable families to care for vulnerable groups (Kenya); adapting social security and benefits to address the specific needs of unpaid care workers (Brazil); and expansion of the Social Security Fund to include informal workers and provide allowances to different categories of women, though not explicitly recognising their role in caring work (Nepal).

Connecting social protection and women's unpaid care work

Social protection policies and programmes are designed to reduce and prevent poverty and vulnerability throughout the life cycle (Bastagli and al., n.d.[1]); (Devereux and Sabates-Wheeler, 2004[2]); (ILO, 2017[3]). They can take the form of cash transfers (e.g. childcare grants), public works (e.g. employment guarantee programmes), social security and social protection floors, pensions, disability benefits and income security for children and their families; they also include labour market policies, including paid maternity, paternity and parental leave (Corono and Gammage, 2017[4]; ILO, 2018[5]; UN Women, 2015[6]). As will be discussed in this section, these provisions and policies can all have the explicit goal of addressing unpaid care work.

Despite significant progress in the extension of social protection in many parts of the world, only 45% of the global population are effectively covered by at least one social protection benefit. The remaining 55%, equal to 4 billion people, are left unprotected (ILO, 2017[3]). Globally, social protection coverage is lower for women than for men (UN Women, 2015[6]), but pertinent gender-disaggregated data are often missing. This makes it difficult to make comparisons across countries or to have a clear picture of gender disparities in coverage.

Coverage gaps often stem from significant under-investment in social protection, particularly in Africa, Asia and Arab countries. In Africa for instance, effective coverage – combining contributory and non-contributory programmes – is as low as 18% of the total population, and there is a much greater reliance on informal support systems. In Latin America, the development of progressively comprehensive social protection systems over many years has resulted in 67% of the population being effectively covered by at least one cash social protection benefit (ILO, 2017[3]).

Regions also have different priority areas. In Africa and Asia, the extension of social protection to workers in the informal economy is one of the most pressing issues that governments need to deal with, along with developing social assistance programmes for those who cannot work (i.e. children, mothers with newborns, persons with disabilities, older persons, and the unemployed). In Latin America and the Caribbean one of the priorities is to extend social insurance programmes to groups difficult to cover, such as rural workers, the self-employed, domestic workers and migrant workers (see ILO, 2017 ([3]) for regional social protection priorities).

The vast majority of women lack maternity protection. Across the globe, only about 40% of women in employment are covered by maternity protection (57% if voluntary coverage is included, for example for self-employed women) (ILO, 2014 cited in ILO, 2017 ([3])). Currently, 830 million women are without adequate maternity protection[1] and other social protection, such as maternal and child healthcare; the overwhelming majority are in countries in Africa and Asia (ILO, 2017[3]). Furthermore, most maternity cash benefit programmes only cover women in formal employment, placing workers who are self-employed, part-time or in other non-standard forms of employment at a disadvantage.

Meanwhile, relatively few countries offer paid parental leave to men and so reinforce the gender divide in parenting and childcare, although this is slowly changing. The lack of adequately paid care leave entitlements and the inadequate provision of affordable care services contributes to both gender inequality and overall inequality. Substantial gaps also exist in leave programmes to care for children, adults and older family members who are ill or disabled, as many countries do not have any relevant legislation. In those where leave exists, it is often unpaid or paid at a low rate (ILO, 2018[5]).

Due to women's structurally different relationship to the labour market, they also have less access to employment-based or contributory social benefits. Having to combine unpaid care work with income generation often pushes women into vulnerable forms of employment and informal work, with very limited social protection in areas such as healthcare or insurance and lower rates of pension and retirement coverage. Existing data indicate that at the global level, 68% of people above retirement age receive a pension, either contributory or non-contributory (ILO, 2017[3]). In many low-income countries, however, where a large proportion of older persons depend heavily on family support, this figure falls to less than

20% (ILO, 2017[3]). Where sex-disaggregated data exist, statistics show that pension coverage for women in the majority of countries is lower than for men: in 15 out of 23 countries for which data are available the share of women that have pension coverage is lower than the share of men, while in 3 countries coverage is equal and in 5 countries, the share of women's coverage marginally exceeds that of men.

Carers' interrupted workforce histories cause gaps in their pension contributions, resulting in significantly lower retirement incomes and greater risk of poverty in old age (Hamilton and Thompson, 2017[7]). As women take on a greater portion of caring responsibilities than men do, they are more likely to have low incomes in old age (Hamilton and Thompson, 2017[7]). While a little over 40% of the global working-age population are currently covered by law with a pension once reaching the eligible age, this is the case for only one out of three women of working age (Bonnet and Tessier, 2014[8]). The gender gap in pension entitlements is particularly marked in countries with contributory pension systems, as women's lower labour force participation and – due to their unpaid care responsibilities – intermittent formal employment patterns make them less able than men to make payroll contributions (ILO, 2014[9]).

Social protection: reinforcing gender stereotypes by focusing on care deficits

In many cases, social protection policies and programmes are not gender- or care-sensitive but primarily target women in their roles as mothers, at best reinforcing gender stereotypes and at worst further driving the inequalities deriving from this ascribed caring role (UN Women, 2015[6]). Moreover, even where such social protection programmes have been designed with a consideration for care, the focus has been on keeping children, elderly and sick people or people with disabilities with their families, with the implicit expectation that women will provide any required care, either unpaid or in exchange for low levels of support, thus relieving the state of responsibility.

Social protection options to address unpaid care work

The combination of social protection and public services can be a powerful tool to redress women's socio-economic disadvantage resulting from unpaid care responsibilities and related unequal employment opportunities (UN Women, 2015[6]). Social protection policies set a framework for the "most appropriate and desirable" types of care, care providers ("public, private or voluntary sectors") and care funders ("through contributory, non-contributory or employer liability systems; by universal or means-tested benefits") (ILO, 2018, p. 30[10]). Meanwhile, direct provision of care through investment in accessible and affordable public services, such as childcare centres or long-term care for older persons, directly reduces the unpaid care work primarily performed by women: provision responsibilities are transferred from households to the state (see Chapter 6 on public services for further discussion).

Despite the gaps highlighted in the previous section, unpaid care issues are increasingly being recognised in the design of broader social protection systems. Some measures more explicitly attempt to reduce and redistribute unpaid care work and ensure women's representation in the delivery of policies and programmes addressing care, while others help expand access to care services through expansion of social insurance. Uruguay is unique in having established a National Integrated Care System (Sistema Nacional de Cuidados/SNIC) in 2015 and approved a National Care Plan (2016-20) to implement and co-ordinate care policies for adults with specific care needs, including persons with disabilities, the elderly and small children (see Box 4.1). The national care system aims to be the fourth pillar of the country's social protection system, along with health, education and social security (Esquivel, 2017[11]).

Box 4.1. Uruguay's National Integrated Care System

International and national feminist advocacy in the 1990s provided the initial impetus for measuring unpaid care work. In Uruguay, this advocacy led to the collection of data through time-use surveys to quantify unpaid care work, culminating in the creation of a National Integrated Care System (Sistema Nacional de Cuidados/SNIC) that mandates an integrated care system. The system's success can be explained by the country's enabling environment – which includes the existing feminist movement – its low female participation rates in the labour force, a rapidly ageing population, the quality of data and effectiveness in communicating data results, and motivation for policy change.

Uruguay's national care system objectives include respect for caregivers' rights, both paid and unpaid. The national care system is enshrined in a new law entitled the "legal right to care and be cared for", and includes fiscal reforms to ensure its sustainability and universality (Esquivel, 2017[11])The Uruguayan care system also brings to light the situation of paid care workers, who are usually low waged but whose working conditions and levels of pay determine to an important extent the quality of care they provide (Esquivel, 2017[11]), and provides an example of a rights-based approach to care policies. Moreover, it reflects the importance of representation through a strong and long-standing feminist movement that provided the advocacy needed to assert women's rights and measure all of women's work, both paid and unpaid. The care system is based on the principle of co-responsibility of the state, the community, the market and families – including men as well as women – in the provision of care (Esquivel, 2017[11]).[2]

The Uruguay case both influences and is influenced by wider policies in the region. A rights-based approach to care policies has been progressively enshrined in the regional agreements that have emerged from the Regional Conferences on Women in Latin America and the Caribbean, namely in Santiago (1997), Lima (2000), Mexico City (2004), Quito (2007), Brasilia (2010), Santo Domingo (2013) and Montevideo (2016).

Source: (Buvinic and Blecker, 2017[12]), Uruguay's national care policy; (Esquivel, 2017[11]), The Rights-based Approach to Care Policies: Latin American Experience; (Omilola, 2014[13]), Social protection in Africa: A review of potential contribution and impact on poverty reduction.

A range of measures have been tried to recognise and, in some cases, reduce and redistribute unpaid care work. Table 4.1 provides an overview of intervention options.

Table 4.1. Approaches to social protection addressing unpaid care work across different intervention areas

Intervention area	Approaches	Examples
Health and social insurance	Extending coverage to informal and unpaid workers Including maternal health and other care entitlements in universal health insurance packages	Mutuelle de Santé, Rwanda
Cash transfer programmes	Combining financial support for families with essential nutrition, healthcare, childcare services and education Providing crèche/childcare facilities as part of programme	South Africa Child Support Grant Brazil Carinhoso (part of Bolsa Familia) Mexico Prospera programme
Cash-for-care benefits	Benefits or vouchers for households with care responsibilities	Voucher programmes in France, Belgium, Chile Asignación Universal por Hijo, Argentina
Public works programmes	Providing childcare at worksites Extending access to paid care services through PWPs	Productive Safety Net Programme, Ethiopia; Mahatma Gandhi National Rural Employment Guarantee Act 2005, India South Africa Extended Public Works Programme
Pensions	Contributing credits to compensate time spent in caring	Programmes in Uruguay, Chile, Plurinational State of Bolivia, Finland, Sweden
Leave benefits	Universal maternity leave coverage Extending "use it or lose it" paternity leave benefits	Various Myanmar, Uruguay, Iceland, Sweden

Health and social insurance

Over the past two decades, several countries have started to roll out universal health coverage[3] reforms, using a variety of approaches and funding sources to enhance affordability for the poor and workers in the informal economy. For instance, in rural areas of People's Republic of China, the Rural Medical Co-operative Scheme had enrolled more than 830 million people by late 2009. Similarly, the Ghana government introduced the National Health Insurance Scheme (NHIS) in 2003 to attain universal health insurance coverage and ensure equitable health care. In 2010, 66% of the population was registered with the NHIS. Another example is found in a pilot project in Rwanda, the community-based health insurance Mutuelle de Santé, initiated in 1999/2000: by 2012, 90% of the population was covered (Holmes, 2016[14]).

Affordable health care is particularly important for women because they have less access to personal income, face costly health conditions such as pregnancy and childbirth, and are often responsible for the healthcare of other family members. A number of health and social insurance programmes have shown progress in covering life cycle events that put women in a more vulnerable position. These include health insurance programmes that specifically include family planning; cover pregnant women and/or childbirth and/or waive the premiums for pregnant women; and offer maternity insurance. There are also pension programmes that amend the calculation of pension benefits, which leads to women benefiting even when they live longer on average. In some instances, however, social insurance programmes do not cover reproductive healthcare (Holmes, 2016[14]) or require higher premiums for women. In Chile, for example, where the National Public Health Fund (Fonasa) reaches nearly universal coverage (96%) and includes low income workers, women have been subject to significantly higher premiums than men of the same age because of maternal care needs (Holmes, 2013[15]).

Cash transfer programmes

Cash transfer programmes, both conditional (CCTs) and unconditional (UCTs), as well as public works programmes (PWPs) currently cover 718 million people worldwide (World Bank, 2015[16]). Public works programmes are now implemented in 94 countries, many of which are in Africa. CCTs have expanded considerably in Latin America and the Caribbean, where they cover about 133 million people (Cecchini, Filgueira and Robles, 2014[17]). Such social protection programmes often target female-headed households for benefits or make women in jointly headed households the household's transfer receiver; the aim is to facilitate women's access to labour markets; increase their income and ability to own productive assets; enhance their control over income; and in some cases, increase investments in children's education, nutrition and health.

Cash transfer programmes have facilitated girls' access to education and can increase women's bargaining power within households by putting cash directly into their hands and improving the intra-household allocation of resources. Beyond economic benefits, social protection programmes targeting women can also improve the well-being, health and nutrition of poor women, as well as enhancing their self-esteem, increasing their involvement in social networks, and enabling their community and political participation. Such programmes can also promote recognition of gendered economic and social risks linked to socio-cultural norms, especially when such norms may prevent women's active engagement in economic and social activities (Holmes, 2009[18]).

However, existing evidence indicates that the cash transfer programmes are not always automatically empowering. Evaluations of Ghana's Livelihood Empowerment against Poverty programme, for example, found that in spite of transfers directed to women, decision making remained with husbands, brothers and sons (UN Women, 2015[6]). In addition, transfer amounts are usually too low, and often too irregular and inconsistent to be effective in providing women with financial independence or a greater say in household decision-making. For CCTs, women are often assigned the responsibility to complying with requirements linked to children's health, education or nutrition, thus reinforcing their responsibility for childcare (Molyneux, 2016[19]; Molyneux, 2007[20]) and jeopardising their ability to participate in paid work or skills

development (Fultz and Francis, 2013[21]; Molyneux, 2007[20]). Therefore, while women may derive benefits from such approaches, these initiatives often fail to address structural causes of gender inequality linked to unpaid care work and can further entrench gender stereotypes and divisions (e.g. (Holmes, 2013[15]; Kabeer, 2008[22]; Sabates-Wheeler, 2003[23]).

Several countries have implemented child-sensitive social protection programmes that combine financial support for families with essential nutrition, healthcare, childcare services and education, while also ensuring that care workers have good working conditions. The Child Support Grant in South Africa, introduced in 1998, was designed as gender-neutral in its targeting, allowing for both male and female primary caregivers as recipients (Clulow, n.d.[24]). In practice, however, most beneficiaries of the CSG are female (Vorster, 2008[25]). Quantitative as well as qualitative studies show positive impacts of the CSG, which provides an important source of income for the whole family. That results in a reduction of financial stress through receipt of the cash transfer, improved child-carer and intra-family relationships, and greater engagement of women in decision making on finances and around children (Roelen, K.; et al., 2015[26]). Less is known about its impact on the division of care responsibilities in the home or on gender relations. Similarly, there is little evidence of these grants providing a transformative environment in relation to unpaid care work (van den Berg, 2015[27]) (see Chapter 2 for more on this issue).

Cash transfer programmes, particularly CCTs, are increasingly recognising that both mothers and fathers have responsibilities as breadwinners and caregivers. Many programmes, namely in Brazil, Chile and Mexico, now include services such as quality affordable childcare initiatives (see Chapter 5 on public services), as well as awareness raising to challenge the traditional division of paid work and unpaid care work between women and men (ILO, 2017[3]). In the case of Brazil, time spent complying with the conditions of Bolsa Familia's cash transfers seems to account for a reduction of time spent on paid work by women beneficiaries, an effect not found among men. Acknowledging this effect, both Bolsa Familia and the Prospera programme in Mexico have begun to offer complementary crèche programmes to beneficiaries.

Cash-for-care benefits

Some states implement cash-for-care benefit systems, as a way of recognising and compensating the activities of unpaid carers, such as benefits and voucher systems in France, Belgium and Chile. These provide an incentive for unpaid carers to work for pay out of the household by enabling them to purchase public or private childcare services, or to hire domestic workers. However, the amount of benefits is often low compared with the market cost of good-quality care (ILO, 2018[5]). For example, Argentina offers a monthly family allowance for parents who are unemployed or work in the informal economy (Asignación Universal por Hijo) and income transfers of USD 45 to unemployed heads of household with dependants under the age of 18 or with disabled household members of any age (Plan Jefes y Jefas de Hogar Desocupados).

An example of targeted benefits for disabled carers is an EU-funded pilot project implemented in Kyrgyzstan by a co-operative of Kyrgyz women with disabilities. The project identified Kyrgyz families with newborn babies with disabilities, and with mothers with disabilities. These particularly vulnerable families received an in-kind maternity grant, in the form of a "baby box" that included essential items to take good care of their children during the lactation period. Clothes, blankets and other essential items for the baby box were produced by the tailoring co-operative of women with disabilities. This small demonstration project thus played an important role also in terms of employment creation for women with disabilities.

Public works programmes

PWPs, or employment-guarantee programmes, such as those established in Ethiopia, India and South Africa, can provide poor or unemployed women and men with an important source of income in the face of persistently high levels of unemployment, widespread rural poverty, and economic crisis. In addition, some programmes, such as the National Rural Employment Guarantee Scheme in India, may offer better conditions for women than available employment alternatives (UN Women, 2015[6]). However, women often end up being paid less, and women's representation in public works-related decision-making structures is often inadequate (Holmes and Jones, 2011[28]).

Moreover, the design of public works programmes has focused largely on the productive sphere of work and generally has not sought to redistribute the costs of social reproduction, thereby often reinforcing the existing gender-based division of labour (ant). There is evidence that these programmes can exacerbate care issues in terms of children's safety and care (on worksites) and the inter-generational transfer of care burden (often but not exclusively to girls), or lead to exclusion of women with heavy care responsibilities (for children, people with disabilities, elder care) (Holmes and Jones, 2011[28]).

A variety of public works and social protection programmes have begun to consider the implications of women's unequal caring responsibilities in their design (see Box 4.2). Within public works programmes, investments have been made to ensure they do not further exacerbate women's time poverty or the unequal sharing of care responsibilities, by expanding community social care services and offering day care for children and crèche services (Holmes, 2010[29]). In the north-eastern regions of Brazil, microcredit and skills training for women are supplemented by publicly funded childcare services for children under the age of six under Brasil Carinhoso ("Caring Brazil"), a sub-component of the cash transfer programme Bolsa Familia.

Box 4.2. Public works programmes and provision of childcare

In India, the Mahatma Gandhi National Rural Employment Guarantee Act mandates that rural households have the right to 100 days per year of unskilled employment, and established that childcare must be provided at worksites and organised by women workers. In practice, however, these requirements have been difficult to implement (Fultz and Francis, 2013[21]), and childcare facilities are not always of adequate quality.

Programmes in other countries, such as the Expanded Public Works Programme in South Africa, have incorporated training and job accreditation in early childhood development programmes and for home- and community-based care services, as a way of providing job opportunities to women (Parenzee, 2016[30]). This results in benefits for the care providers and an increased supply of affordable care services. However, the programme has also faced implementation challenges, namely being able to provide work opportunities at scale. Another example of efforts to make programmes gender sensitive is found in Ethiopia with the Productive Safety Net Programme, which provides childcare at programme worksites: one worker, paid the same as other participants, is appointed to care for the children (Omilola, 2014[13]).

Source: (Fultz and Francis, 2013[21]), Cash Transfer Programmes, Poverty Reduction and empowerment of Women; (Omilola, 2014[13]), Social protection in Africa; (Parenzee, 2016[30]) Who Cares? – South Africa's Expanded Public Works Programme in the Social Sector and Its Impact on Women.

Pensions

Some contributory pension systems have recognised unpaid care work through adopting contribution credits for carers to improve women's pensions and help redress women's socio-economic disadvantage in old age. Contribution credits for caregivers are one way to address the adverse impact that (mostly) women's time spent out of the labour force and dedicated to taking care of others can have on pension entitlements (Azra, 2015[31]). For some, but not all programmes, they are provided whether the care is for children, the elderly, the sick, or people living with disabilities.

The design and impacts of contribution credits for carers vary across countries. In some countries, pension amounts increase irrespective of whether work was interrupted or not, while in others contribution credits compensate for the period spent out of the formal labour market caring for children. In still others, credits for caring periods count only toward pension-qualifying years (Azra, 2015[31]); (also see Box 4.3).

Box 4.3. Contribution credits for carers in Latin America

Some countries in Latin America have recently adopted contribution credits for carers. In Uruguay for instance, women are credited with one year of contributions per child (up to a maximum of five) toward the qualifying conditions of social insurance pensions. In Chile, a child credit was introduced in 2008 to improve the pension benefits of women in the private defined contribution system. The credit consists of a contribution of 10% of a minimum wage for 18 months per child (plus interest), financed by the state and deposited into women's individual accounts. In the Plurinational State of Bolivia, following a pension reform in 2010, mothers can also benefit from a contributory credit equivalent to one year of contributions per child, up to a maximum of three years. Women can use this credit either to get better benefits from the solidarity pillar or to anticipate retirement.

Source: (Azra, 2012[32]), Pension Reforms and Gender Equality in Latin America.

In many pension programmes, contribution credits are paid to the main caregivers independently of their sex. In practice, however, women accrue more credits than men do, given that women take on the larger share of caring work. In Finland and Sweden, contribution credits are linked with "use-or-lose" leave and cash benefits for fathers, thus encouraging men to take on a greater sharing of caregiving and enabling transformative change in gender relations (UN Women, 2015[6]) (see next section on leave benefits). By contrast, most of the newly created contribution credits in Latin America are targeted to mothers, excluding fathers or other caregivers and thereby not challenging gender stereotypes.

Leave benefits

The availability to both women and men of adequate maternity, parental and childcare leave benefits (including provisions in cases of children with illnesses and disabilities), is an important element of social protection systems that directly address unpaid care. Effective universal maternity coverage has been achieved in Ukraine and Uruguay, while Argentina, Colombia, Mongolia and South Africa, among others, have made significant progress (ILO, 2017[3]).

Reforms in leave policies facilitate a greater involvement of fathers in childcare through introducing or extending paternity leave, as well as (in some cases) providing incentives to increase men's take-up of parental leave (ILO, 2018[5]). Fathers' involvement in childcare not only has positive effects on children's health and parent-child interactions, but also contributes to gender equality, both in the home and at work. Today, paternity leave is mandated in 94 countries, compared to only 40 countries in 1994 (Socialprotection.org, 2018[33]). For example, Myanmar and Uruguay extended paternity leave, paid by social insurance. Other countries that have recently introduced or extended paid paternity leave include

Bolivia, Lao People's Democratic Republic, Mexico, Nicaragua, Paraguay and Portugal (ILO, 2017[3]), as well as Brazil. Although paternity leave is becoming common, the mandated leave period is often less than one week, or unpaid.

Ensuring take-up has been a challenge in some countries, especially among lower-income groups.[4] Non-transferable quotas, commonly known as "use it or lose it" leave or "fathers' quotas", may be one of the most important factors to encourage men's take-up of leave and equal participation in care work (Shand, 2018[34]). In Iceland, fathers averaged 39 days of leave in 2001. After the fathers' quota was instituted, leave rose to 103 days in 2008 (Moss, 2014[35]). Additionally, in Sweden and Iceland, which both offer a non-transferable fathers' quota, men's take-up is much higher (90%) than it is in Denmark (24%) or Slovenia (6%), where quotas are transferable between parents (ILO, 2014[9]). Assigning leave as an individual entitlement for each parent can normalise men's take-up by not requiring mothers to give up their leave days so that fathers can take leave, and better supports diverse family structures (Shand, 2018[34]).

Adequately paid leave, ideally paid in full through social security benefits, can also increase men's take-up of leave and support new parents and families. Take-up of leave in Estonia increased from 14% of eligible fathers in 2007 to 50% in 2008 after paternity leave benefits were increased to 100% of previous wages (ILO, 2014[9]). Fathers across the European Union most frequently cited insufficient compensation as the reason for not taking leave (ILO, 2014[9]).

Elsewhere, there have been measures to extend maternity protection coverage to women who were previously unprotected. The introduction or extension of non-contributory maternity benefits, usually funded by taxes, is an important means of ensuring maternity protection for those women outside formal employment, or those in the formal economy who do not qualify for contributory benefits (ILO, 2017[3]). Non-contributory benefits are usually not directly associated with an interruption of employment in the form of maternity leave, but pursue a broader objective of providing pregnant women and new mothers with a predictable cash benefit during the final stages of their pregnancy and after childbirth. They therefore represent an important source of income security around childbirth in the absence of contributory benefits. In India, for example, to reach women without maternity protection, the Indian 2013 National Food Security Act established a maternity benefit over six months to support maternal and child nutrition and well-being. Yet the amount paid is less than the minimum wage, and far less than the average amount received by formally employed women.

Evidence from Brazil, Kenya and Nepal on how social protection can address women's unpaid care work

A range of approaches to social protection were identified in Brazil, Kenya and Nepal, including cash transfer programmes, social security and pensions, some of which recognise or address care issues to a limited degree. Annex C provides a brief overview of the initiatives discussed in this section and their approaches to unpaid care work.

One approach is the provision of welfare payments or transfers to enable families to care for vulnerable groups, exemplified by Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme and Older Persons Cash Transfer programme (see Box 4.4). By providing a very small stipend to carers in the family or community, the CT-OVC initiative implicitly recognises and values the unpaid care work that family carers provide to vulnerable groups, by acknowledging that some resources are required for poor families to be able to continue providing adequate care, while still being able to undertake paid work. Box 4.4 explains how this initiative, as well as the subsequent Older Persons Cash Transfer, was developed; the latter is currently being extended into a universal pension. A drawback of such programmes, where women are often the majority of beneficiaries, is that they tend to transfer small sums, particularly when compared to contributory programmes where men are more likely to benefit.

Box 4.4. Care of vulnerable groups and social protection in Kenya

In 2007, Kenya launched a pilot project using internal "challenge funds" to respond to the devastating effects of HIV-AIDS. Two hundred people in two districts were given payments over a period of 100 days. The intention was to support the most vulnerable people, namely orphans, disabled and sick people, including but not limited to those affected by HIV-AIDS (which were heavily stigmatised), and keep them in the care of their families and communities. A rapid assessment was carried out, evidence of the positive impact of the pilot project was provided to the Treasury (Ministry of Finance), and the government decided to roll out the project nationally. By October 2017, 1.75 million orphans and vulnerable children (OVCs) (an estimated 40% of the total number) were enrolled in the programme.[1] The initiative was one of the earliest examples of how social welfare policies could support those impacted by HIV-AIDS.

In 2011-12 a second programme was established, the Older Persons Cash Transfer. The OPCT was a response to the secondary effects of poverty on children living in households headed by older people. The OPCT targets poor and vulnerable older people aged 65 and over. The project covered approximately 24% of the population in the targeted age group in 2015-16 (HelpAge International, 2018[36]), and is fully nationally funded. As of May 2018, the government is on the point of extending the OPCT programme into a universal old age pension, for all persons aged 70 and above.

The gender ratio of beneficiaries differs between the programmes. For the CT-OVC, nearly four times as many women as men (3.7:1) are the payment recipients in the child's or children's household, whereas more men than women (1.4:1) receive the individual old age payment.

The level of individual payments is the same under the two projects, currently KES 2 000 (USD 19) per recipient per month, scarcely enough to cover an individual's basic food basket, according to official poverty calculations. Nevertheless, both the first official post-pilot assessment and later independent assessments (HelpAge International, 2018[36]) [2] show many positive externalities, including conferring social capital on the beneficiaries; improving children's vaccination rates and educational attainment; ensuring that vulnerable people can stay in the care of their families; older people sharing their food with grandchildren and other family members; and a regular payment that allows credit to be raised for family expenditures such as housing upgrades.

Source: Key informant interviews, Kenya.

Notes
1 See the social protection section of the Summary Report on OECD Policy Dialogue on Women's Economic Empowerment, 25 January 2018, http://www.oecd.org/development/gender-development/OECD-Policy-Dialogue-WEE-Summary-Note-Jan-18.pdf.
2 http://projects.worldbank.org/P111545/kenya-cash-transfer-orphans-vulnerable-children?lang=en&tab=results.

A second approach consists of adapting social security and other benefits such as pensions, maternity leave and paid sick leave, so that they include or address the specific needs of unpaid care workers. This is observed in Brazil's so-called Housewife Policy, where there is "formal recognition of unpaid care work in social protection through earlier retirement age and a voluntary social security scheme for housewives" (Key informant interview, Brazil). In 2005, policy makers changed the Constitution to ensure that the pension system included special coverage of certain workers who are low income and homemakers. Since 2006, Brazil has effectively included "housewives" in its social security provisions by reducing the rate of contributions made by low- or non-income earners, from 20% to 11% and then to 5% of national minimum wage. This is funded mainly through contributions made by micro entrepreneurs and low-income and no-income workers, although it is not clear how sustainable this coverage is, as no evaluation has been done.

These changes in the pension system are universal but particularly affect women – thus the nickname "Housewife Policy". This initiative reflects the lessons learned by the Brazilian government from previous experiences of housewives having difficulties paying into contributory social security provisions, such as pensions. It was part of a broader set of measures implemented at around the same time, including the Simples Federal, which also simplified social security taxes for small and medium-sized enterprises (Berg, 2011[37]).

In Nepal, the government is expanding the Social Security Fund, which receives 1% of the monthly salary paid by formal employers to all employees to include informal workers. The funding initially comes from the government sector and a small proportion of formal sector employees, which is unlikely to be sufficient to extend the provisions of the programme, or provide adequate benefits. Unpaid care workers are not covered, however: while "home-based workers are included, no one is talking about housewives" (Key informant interview, Parliamentarian, Nepal). Challenges to the recognition of housewives in the country's social security system include a lack of awareness by unpaid care workers themselves that they could be eligible to contribute; a lack of clarity on how to create provisions to include unpaid care workers in the coverage; and uncertainty about ways to measure and count housework.[5]

A few other social security programmes in Nepal provide benefits for particular categories of women, such as the elderly allowance with affirmative provision for women over 60 who are widows; the single women allowance for women over 40 who have never been married or are separated; and the disability allowance. None of these programmes, however, explicitly recognise women's role in caring work. Moreover, the amounts transferred are typically too low to have any effective impact. Additionally, social norms within Nepal discourage those entitled from accessing them (Key informant interview, Women's Rights Activist, Nepal), which suggests a need to raise awareness of the benefits of contributing to and accessing social security funds.

Lessons learned in Brazil, Kenya and Nepal on addressing unpaid care work in social protection

While the social protection policies or programmes identified recognise unpaid care work in different ways, few have any explicit intent to reduce or redistribute it. For example, the main objective of Bolsa Familia in Brazil is to recognise and address poverty. As such, "unpaid care work is not necessarily a priority" (Key informant interview, Former Staff, Bolsa Familia, Brazil). Similar points were echoed around the Child Grant in Nepal, where the primary objective is supporting better nutrition for children under five years of age in the Karnali region and Dalit households in the rest of the country.

As the social protection initiatives identified in the selected countries do not directly monitor changes in unpaid care work, it is difficult to ascertain long-term impacts from this perspective, although some negative, immediate outcomes could be identified. The CT-OCV project in Kenya, for example, may increase women's unpaid care work by maintaining beneficiaries within the household. In fact, where evidence exists it suggests that failure to consider unpaid care work adequately may undermine the whole intent of initiatives. For example, an independent assessment of the Karnali Employment Programme, a major public works programme in Nepal, revealed three factors that negatively affected women's participation in the programme: lack of childcare provision; long distances to the worksites; and long working hours with no provision of drinking water, toilets or safety equipment (IDS, 2017[38]). Lack of childcare provision either discourages women with small children from continuing to work or forces them to take small children to the worksite – which on the one hand slows down their work and on the other puts children's health at risk.

The extent to which these social protection policies and programmes recognise unpaid care work is primarily driven by concern about the consequences of care deficits for particular social groups, rather than about the impacts on carers themselves. In Kenya for example, the rapid assessment showed that inadequate care was being provided to vulnerable groups, which provided the Treasury with evidence that

led to the national roll-out of the pilot social pension system (see Box 4.4). This suggests that instrumental arguments, recognising the role of unpaid care work to fill in gaps in care services, can also be beneficial if they result in getting unpaid care work onto the policy agenda.

Social protection can reinforce restrictive gender stereotypes

In routinely targeting women as mothers or carers, social protection initiatives frame societal expectations on unpaid care work, reinforcing stereotypes around who provides care. This challenge was identified in Kenya, where women make up the majority of the CT-OVC programme beneficiaries, and "people notice that unpaid care work is mostly done by women" (Key informant interview, Kenya, Social Pension). Similarly, women are the main recipients of social assistance services in the public system in Brazil, which also reinforces the view of women as natural carers.

In Brazil, there were recent signs of more openness to addressing social norms around unpaid care in social protection programming. Starting in 2016, Bolsa Familia looked into addressing the critiques by "many liberal feminists … that it naturalises women's care role" (Key informant interview, Former Staff, Bolsa Familia, Brazil). This had the initial aim of "increasing communication with men to deconstruct hegemonic masculinities". Specifically, this sought to change the image of who receives social assistance, as well as to train social workers on how to talk to men and women about their roles in the programme. Discussions in Brazil since then have also led to an increase of paternity leave from 5 to up to 20 days, again underlining a broadening of the policy agenda to address gender stereotypes and social norms surrounding care. Due to wider changes in the policy environment, the scope for further innovation is increasingly limited. Yet, as indicated in Box 4.5, and with the Kenya pilot (see Box 4.4), innovation is crucial to getting unpaid care work onto the social protection agenda.

Box 4.5. Advocating to get unpaid care onto the agenda in Brazil

Women's movements in Brazil have lobbied governments to pass legislation that would provide basic labour and social rights for paid care workers, such as minimum wage legislation and coverage in terms of health insurance. Brazil provides an example of how recognition of paid domestic work enabled unpaid care to become more visible, as "until recently domestic work was not considered a job" (Key informant interview, Brazil). The policy process involved the creation of a specific working group in 2010 including civil society, a domestic worker and union membership, which worked with actors within government including the Secretariat of Women, various ministries and the Presidency. The working group initially focused on changing the constitution to align Brazil with ILO Convention 189 on domestic workers. In 2015, a law came into force that made paid domestic work equal to other private sector work. The discussions in this forum then provided the opportunity for women's groups to push for recognition of the work of unpaid care workers. Specifically, the aim was "supporting informal unpaid domestic work by trying to get it into the social security system". The scope for further work in this area was however limited by the excessive number of advisory councils (thus stretching the capacity for civil society engagement in policy processes), as well as the gap between policy makers (who are mainly men) and those councils, which according to key informants has grown since 2016.

Source: Key informant interviews, Brazil.

In fact, getting unpaid care issues onto the policy agenda requires time and energy, for political mobilisation and for the detailed technical work of designing policy. For the "Housewife Policy" in Brazil, discussions leading to its creation in 2015 started in 2004 within the Secretariat for Women's Policy in collaboration

with CSOs and women's rights organisations (Box 4.5). In Nepal, women's movements have also played a key role in having unpaid care work recognised in the Constitution, which – over time – could enable consideration of including unpaid care work in the Social Security Fund.

A number of actors working together are instrumental in designing and implementing care-sensitive social protection policies. Buy-in from policy makers and ownership of their design and implementation by national government is important. In the Kenya social pension's case, the Head of Community Development at the Ministry of East African Community, Labour and Social Protection had a particular interest in ensuring that the carers of vulnerable groups were recognised. The roll-out of a universal pension plan for older people in May 2018 that partially recognises care issues resulted from collaboration among the government, donors (e.g. DfID, WFP, World Bank) and specialist agencies (UNICEF) to provide technical assistance in the payments system and evaluation of the plan. Implementation of the social pension has involved working through banks to ensure that payment kiosks are within 5 to 6 kilometres of beneficiaries. The proximity of payment outlets to communities is critical to ensure that receiving pensions does not add to beneficiaries' time poverty.

Unfortunately, competing policy agendas and political processes often relegate the unpaid care issue to a back seat, even among organised women's groups. Similarly, while there are provisions for women's rights and the Constitution has recognised household work, "some people don't want to hear the word feminism – not only the men, even some women's rights groups" (Key Informant Interview, Nepal).[6]

What emerges, particularly in Brazil and Nepal, are competing agendas where limited human resources within both civil society and government ministries constrain their capacity to address this issue in addition to their other commitments and priorities. There is also ongoing tension between those who see giving money to women as an empowerment strategy versus those who see it as naturalising women as caregivers. Finally, even when unpaid care issues do get onto the policy agenda, challenges or reversals are likely, as experience with Bolsa Familia in Brazil indicates. While some see the programme as a major step forward to create a more just system, others challenge the dependency that the programme might create, which may also have an impact on any scope for further recognition of unpaid care work.

Key findings

Constituting the majority of unpaid carers, women in low-income countries heavily rely on social protection yet have worse access to and lower adequacy of benefits. Additionally, a vast majority of women lack maternity protection, as it often covers only women in formal employment. Women also face challenges in accessing pensions and other social security programmes, due to lower participation rates and their over representation in jobs (self-employed, unpaid family workers) or sectors not covered by existing social security laws, such as agriculture.

The design of social protection programmes and policies often adopts an instrumental approach, which focuses on "care deficits" and the impact on vulnerable groups and sees unpaid care work as a means to fill gaps in care services. Social protection programming largely targets women in their role as mothers or carers, with the intent to increase welfare outcomes for children or other vulnerable groups, or more broadly to reduce poverty. However, this risks reinforcing existing stereotypes of women as "natural" caregivers. Only a handful of initiatives have attempted to address or transform stereotypes around unpaid care in this domain. Efforts have included offering adequate parental leave to men and incentives to increase men's take-up, which challenges norms around household responsibilities and promotes the gender divide in parenting and childcare. Unfortunately, few policies or programmes have the explicit intent to recognise, reduce or redistribute, and few monitor changes in unpaid care work. There is limited evidence of other policies managing to achieve the 3Rs in social protection; that points to a need for better monitoring and more research.

Social protection policies and programmes can be reframed with the explicit goal of recognising, reducing and redistributing unpaid care work. Ensuring the representation of unpaid care workers in discussions of priorities is key to policy formulation. Some measures, such as care credits in contributory pension systems, maternity leave and medical support (e.g. paid sick leave), address the specific needs of women as unpaid care workers or their unequal access to benefits. Others help expand existing entitlements and access. Cash transfer plans, particularly CCTs, are increasingly recognising that both mothers and fathers have responsibilities as breadwinners and caregivers.

The "right to care and be cared for" has only very recently been recognised, mainly in Latin American countries. Alliances among actors with common interests are key to making care visible and getting it onto the social protection policy agenda. Having women's movements work closely with other CSOs, trade unions and parliamentarians is vital to raising the profile of the issues. There is potential also for building alliances with advocates for the elderly, the disabled, and other groups with specific care needs. Committed individuals within ministries can be key to innovation in this area and to achieving buy-in from policy makers. Technical capacity to support the design and implementation of care-sensitive social protection policies by national government is also required.

Finally, despite some advances, particularly in a few middle-income countries, there is insufficient investment in social protection to extend coverage to those providing unpaid care. Shifts in demographic, family and household structures, are taking place globally with implications for women's income and, in turn, care-sensitive social protection and care provision. Many parts of the world have seen growing numbers of single-parent households with women often raising children on their own, while the migration of both women and men raises additional challenges for the care of children or elderly parents (UN Women, 2015[6]). Many households cannot afford to extend support to others for long periods, while community-based support is frequently minimal and precarious. Social policies in general, and social protection policies in particular, need to adapt to the reality of population ageing, single parenthood and migration (UN Women, 2015[6]; ILO, 2018[5]) and address growing care deficits in this context.

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Notes

[1] The Maternity Protection Convention No. 183 (2000), which is the most up-to-date international labour standard on maternity protection, provides for 14 weeks of leave and entitlement to a cash benefit that ensures the women can maintain themselves and their child in proper conditions of health and with a suitable standard of living; it shall be no less than two-thirds of their previous earnings or a comparable amount.

[2] For further analysis of the connections between unpaid care and paid care work, and the experiences of care workers both unpaid and paid.

[3] The World Health Organisation defines universal health coverage as "ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship" (https://www.who.int/health_financing/universal_coverage_definition/en/).

[4] See the social protection section of the Summary Report on OECD Policy Dialogue on Women's Economic Empowerment, 25 January 2018.

[5] A total of NPR 550 million (USD 4.9 million) was allocated for initially setting up the Social Security Fund. Subsequent administration has been financed by the government from its budget.

[6] A total of NPR 550 million (USD 4.9 million) was allocated for initially setting up the Social Security Fund. Subsequent administration has been financed by the government from its budget.

5 How can public services address women's unpaid care work?

This chapter discusses the impact of gender-sensitive approaches to the provision of public services on women's unpaid care work. It begins with a look at the care need figures for different population groups, the largest of which is children. It then describes provision of care services – to children, the elderly, carers themselves – by different classes of social actors: the state as a direct provider, the market, and third sector organisations. The focus then turns to approaches to unpaid caregiving under the umbrella of public services that have been attempted in the case countries of Brazil, Kenya and Nepal; examples are given of NGOs and other, newer actors (e.g. social enterprises) stepping in to specifically address this burden when public health systems have not. Childcare services – especially preschool provision (ECD) – are explored, with Nairobi City Council furnishing an instructive example of collaboration with other actors to extend and upgrade provision of these services in the market.

Connecting public services and unpaid care work

This chapter examines the role of the state in recognising and reducing care, as well as redistributing it among women and men, the family, and itself. In all societies, infants and young children, elderly persons with reduced intrinsic capabilities, the ill or injured, and those with disabilities need care (ActionAid ([1]), 2013 for a description of the scope and content of unpaid caregiving). In general, state provision of public care services is designed with the priority accorded to persons needing care; scant attention is given to the unpaid caregiving burden undertaken to support them, typically by women.

Caregiving needs vary across regions and countries. Children are the largest population group in need of care in many low and middle-income countries, reflecting high fertility rates (Table 5.1). In sub-Saharan Africa, there are 79 children aged 0-14 years for every 100 people of working-age (15-64 years) and 40% of the total population is under 15 years old.[1] Latin America has the lowest share after OECD countries, with a ratio of 38 children for every 100 working-age adults and 25% of the total population under 15 years old. Elderly people form a much smaller, though increasing, proportion of the population, comprising for example 4% of the total population in sub-Saharan Africa, 6% in South Asia and 8% in Latin America.

Table 5.1. Dependency ratio, children and older people as shares of the total population, by region, 2016

Region/Group	Dependency ratio children (0-14 yrs-old) to working-age population (15-64 yrs-old)	0-14 yrs-old to total population (%)	65+ yrs-old to total population (%)
Middle East and North Africa	46	30	5
Latin America and the Caribbean	38	25	8
Sub-Saharan Africa	79	40	4
South Asia	45	29	6
Least developed country	71	40	4
OECD	28	18	16

Source: World Bank (n.d.[2]), World Development Indicators http://datatopics.worldbank.org/world-development-indicators/.

The care needs of persons with illness and disabilities are rising due to ageing populations and increasing numbers of people with disabilities who are living longer (Global Burden of Disease, 2015[3]). Disability prevalence is higher in lower-income countries and among women, the elderly and people from the poorest wealth quintile. Mental health conditions are widespread and have associated care needs. Suicide is the second most common cause of death among young people worldwide, and depression is among the largest single causes of disability, particularly for women (WHO, 2013[4]).

HIV-AIDS is the leading cause of illness and disability in three African countries and a major cause in many others. Although the rate of new infections has fallen worldwide, the level remains high[2] and HIV-AIDS care needs are rising as new medical treatments reduce the number of deaths. A range of "contextual" (non-medical) care and support services are required for HIV-AIDS patients, including repeated clinical visits, physical care, social support, pain and symptom management, and end-of-life care (UNAIDS, 2016[5]). Support groups offering a range of services were vital to the initial response to the epidemic (UNAIDS, 2016[5]) which gave rise to many third sector activities and "home-based care" activist groups (UN Women, 2015[6]).

Information on the extent to which care needs are met outside the household in developing countries is limited. Support for childcare is the most widely documented service: on average, 39% of children in developing countries make use of non-household care services. Much higher levels of coverage (70% or above for 3-5 years-old, on average) are found in Ghana, Vietnam, Thailand, Trinidad and Tobago, and

Jamaica (UN Women, 2018[7]). However, coverage through early childhood development/education focuses mainly on the older age groups (4-6 years-old) (UN Women, 2018[7]).

Public health systems in developing countries focus primarily on infectious diseases and mother and child health (HelpAge International, 2017[8]). In general, they are not sufficiently well resourced, from either national or supplementary donor sources, to support care needs or provide medical treatment. Sexual and reproductive health and rights are another key issue related to the provision of health services and women's unpaid care work. This includes their ability to choose the number and spacing of children; however, the World Health Organization (WHO) estimates that 214 million women in developing countries are not using modern contraceptive methods (WHO, 2018[9]). Lack of or uneven access to health facilities increases the extent to which care must be provided by household members, affecting poorer households and those in more remote or rural areas, especially in low-income countries.

Older people's care needs (usually referred to as long-term care) comprise a range of essential services and cash benefits – including nursing services at home or in institutions; cash benefits to cover services and related costs for equipment; adaptation of living environments; and cash benefits. In this regard, only 6% of the world's population is entitled by law to some level of coverage of these needs by the state, while 48% of the population have no LTC entitlements from the state at all. Nationwide services for institutional and/or home-based care are only available in countries that provide universal coverage for LTC (Scheil-Adlung, 2015[10]). At the other end of the spectrum, nationwide services are non-existent in countries where families are formally responsible for LTC, and even where eligibility rules foresee long-term care services for elderly people without any family members. India, People's Republic of China ("China"), Russian Federation, Algeria, Argentina, Brazil, Chile and Mexico have established by law that families bear the sole responsibility for the long-term care of their members (Scheil-Adlung, 2015[10]).

Across all types of caregiving, unpaid care is by far the predominant form of support (WHO and World Bank, n.d.[11]), with women providing the largest share of unpaid caregiving for children and the elderly, sick and disabled. In urban China, Mexico, Nigeria and Peru, women are the principal caregivers for care-dependent older people in 67-89% of households (WHO, 2015[12]). In Latin America, women account for more than 9 out of 10 unpaid caregivers in Argentina, and more than 4 out of 5 in Chile, Cuba and Uruguay (Armstrong, n.d.[13]).[3] Similarly, a survey of caregivers of elderly persons in Brazil found that 88% were women (Roquete, 2017[14]).

In addition to women providing care as mothers, many providers of childcare are grandparents. This is especially relevant in countries with high current or past HIV prevalence, resulting in "skipped-generation" families where grandparents raise their grandchildren due to the death of the parents (HelpAge International, 2017[8]). As of 2013, 18 million children had lost one or both parents to AIDS-related causes (UNDP, 2016[15]). In Zambia, due to internal migration and the impact of AIDS, 30% of older women are at the head of skipped-generation households (WHO, 2015[12]). Besides families, public health services often use "volunteer" community health workers who are either unpaid or receive very little compensation. This reinforces the undervaluation of care work and is reflected in the gendered distribution of paid workers in the labour market.

Women's unpaid caregiving burden has multiple negative effects. First, caregiving – especially long-term caring for the elderly – affects carers' own health, due to the stress and burden of the work (HelpAge International, 2017[8]; WHO, 2015[12]), which makes it difficult for carers themselves to access health services (Appleford, G et al, n.d.[16]). Effects are exacerbated for carers who are themselves elderly.

Second, there are strong negative intergenerational effects within families. In the absence of acceptable or affordable public services, mothers in low-income households who need to work for pay may bring their children with them to work, often in hazardous settings. In Pakistan, Peru, and 10 African countries, 40% of mothers resort to bringing young children to their place of work (World Bank, 2018[17]). Alternatively, they may leave their children at home uncared for or inadequately supervised. Older siblings, especially sisters, are often diverted into care work to support or substitute for their mothers to the detriment of their education

(ODI, 2016[18]); (Perlman, Wodon and Adamu, 2018[19]). In Egypt, an increase in the number of preschool-aged siblings has an adverse effect on schooling attainment for girls and rural children, while boys see a significantly higher likelihood of school attendance and better educational outcomes (Dancer and Rammohan, 2007[20]).

Third, women's economic status is affected by their care responsibilities in terms of ability to take paid work and the type of work that is feasible. The quality of their labour force engagement suffers, through higher rates of absenteeism and inability to work long hours continuously; the resulting discontinuous employment can eventually affect pension contributions upon retirement (see Chapter 5 on social protection). These effects further undermine the incentive for girls' families and for women themselves to invest in their own education, skills and training – thus perpetrating gender segregation of the labour market, leading to a longer-term macroeconomic impact (see Chapter 1).

Provision of care services can enable women's economic empowerment

In both developing and developed countries, providing quality and accessible care services is associated with a decrease in women's unpaid care work and increased women's labour force participation (OECD, 2011[21]); (O'Neill, Chopra and Vargas, 2017[22]); (Schlosser, 2011[23]); (World Bank, 2018[17]). In the Netherlands, for example, provision of childcare facilities led to increases in women's labour force participation, which in turn contributed to changes in the sharing of unpaid domestic work (OECD, 2018[24]). In Kenya, working mothers who received subsidised childcare were 17% more likely to be employed than mothers who did not (Clark et al., 2017[25]). In addition, working mothers in Kenya who were provided with subsidised childcare were able to work fewer hours overall than mothers without childcare, and this had no impact on their earnings (Clark et al., 2017[25]). There is also some evidence of the positive impact of long-term care provision and a consequent reduction in unpaid caregiving for older persons. Korea's insurance programme for the elderly intends to improve access to long-term care and reduced the share of care provision that family members (predominantly women) provided on an unpaid basis by 15% within two years (UN Women, 2016[26]).

While the effect of improved childcare provision on mothers' labour force participation is consistently positive and significant, it is not large (UN Women, 2016[26]); (O'Neill, Chopra and Vargas, 2017[22]); (Schlosser, 2011[23]). This may be partly because of limited opportunities for women in the local labour market, and partly because childcare outside the household reduces the intensity but not the extent of unpaid care work. Taking away one component of women's unpaid work burden, such as direct care, for part of the day does not alleviate the obligation to fulfil the remainder, domestic work.

Public services options for unpaid care work

This section describes care services provision by different classes of social actors: the state as a direct provider, the market, and third sector organisational providers. The state not only provides care services directly in a number of ways, but also shapes the distribution of caregiving among these different actors through the legislative and regulatory framework, fiscal policies, public investments and social protection policies (see Chapter 4 on social protection). Public policy is also the primary mechanism for alleviating individuals' unpaid caregiving burden, because it can shift care provision away from households towards those other social actors.

Table 5.2. Approaches to public services that address unpaid care work across different intervention areas

Intervention area	Approaches	Examples
Childcare provision: Early childhood development and publicly provided childcare	Provides for and delivers childcare services for 0-3 and 4-6 age groups: extended or improved quality of provision can redistribute care from households to the state; no direct impact on male engagement (though maybe spill over) Adapting to parents' needs to reduce unpaid care is possible in terms of hours and location of services, e.g. locating services near workplaces, within primary school compounds or mobile services, or providing services that better accommodate working hours and provision of meals Subsidised/ free access important for lower income groups.	Cambodia, Chile, Costa Rica, Ghana, Guatemala, Mexico, Mozambique, Thailand, Uruguay. India (SEWA, mobile crèches)
Employment policy, market provision of childcare and third sector organisations	Legislating for and regulating employer childcare can support redistribution of unpaid care from households to market Parental leave provision supports redistribution of childcare from women to men (see Chapter 4 on social protection); mainly applicable to those in formal employment	At least 19 countries out of 100 economies reviewed by World Bank/IFC – various
Health services and care provision for the elderly	Extended or improved services reduce unpaid care burden, including though reduced travel time and via impact on health outcomes Increased provision and improvements in quality of geriatric and/or disabled care through professionalisation may redistribute care from households to state mother and child health services can incentivise men's involvement in ante-/postnatal care and care of children Subsidised/ free access important for lower income groups.	Nigeria, Kenya (extension of mother and child health services) Costa Rica, India, Nepal (Chapter 4), Peru, Zanzibar Rwanda, South Africa (See Chapter 2 on shared household responsibilities)
Services for carers through social protection/cash transfers	Child benefits, childcare vouchers, cash-for-care payments or conditional cash transfers that enable access to childcare or other services, provision of childcare within wider social protection programmes: supporting redistribution of care from households to market or state Health and social insurance/pension programmes can improve safeguarding and access to long-term care; Potential impacts on reducing/redistributing care dependent on monetary amount (which may enable services to be bought in by households; or purchase of equipment – particularly relevant for care of elderly/ disabled)	Costa Rica (Chapter 4)

Source: OECD Best Practice Matrix; (Cassirer and Addati, 2007[27]); (HelpAge International, 2017[8]); (IFC, 2017[28]); (IFS, 2018[29]); (Martinez, Pereira and Naudeau, 2012[30]); (ODI, 2016[18]); (O'Neill, Chopra and Vargas, 2017[22]); (UN Women, 2016[26]).; (World Bank, 2018[17])

With the exception of the very few countries that have created a coherent policy framework on care (see Box 4.1 on Uruguay in the social protection chapter), most governments do not have a "care services policy" as such, but rather address the issue indirectly across government ministries and agencies, with varying degrees of co-ordination. This is most evident in respect of childcare through, for example, cash transfer programmes to poor households that are conditional on spending on childcare, preschool, or health facility attendance. Although most CCT programmes focus on the demand side for health and education interventions, in El Salvador the programme includes the supply side of infrastructure investments in schools, health centres and water and sanitation (de la Briere and Rawlings, 2006[31]). In general, however, there is a lack of co-ordination of programmes in different policy areas, and these are rarely designed, monitored or evaluated with the objective of alleviating women's unpaid caregiving burden (as opposed to care needs).

Care service provision by the state is implemented across a number of sectors, depending partly on the population group that makes use of the services. Table 5.2 provides an overview of key policy and intervention areas where public services can have an impact on unpaid care and work; how they do so; and relevant examples or evidence where available.

Childcare provisions

There are many alternative forms of non-homebased childcare emerging worldwide (UNICEF, 2008[32]), including in developing countries. Care service providers can be public, market-based (whether supplied by individuals, corporate service providers or employers), co-operatives or social enterprises, NGOs, or community-based self-help groups (Razavi, 2007[33]). The level and composition of provision varies considerably across countries, with implications for quality and access for different social groups.

Publicly provided childcare

There is widespread public provision of childcare across countries, concentrated in the preschool age group (3-5 years). Access to pre-primary school in developing countries ranges from a low of 17% in sub-Saharan Africa to a high of 65% in Latin America and the Caribbean (Devercelli and Neuman, 2013[34]) Children aged 3-5 in the richest households are almost six times more likely to attend an early childhood education programme than children from the same age group in the poorest households (UN Women, 2018[7]). There is no comparable information on childcare service provision for children below the age of three years, but provision is assumed significantly lower.

An example of a recent governmental intervention is the National Network for Childcare and Development in Costa Rica (Red Nacional de Cuidados y Desarrollo Infantil). This programme primarily serves children under seven years of age from poor and vulnerable families.[4] Other childcare projects have been provided by the state in Ecuador, Chile, Mexico, Uruguay, Ghana (IFS, 2018[29]), Chile, Guatemala and Mozambique (Cassirer and Addati, 2007[27]). Cambodia operates crèches at public sector workplaces under a national strategy for the poor and vulnerable; Argentina has a nationwide programme targeted at young parents that helps them complete their education.

Public preschool childcare provision recognises and reduces the amount of unpaid care work by carers of this age group, mostly women; yet the extent of reduction depends on hours of provision. It can promote redistribution of unpaid care within the household if fathers are encouraged to bring their children to the centre or participate in parenting support groups.

Market provision of childcare

Market-based provision of childcare is provided by employers (for the children of employees), and by market providers on a commercial basis. Childcare provision is obligatory for employers in 19 out of the 100 countries for which information is available (World Bank, 2018[17]). Moreover, provision can at times refer only to the children of female workers, which makes it easy for businesses to bypass the requirement – for example, by keeping the total workforce, or the number of female employees, below the threshold. There is no comprehensive information on the extent to which employers fulfil statutory leave and childcare support obligations in practice, although evidence suggests that larger companies are more likely to comply (IFC, 2017[28]). Given that these provisions may apply only to formal sector employers, in low-income countries where women's paid work opportunities are predominantly outside the formal sector, the reach of employer-provided childcare for equal childcare service access is limited in scope.

Formal childcare providers comprise privately owned and managed primary schools (which sometimes extend their services for preschool children), free-standing crèches, childcare centres and online platforms. These operate in many countries but are affordable only to medium- to high-income families. To the extent that they are formal and registered enterprises, they may also offer higher-quality care, as they are subject to mandatory service quality standards set by governments. Little information is available on the coverage of this market or the actual quality of care it provides in developing countries.

Informal childcare provision includes small local providers, operating informal (but fee-charging) childcare centres or babysitting services. Individuals, such as domestic workers providing childcare and other services, are also in this category. The actual numbers of those involved as caregivers are not known, but

some observers indicate that millions of such jobs exist worldwide (Cassirer and Addati, 2007[27]). Employment of this kind is largely informal and unregulated in both commercial and domestic settings, and the quality of care is variable: in many countries, it involves female migrant workers who can be exceptionally vulnerable to ill treatment (Cassirer and Addati, 2007[27]).

Third sector organisations

NGOs, communities, co-operatives and working parents themselves (directly or through trade unions) are also involved in childcare provision in Costa Rica, India and Thailand (Moussié, n.d.[35]).; (Cassirer and Addati, 2007[27]), Mozambique, Ghana and Colombia. Building on the pioneering work of organisations such as the Self Employed Women's Association (SEWA) in India and Women in Informal Employment Globalizing and Organizing (WIEGO), these programmes often serve poorer communities and parents, particularly women, in informal jobs in areas such as street vending, waste recycling, domestic work, seasonal labour in agriculture, fishery, seafood processing and home based work. Collective childcare programmes match the working hours of the parents and many take children even from a very young age (Peñalolén childcare in Chile and SEWA childcare in India). Many provide meals and health services to children in the centres (Cassirer and Addati, 2007[27]).

Long-term care for the elderly

In most low- and middle-income countries, there is limited development of public, formal long-term care services for older people. The provision of long-term care is a low policy priority given the extended belief that "families" are better placed to provide care (HelpAge International, 2017[8]). Ageing populations have pushed governments to introduce this on the agenda, especially in Latin America. In general, governments' main approach to supporting elder care is indirect, through social protection policies and programmes, notably pensions. Publicly funded pensions allow older persons to pay for health services and relieve other family members from the care role (HelpAge International, 2017[8]) to some extent, depending on their monetary value. The Government of Korea, for example, recently introduced an insurance plan to increase the affordability of privately provided care services for the elderly (UN Women, 2016[26])

Other services for the elderly include government-run small residential care homes. These often target older people with no resources, but exclude those with challenging conditions such as dementia. In Brazil for example, the federal government runs a single residential home, located in Rio de Janeiro, with a capacity of 300 people (HelpAge International, 2017[8]). At the same time, there has been a rapid growth in private sector residential services as well as nursing agencies offering home care. These new sectors are weakly if at all regulated, raising concerns about the quality of care and the potential exposure of older people to abuse (HelpAge International, 2017[8]). The Government of Zanzibar provides free medical care and free transport to older people in both public and private commuter buses, as well as supporting elderly centres (HelpAge International, 2017b[36]).

Services for carers

Information provision, financial support and respite care all benefit informal carers, recognising and reducing their caregiving burden. An intervention offering support and education to carers of people with dementia in India led to improved well-being and health status for both the carers and their dependants (WHO, 2015[12]). Those services are now being replicated in a number of other countries, including Peru. Another option involves local health workers assessing when family carers need additional support (such as limited home care services or respite care). A number of countries are now experimenting with these integrated models, including Costa Rica, which has established a programme for 12 000 older people in poverty (HelpAge International, 2017[8]).

Evidence from Brazil, Kenya and Nepal on how public services can address women's unpaid care work

This section discusses approaches to unpaid caregiving under the umbrella of public services that have been attempted in Brazil, Kenya and Nepal. It describes types of service provision and whether the motivation or effect is to alleviate the unpaid care work burden. "Public services" refers to any provision outside the household, including but not limited to direct service provision by the state. The discussion covers support for both caregivers and the different population subgroups requiring care (children, older people and people with disabilities). Programme interventions are divided along these lines, with few overlaps and little efforts at co-ordination.

In all three countries, policy attention and practical efforts to address unpaid caregiving through direct public service provision are most widespread in the field of childcare. This is consistent with the wider international picture described above. The Educaçao Infantil programme in Brazil operates large numbers of public preschool nurseries for this age group. Meeting professional standards, the nurseries have achieved high enrolment rates.

In Nepal, the government prescribes national-level preschool and early child development (ECD) centres, which local administrations are authorised to run. In 2007, it supported more than 7 000 community ECD centres, although this still falls far short of need. Start-up public funds are offered but local matching funding is required for operation, and many communities have not been able generate sufficient funds. In some cases, communities have taken charge of government centres (Key informant interview, ActionAid). At the time of a 2007 assessment, primary school attendance was not compulsory, and only 10% of the one-third of children entering primary school had any preschool experience (UNESCO, 2007[37]). Some welfare organisations have run ECD centres, mainly for orphans and destitute children. International third sector organisations have been active as providers, notably Plan International, UNICEF and Save the Children (UNESCO, 2007[37]). At the present time, ActionAid has 21 community-based childcare projects designed around community-level standards and concerns (Key informant interview, Nepal).

In the 2010 Kenyan Constitution, the mandate for ECD services was devolved to the local level. In Nairobi, the need for affordable public childcare is very high. Women heads of household have very high rates of labour force participation (80%) (Lokshin, n.d.[38]), and the presence of preschool-age children in a female headed household reduces the rate of girls' enrolment in secondary school by more than 40% when alternative childcare is not available (Lokshin, n.d.[38]). Evidence also shows that caregiving responsibilities negatively impact women's ability to access child health and nutrition services (Appleford, G et al, n.d.[16]). The City Council now oversees public ECD services and there are facilities in about half of all the wards in the city: it operates 205 preschool classes attached to primary schools, 24 ECD centres in primary schools and 24 independent standalone ECD centres in high-density areas. Fourteen thousand children aged 4-6 years are provided for out of a total estimated number of children of almost 300 000 in this age group (Nairobi City Council, n.d.[39]), which amounts to slightly under 5% of the total eligible age group. The Council targets poorer areas in Nairobi, with 60% of its facilities in informal settlement communities or "slums", where there is a high proportion of female-headed households. It also accords priority to children with disabilities and special needs.

Beyond its role in direct provision, the Nairobi City Council is also required to regulate and enforce care standards in both its own and other childcare centres and nurseries, and has set out ECD standards in a number of guidance documents. However, it lacks the resources to enforce these and faces a major challenge in raising standards in its own facilities as well as in monitoring and enforcing compliance across the sector. One large USAID-funded programme, the Tayari project, concentrates on providing training for childcare centre staff. To date, however, there remain challenges with the quality of ECD services: public preschools are poorly resourced and managed, as demonstrated by inadequate play and learning materials, the shortage of trained teachers, and a lack of health and nutrition services or of a consistent, child-centred curriculum (Njagi, 2017[40]).

Public health systems in the three countries are largely unmindful of the unpaid caregiving burden. According to a key informant interview from the Brazil Women's Secretariat, the issue of care is said to be "completely hidden". Some third sector organisations are however working to change the situation. For example, Mothers and More is an NGO project in Brazil that improves the affordability and accessibility of public health services for mothers and children from poor households, alleviating the actual and potential care burden for caregivers (Key informant interview, Brazil). In Kenya, a child maternal health project reportedly increased the number of service locations in the project area when they realised that caregiving constrained female participants' ability to access services and remain in the programme (Appleford, G et al, n.d.[16]); (Key informant interview, Kenya IDRC).

Regarding long-term care of the elderly, there are a few scattered interventions of different types in the three countries, although in general LTC is very limited. In Brazil, there is no nationwide institutional care service for the elderly or home-based care services, and there is very limited capacity in communities (Scheil-Adlung, 2015[10]). Research has found that LTC institutions employ medical professionals who are unprepared to provide care, meaning that care for the elderly is restricted to the essentials[5] (Roquete, 2017[14]). In Nepal, availability of care from a spouse or child may be essential to the well-being of the very old or frail elderly; social norms (and residential patterns) are, however, changing – and the elderly are now one of the most neglected groups in Nepalese society (Chalise and Brightman, 2006[41]). HelpAge's programme provides technical assistance to ameliorate public health services by improving geriatric care and nursing skills among health professionals working in institutions (Key informant interview, Nepal).

In Kenya, there are a few government homes for the most destitute and for people with the most severe disabilities. Some private (corporate) businesses provide elder care services on a commercial basis, but at rates only affordable by well-off households (Key informant interview, Kenya). Charities are active in the sector, and there is growing private (market) provision of home-based nursing services. This results in some public services for elder care for the destitute and for high-income groups, but for almost nothing in between (Key informant interview, Kenya, African Population and Health Research Centre [APHRC]). In general, services are oriented toward reducing the need for and improving the quality of care for older people, rather than on recognising or addressing the burden of unpaid care on families. However, this unpaid care is often provided by other elderly people, a consequence of HIV/AIDS-related mortality and morbidity among working-age adults (Key informant interview, Kenya HelpAge International).

Care for people with disabilities (and their caregivers) seems to be limited to charitable and humanitarian relief programmes. A focus on disability is however integrated in some wider interventions. In Kenya for example, the Early Childhood Development programme in Nairobi also attempts to ensure that children with learning and other disabilities are included through community health worker referral (Key informant interview, Kenya). Most commonly, support for the elderly and disabled is realised through anti-poverty programmes, health services or education policies and programmes. As regards anti-poverty programmes, in countries with high HIV/AIDS prevalence and large numbers of orphans, much unpaid care work (for children, the sick and the elderly) is done by older people, and the well-being of the two groups is interlinked. In Kenya, which is not the worst HIV/AIDS affected country, 55-68% of orphans and vulnerable children are cared for by their grandparents (Key informant interview, Kenya HelpAge). Alongside vulnerable children and orphans themselves, caregiving grandparents in Kenya (mostly women) have been the core group of beneficiaries of the poverty-focused cash transfers for orphans and vulnerable children (CT-OVC) programme, discussed in Chapter 5 on social protection.

There was relatively limited evidence in the case study countries of initiatives in other policy areas that directly seek to impact on unpaid care work. Promundo's work in Brazil and globally, with health services to engage men in care work, is discussed in the Chapter 3 on shared responsibility in the household. More broadly, with respect to health services, these are often divided into single-issue programmatic silos in which donor funding is concentrated (Key informant interview, Kenya APHCR), which makes addressing cross-cutting issues like unpaid care work challenging.

Lessons learned in Brazil, Kenya and Nepal on addressing unpaid care work in public services

Across the three countries, there were very few examples of public service programmes or policies that address, or demonstrably impact upon, unpaid caregiving by recognising, reducing and/or redistributing it. As noted, the interventions that have been most widespread and greatest in scale have been in the field of childcare. Nursery school policies and programmes implicitly recognise and significantly reduce the unpaid caregiving burden for parents. Childcare interventions also permit parents (particularly mothers) to increase their paid work, to varying degrees depending on the costs and hours of provision. In Nairobi slums, improved access to childcare services was found to be associated with increased female employment (Key informant interview, Population Council). This makes it cost-effective for more mothers to pay for childcare, and has also led to demands for improved quality in that care (Key informant interview, Kenya Kidogo).

Policy advocacy and evidence on the impact of interventions may help explain the widespread adoption of ECD programmes in many countries; the expansion of childcare services has become official policy in many countries in the past 20 years or so, with considerable influence and support from UNICEF. Such advocacy has led to childcare policies of the type that have been adopted in Brazil and Kenya, though not yet in Nepal.

In Brazil, the central government required cities to support public childcare services from 1997 but gave no financial support until 2007, when resources from a national fund became available. Funding is now shared between central and local government. National funding is made available according to a formula demonstrating need, i.e. actual enrolment in the centres. It covers a range of non-staff requirements (equipment, courses, food for meals, transportation, etc.). Local governments have also sought national-level funding to construct new care centres: 4 700 are planned and 3 100 have been constructed to date.

Interventions addressing unpaid care work through fee-paying childcare services can only succeed where families have the financial resources to pay for them, where they have the skills and experience to undertake paid work, and where there is sufficient demand in the local labour market for women to have employment opportunities or the possibility of working as entrepreneurs. This means that women from poor households in impoverished rural areas with limited market opportunities are far less likely to have their unpaid caregiving burden alleviated by these means.

In recent years, international NGOs and other, newer actors (e.g. social enterprises) have built on or extended existing statutory provision, with a focus on groups or geographic areas poorly served previously, such as Action Aid's support for rural childcare provision in Nepal and HelpAge interventions to promote better-quality elder care provision. ActionAid Nepal provides partial initial funding for its community childcare centres to cover equipment, meals, games and toys, etc., sharing costs not only with municipalities but also with clients and the community. Once a centre is running, small fees are charged to users and the centre does local fundraising as well. Homenet Nepal also contributes to cost of its childcare centres, sharing funding with the municipality and with volunteering staff, who presently provide 50-60% of total staffing effort.

Recent developments in childcare provision in Nairobi, Kenya provide an interesting case of collaboration between social enterprise, impact investment actors, informal providers and municipal government that may offer useful lessons for other municipal authorities. Since the 1990s, the Government of Kenya has held responsibility for training, supervision and inspections of childcare facilities for preschool services (the 4-6 year age group), but the coverage of publicly provided services remains very limited. There are also an estimated 300 private preschools and approximately 2 000 small-scale alternative providers (community schools, low-cost family schools, and so on) (Key informant interview, Nairobi's City Council). Another estimate is that there are 3 700 childcare centres in the city, covering children from 0 to 4 or 5 years (Key

informant interview, Tinytotos). For the past few years, the City Council has worked collaboratively with established organisations, such as Action Aid or the Aga Khan Foundation, and with two new, innovative private sector actors whose aim is to upgrade services by supporting existing informal suppliers (see Box 5.1).

Box 5.1. Social enterprise and innovation in childcare provision in Nairobi: Collaboration between actors

Given the significant need and demand for childcare services in Nairobi, especially among less well-off groups such as women heads of household, Nairobi City Council has chosen to collaborate with other actors: 1) NGO Aga Khan, 2) a social enterprise (KIDOGO), and 3) an impact investor (TinyTotos), in attempts to extend and upgrade childcare services provision in the market.

KIDOGO seeks to raise standards by providing staff training and operating a small number of demonstration centres. It operates a "hub and spoke" model that acts like a franchise, encouraging participating centres to improve the quality of childcare provision, including through good nutrition, and giving them permission to use the KIDOGO label. Tinytotos facilitates impact investing focuses instead on the operational competence of the providers, seen as SMEs. Thus, it emphasises managerial competence as well as quality of care provision in small childcare centres. The two organisations both have good relations with the city government, and are respected for their innovative approaches and the additional resources they bring in the effort to improve standards across the sector.

Both have been very successful in terms of proving the value of their respective business models and meeting objectives. KIDOGO points to its good performance in terms of numbers of trained staff and of meals provided for the children and so on, whereas Tinytotos emphasises the revenues and profitability of the centres participating in its programme, providing training services on a commercial basis and access to viability gap financing. They share a belief in the market-based approach as the key to sustainability, contrasting it favourably with externally provided, donor-funded, time-limited interventions that tend to close down when the project ends.

This collaboration is fuelled by a genuine interest and confidence on the part of the local authority in market-based approaches to "proof of concept" and by enhancing demand through improving care standards. The authority trusts market actors to work within the regulatory framework it has set, and has a non-punitive approach to enforcement. It recognises that without the other actors' inputs, compliance with the quality standards they have drawn up could not be assessed, let alone assured. This also provides the local authority with a shield against the possibility that government ministries (e.g. industry or treasury) might demand closure of non-registered providers, and usher in corruption among official inspectors. This close collaboration is, however, heavily reliant on one individual inside the City Council who champions the policy; there are some concerns that attitudes and practices may change were they to leave their post (Key informant interview, Kenya Kidogo).

Both organisations charge fees to parents and to trainee caregivers, on the grounds that it is important to demonstrate value to both groups and not to distort the market by free provision. In both cases, they report that parents accept (small) increases in fees when the quality of care improves and meals are given, and suggest that this is possible because childcare is cost-effective and enables mothers to earn more. By contrast, NCC has decided to remove fees for its services, citing parents' complaints that they were "exploitative" and arguing that this allows it to reach the lowest income households in the city.

Source: Key Informant Interviews, Kenya

In general, however, childcare provisions do not promote redistribution of caregiving between men and women. Instead, it often tends to reinforce women's primary responsibility for undertaking care or organising access to it, thus perpetuating the "normal" pattern of specialisation in caregiving. There is scope for redistribution of the unpaid caregiving burden within families when childcare services introduce complementary measures such as encouraging more fathers to bring their children to nurseries and get involved in parent-infant teacher/care worker discussion forums. There are some exceptions where redistribution of caregiving is reported in conjunction with childcare provision. For example, some fathers and men are involved both in managing their children's participation in the Nairobi City Council (NCC) nurseries (Key informant interview, NCC) and as childcare providers (on an entrepreneurial basis) in the private sector (Key informant interview, Kenya NCC and Kidogo).

Health services usually only address unpaid care work by way of improving care and nursing services in institutional settings or with improved community outreach. The high level of demand for Age Nepal's project to train professional caretakers in geriatric care (Key informant interview, Nepal) suggests that such skills are at a low level in the health sector workforce in that country. In both childcare and elderly care, improvements in care service provision standards widen the options available to current caregivers. With some notable exceptions, health service interventions do not involve any explicit encouragement for a fairer gender division of unpaid caregiving. A counter-example is Brazil's Mother and More project, which has sensitised older children to their mother's caregiving burden; the children sometimes give voice to this understanding by encouraging other family members to share the load (Key informant interview, Brazil).

Two international NGOs, Oxfam and ActionAid, are working in both Nepal and Kenya to directly address unpaid care work in their strategic programming. Their chosen approach to policy implementation is through activities decided by women's groups and communities. However, caregiving burden does not consistently surface among women's primary concerns in women's groups or community assemblies; the focus is instead on other aspects of women's economic empowerment, such as increases in income-earning activity and political representation (Key informant interview).

Key findings

Governments have a leading role to play in providing and regulating care services

Governments have a key role to play in redistributing unpaid care from household to the state and the market, both through direct provision of care services (often at local or municipal government level) and through establishing linkages to wider social programmes (e.g. social protection programmes) and creating incentives for other actors – notably employers, NGOs, co-operatives – to provide such services outside the household. They also can play a key role in regulating the provision of care services, to ensure that they meet adequate standards of care. At the same time, making public service provision universal and accessible to all can ensure that these policies do not inadvertently increase inequality. This is central to the "leave no one behind" agenda and reaching women living in poverty or in informal employment, for example.

Some governments and donors have made important advances in subsidising early childhood care, most often for reasons of human capital development. It is also a proved effective strategy for increasing women's engagement in the paid labour force, and thereby for promoting women's economic empowerment and reducing gender inequalities. The relatively high level of commitment of some governments to public funding of childcare provision responds to long-standing research evidence and

advocacy about the social value of preschool support. A number of governments have made policy commitments to expanding preschool education, particularly for the 4-6 age group, while provision for younger children has received much less attention.

More broadly, a childcare transition is under way, with an evolving and growing spectrum of service provision by market, third sector and public actors. Multi-party co-ordination can promote innovation in services provision in unpaid care, improving both reach and quality. In all three case countries, examples were found of collaboration between state providers of national, publicly financed care systems (healthcare and childcare), third sector organisations and, in one case, private sector providers; the aim was to enhance and improve the quality of care services (some with donor funding), through standard setting, better training and regulation. Improved quality of services is likely to increase demand, or at least expand choices.

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Notes

[1] Standard international data on the distribution of population by age does not distinguish smaller age groups among children within the overall 0-14 year range.

[2] http://www.unaids.org/en/resources/presscentre/featurestories/2016/december/20161202_HIV-care.

[3] Men spend a much higher portion of their unpaid workload outside their own households, according to data for 14 countries (all that is available): about half of their total caregiving effort. Even so, women spend about the same amount of time as men in this way.

[4] http://news.co.cr/costa-rica-initiates-public-early-childhood-education-program/51187/.

[5] That review covered a mix of private non-profit institutions, private for-profit institutions, public facilities and charitable institutions.

6 Financing options to address women's unpaid care work

This chapter provides a brief overview of financing options to alleviate women's unpaid care work burden, focusing on investments in infrastructure, social protection and public services. It begins with reporting on comparative spending commitments to promote gender equality via four infrastructure sectors. It then describes options for financing social protection (highlighting the effectiveness of mixing contributory and non-contributory systems) and financing public service (with full public funding of care services viewed through the criteria of affordability and acceptability). Evidence is also presented on childcare provision, which covers the whole range of financing options. Mention is made of the importance of donors for health services in low-income countries, with newer sources of funds delivered through individual interventions (involving e.g. foundations and pro bono work by medical professionals). The chapter concludes by examining the funding dynamics of NGOs, which run the majority of programmes focused solely on promoting shared responsibility within the household.

Financing infrastructure options to address unpaid care work

Public funding for infrastructure in developing countries accounts for between 70% and 80% of total infrastructure spending, the balance often provided by public-private partnerships (Mohun, 2016[1]). In low-income developing countries the share of public spending is much smaller– around 10.5% since 2000, with a decline after a sharp increase in the early 2010s – and mainly concentrated in the energy sector (Gurara et al., 2017[2]).

Public financing of infrastructure is key, particularly where private market players do not have incentives to invest in poor, risky or remote environments. The experiences described in Chapter 4 in Infrastructure of market-based approaches also point to the need for more integrated approaches, as many households lack the ability to pay for improved stoves and fuel replacements. Furthermore, "the time burden on women and children may not be a sufficient disincentive for men who have a greater voice in major purchasing decisions" (UN Women, 2018[3]). Targeting subsidies to women so they can purchase these technologies is a possible solution but fails to address the norms around such technologies, which may discourage women from using new technology. Another approach has been providing banks with loan guarantees or similar risk reduction financing to promote loans to companies to expand access to clean cooking and other energy technologies (Dutta, Kooijam and Cecelski, 2017[4]). Parallel efforts may be needed to raise awareness about the health, well-being and time impacts of using traditional sources of energy in other to incentivise households to purchase these technologies. Combining the promotion of clean labour-saving technologies with microfinance, finance and savings initiatives is another approach used by the not-for-profit rural power company Grameen Shakti in Bangladesh (Dutta, Kooijam and Cecelski, 2017[4]).

Current evidence also suggests that investments in grid extension are less cost-beneficial than targeted subsidies to unconnected households in areas with grid coverage, particularly in very poor and sparsely populated areas (Buvinic, Furst-Nichols and Pryor, 2013[5]). However, reporting on the costs and benefits of electrification that incorporates analysis of the gender-differentiated benefits is still very sparse.

Despite the policy priority given by governments and donor agencies to investment in infrastructure linked to Sustainable Development Goal (SDG) 7 – "Ensure access to affordable, reliable, sustainable and modern energy for all" (UN Women, 2018[3]) – targeted gender-sensitive investments in infrastructure remain low (Box 6.1). The World Bank (2010[6]) in fact identified the limited resources available for social and gender analyses of infrastructure projects as one of the five main challenges to achieving reductions in gender inequalities (World Bank, 2010[6]).

Box 6.1. Tracking aid focused on gender equality in the infrastructure sectors

The OECD tracks aid in support of gender equality and women's empowerment using the Development Assistance Committee (DAC) gender equality policy-marker – a qualitative statistical tool that records relevant official development assistance (ODA) activities. The marker is used by DAC members as part of the annual reporting of their aid activities to the OECD. It is based on a three-point scoring system that scores aid as principal (with regard to targeting gender equality), significant (i.e. gender-mainstreamed), or not targeted. The data generated by the DAC gender equality policy-marker provide an estimate of aid in support of gender equality, but are not an exact quantification.

Analysis by the DAC Network on Gender Equality (GENDERNET) finds that aid to gender equality in the infrastructure sectors was low compared to other sectors on average in 2016-17 (Figure 6.1). The infrastructure covered in this study includes transport and storage, energy, communications and water and sanitation. Overall, donors committed over USD 6.7 billion to gender equality, representing 24% of total aid, in these four sectors on average per year.

Donors committed the most gender-focused aid in the transport and storage sector (USD 3.3 billion on average per year in 2016-17). However, one single large programme funded by Japan – a USD 2 billion-railway programme in the Philippines – accounts for half of this aid.

Aid to the energy sector is the least likely of the four to have a gender equality focus or be gender-mainstreamed. Only 13% on average per year incorporated gender equality over 2016-17 (USD 1.3 billion), but less than 1% targeted gender equality as a principal objective (USD 15 million).

Looking at volume of aid to the four infrastructure sectors, donors' aid to gender equality is lowest in the communications sector, with only USD 69 million or 23% of total ODA in this sector. Of that share, 1% targets gender quality as a principal objective (USD 4 million).

Source: OECD (n.d.[7]), Creditor Reporting System, "Aid projects targeting gender equality and women's empowerment" https://stats.oecd.org/Index.aspx?DataSetCode=crs1.

Viability gap funding (VGF) has been used to catalyse private sector investment for development projects (PIGD, 2018[8]). This involves covering a part of the upfront capital costs with a grant, often for pro-poor private infrastructure investments. According to CEPA (2016), however, while VGF can effectively close the initial funding gap, it needs to be carefully designed to deliver the same beneficiary-level impacts as other products, "as it is focused on improving the ability of projects to attract commercial capital" (CEPA, 2016[9]).

Financing social protection options to address unpaid care work

Generally, social protection financing requires a combination of taxes and contributions by individuals and employers to close coverage gaps. Public financing has a greater potential for ensuring adequate protection for all, in a way that reflects the principles of risk sharing, equity and solidarity, and that is fiscally, economically and socially sustainable (ILO, 2017[10]). While the feasibility of different social protection systems is constrained by a government's resource base, there is a variety of options to generate resources for social protection. For example, countries such as Ghana and Indonesia have reduced or eliminated fuel subsidies and used the proceeds to extend social protection.

Various funding mechanisms can be and have been used to cover employees' wages and benefits when they take leave: when considered a social security benefit, for example, employers may be reimbursed by the state. When social security alone does not provide for leave, collective financing — shared among

individuals as well as among employers — can equally distribute the cost and create broader, more stable support for leave that is more inclusive of all types and levels of workers (Shand, 2018[11]).

Box 6.2 offers examples of how a mix of contributory and non-contributory systems have been used to progress towards universal coverage of key parental leave and maternity benefits. Non-contributory systems and provisions that recognise women's caring role are essential to ensure that social protection systems do not reinforce gender inequalities.

Box 6.2. Financing universal coverage of parental leave and maternity benefits

In Australia, the National Paid Parental Leave plan, introduced in 2011, established an entitlement to 18 weeks of government-funded parental leave pay at the rate of the national minimum wage for eligible working parents (mothers and fathers). The plan is subject to a relatively generous means test. Together with the "baby bonus" that is also paid to non-working parents and is subject to a stricter means test, the parental leave plan reaches close to universal coverage.

In Mongolia, formal employees are covered by social insurance on a mandatory basis and receive a replacement rate of 100% of their covered wage for four months. Herders, the self-employed and workers in the informal economy can join the plan on a voluntary basis, and receive maternity cash benefits for four months at a replacement rate of 70% of their selected reference wage after 12 months of contributions. In addition, maternity cash benefits under the Social Welfare Scheme are provided to all pregnant women and mothers of infants regardless of their contribution to the social insurance programme, status in employment, or nationality. The benefit, equivalent to approximately USD 20 per month (2015) is paid from the fifth month of pregnancy for twelve months. Maternity care is provided through the universal, tax-funded health-care system. A new law, passed in June 2017 to enter into effect on 1 January 2018, extended the benefits to up to three years after the birth for women who have suspended their work for childcare reasons.

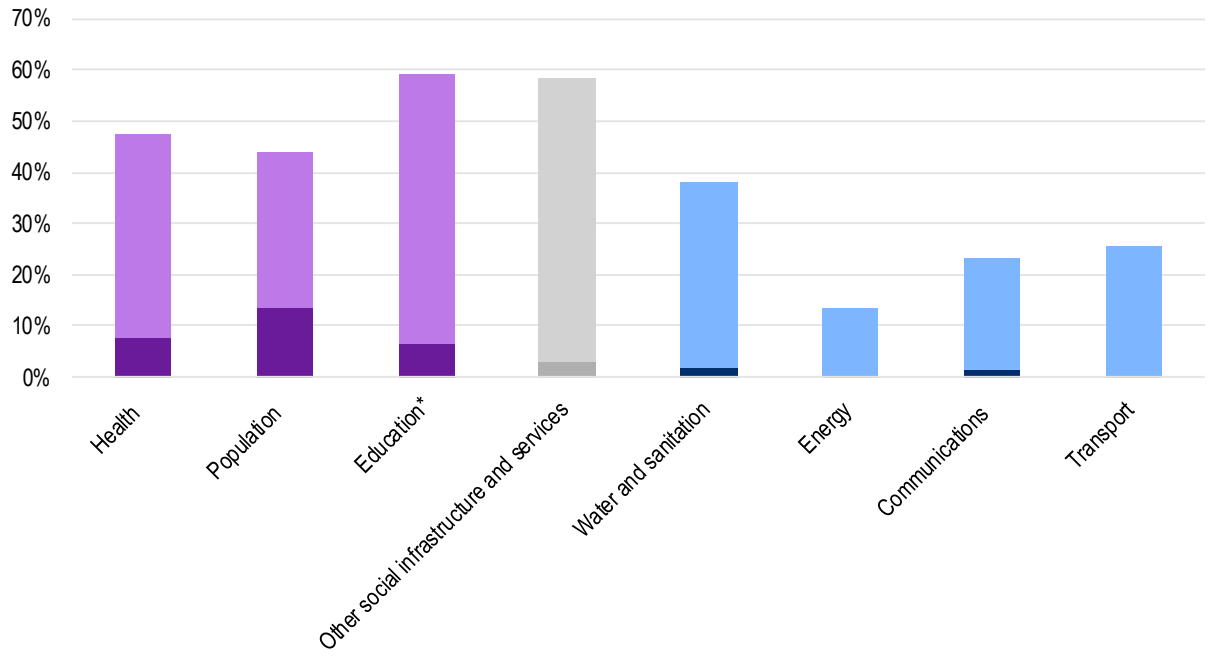
Source: (Global Partnership for Universal Social Protection, 2016[12]) The Universal Child Money Programme in Mongolia; (ILO, 2017[10]), World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals.

Pressures on public finances have led to calls for curtailments to social protection systems, stronger targeting to groups perceived as being the most vulnerable, and privatisation of or cuts in care provision in some countries. These pressures have implications for the resourcing of gender-sensitive or transformative care policies within social protection programmes and policies. Meanwhile, an emerging body of evidence suggests that there are long-term economic benefits from investing in the caring industries and social infrastructure. Resolving care deficits increases women's labour market participation and earnings, which in turn generate additional "fiscal space" for expanding social protection (Ilkkaracan, Kaya and Kim, 2015[13]); (Ortiz, Cummins and Karunanethy, 2017[14]).

The role of donors in financing social protection

Donors can play an important role in financing social protection (Figure 6.1), particularly by providing support for pilot programmes or innovative initiatives such as the cash transfer programme in Kenya described in Chapter 5. However, aid to the social infrastructure and social services sector (which includes social protection programmes) remains low. On average in 2016-17, DAC members committed around USD 3.3 billion to social infrastructure and other services overall, of which USD 1.3 billion (or 59%) had gender equality integrated as a principal or significant objective. While this represents a significant portion of total aid to these sectors, the overall amount of aid focusing on gender equality remains low compared to other sectors such as health services, population policies/programmes and reproductive health. In addition, only around 3% of bilateral aid to social infrastructure and other services targeted gender equality as a principal objective.

Figure 6.1. Aid targeting gender equality in public services, infrastructure and social protection



Note: The darker colour represents the share of ODA targeting gender equality as a principal objective. The lighter colour represents the share of ODA targeting gender equality as a secondary objective. The sectors represented in purple encompass public services. The sectors represented in blue encompass infrastructure. The sector represented in grey corresponds to other social infrastructure, which includes social protection programmes. Education here refers to unspecified level and primary education. Secondary and post-secondary education were not counted.

Source: OECD (n.d.[7]), Creditor Reporting System, "Aid projects targeting gender equality and women's empowerment", https://stats.oecd.org/Index.aspx?DataSetCode=crs1.

StatLink https://doi.org/10.1787/888933948530

Financing public service options to address unpaid care work

Different financing mechanisms have been tried with respect to public (non-household) provision of care of all types, ranging from full public funding of universal coverage services to complete "out of pocket" payment by households that purchase care services through the market. In the first case, government makes provision on behalf of society as a whole, in accordance with the view that support for public goods is a principal function of government. Where caregiving is left entirely or largely to non-state actors, governments' abrogation of their role not only discriminates against persons in need of care, but could also be considered gender-discriminatory, given gender inequalities in unpaid care work.

Full public funding of care services is non-discriminatory and provides the fullest coverage to the population, including the most disadvantaged and vulnerable groups. It is therefore the type of financing that best meets affordability criteria for all households. The affordability of means-tested public programmes and insurance plans depends on eligibility criteria and other aspects of programme design and delivery, such as the amount of additional "out of pocket" payments involved. In all cases, acceptability by beneficiaries is affected by the quality of service provided. For example, public services may be so poor that they are demeaning not only for the person concerned but also for family caregivers. On the other hand, depending on the cost and quality of commercial services provisions, "value for money" considerations enter into consumer decisions.

Approaches to financing that incorporate elements of public subsidy include means testing of public service provision or partial subsidy of providers' costs from public funds, through direct cost-sharing payments or fiscal incentives or exemptions. Social funds are another option; these are paid either directly to the state (as in donor programme support) or to organisational providers (e.g. through fundraising by NGOs or charities from local or international sources, or from bilateral or multinational donors). Insurance plans, public or private, spread funding within a pool of potential users. Finally, financial contributions by employers may also attract subsidy, whether from general state revenues, from taxes on all employers or employees, or some mixture.

There is insufficient evidence to attempt generalisations on the current status of financing of care services in middle- and low-income countries. However, some scattered evidence is available, mainly on childcare provision, which covers the whole range of financing options. The public funding of childcare services is relatively widespread and growing internationally compared to funding for other types of caregiving. In Mexico for example, the federal government subsidises up to 90% of the cost of day care for children eligible through the Estancias Infantiles programme (O'Neill, Chopra and Vargas, 2017[15]). In some countries, governments have committed to financing and providing preschool programmes at the central, regional, municipal or local government level, and formally employ childcare staff. Examples are Ghana (IFS, 2018[16]), Costa Rica, Brazil (World Bank, 2018[17]) and Kenya. While they aim for universal coverage, they rarely achieve it.

Personal income taxation codes can provide another form of public subsidy of the private costs of childcare. Tax deductions for childcare fees reduce the burden of costs for parents in 33 countries worldwide, for example Bhutan and El Salvador (World Bank, 2018b[18]). The enrolment of children in pre-primary education is higher in economies that provide deductions for childcare fees than in economies without such deductions (World Bank, 2018b[18]).

The relatively high level of commitment of some governments to public funding of childcare provision responds to long-standing research evidence and advocacy of preschool support for its social value. Quality childcare from the earliest age is a long-term investment in human capital and in the reduction of social disparities (Francesconi and Heckman, 2016[19]). Preschool child support programmes need to provide services in non-household centres, finance parental support programmes, or both.

If public investment in childcare provision is indeed a public good, the upfront financial cost will be offset by medium- and longer-term benefits with revenue-raising potential. Simulations for South Africa and

Uruguay show that between one-third and one-half of the gross investment in early childhood interventions could be recuperated through the tax and social security system in the short term (UN Women, 2018[3]); another estimation places the return at up to 77% (UN Women, 2016[20]). It has been assessed that increased resources for care in seven OECD countries would lead to approximately twice as many jobs as investing the same amount in construction. Investing 2% of a country's gross domestic product in the care industry would increase women's employment rates by between 3% and 8% (O'Neill, Chopra and Vargas, 2017[15]). Advocates claim that preschool provision is one of the soundest of all possible public investments (Devercelli and Neuman, 2013[21]).

Supporting public services to promote gender equality

Donors can also support provision of public services with the intention of promoting gender equality and women's empowerment in developing countries (Figure 6.1). On average per year in 2016-17, donors integrated gender equality as either a principal or significant objective in USD 3.2 billion of aid to the health sector, USD 3.6 billion to population and reproductive health, and USD 2.8 billion to primary and basic education. In terms of proportions, donors' efforts to support gender equality are most evident in the education sector, where over 59% of total bilateral aid integrated gender equality on average in 2016-17. A slightly smaller portion of aid integrates gender equality in the health and population and reproductive health sectors (47% and 44% of aid, respectively on average in 2016-17).

Research showed that the donor community is not sufficiently focused on care for older persons (Key informant interviews, Kenya APHRC). HelpAge International is using its international funding to advocate new approaches to elderly care at the highest level. It has helped member countries of the African Union adopt protocols on this care (Key informant interview) in line with evolving World Health Organization guidelines; the WHO guidelines have themselves been influenced by academic work at APHRC (Key informant interview, Kenya APHRC). Meanwhile, Age Nepal's training programme is raising standards of geriatric care, in an approach reminiscent of social childcare enterprises in Kenya (Key informant interview, Nepal).

Health services in low-income countries depend in large measure on donor funding for individual, siloed programme interventions (Key informant interview, IDRC). The Mother and More project (like social enterprises dealing with childcare in Kenya) taps into some newer sources of funds: it raised money for office infrastructure from a foundation, and relies on pro bono work by medical professionals to provide health services as an extension of their paid working time. Individual donor-funded health programmes and projects each take their own path. Unless unpaid care work is a policy priority of the donors or a governing principle at national or international level – or project monitoring reveals its relevance to project performance – projects and programmes do not tend to take account of the constraints on caregivers.

Employers are another source of funding of childcare, in cases where companies are required to provide it by law or have chosen to provide it for their employees. Financing can be complete or partial. However, this accounts for a small portion of childcare service provision. In the 19 countries where the regulatory framework requires employers to support childcare, 60% provide government benefits to parents while 54% provide such benefits to childcare centres, and 34% to employers (World Bank, 2018[17]). Some larger employers in these countries, however, are seeing beyond the upfront costs of supplying childcare and are recognising the long-term benefits for the company, including reduced turnover and enhanced worker engagement and retention (IFC, 2017[22]).

NGOs often provide services below market rates on a cost-sharing basis, levying small fees in order to extend their reach beyond the level that their own fund-raising efforts, and donor contributions, could support. They may, if user fees are on a sliding scale, be operating a means-tested service in order serve disadvantaged groups, possibly with some cross-subsidy among the client base. Communities and co-

operatives fund services from their membership fees and contributions in cash, or mobilise in-kind payment through voluntary labour (ILO, 2016[23]). Community and co-operative projects usually operate some cost-sharing, charging fees even if at a minimal rate (ILO, 2016[24]). As with any communal "self-help" activity, the quality and extent of the services that can be provided depends on the resource level of the community.

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Annex A. Framework and methodology

Framework

This policy paper adapts the framework used by Chopra, Kelbert and Iyer (2013[1]) to conduct a political economy analysis of how unpaid care concerns are considered with regard to early childhood development and social protection policies. The authors' framework looks at the intent and design of polices as well as their implementation and outcomes to determine which combinations of actors, institutions, ideas and incentives, and windows of opportunity/moments in time are conducive to the adoption of policies dealing with unpaid care. The authors also identify key issues that have not been adequately addressed in the literature so far. These issues are the interests, motivations and interactions of different players working to incorporate unpaid care; how the choice of specific pathways to achieve the 3Rs is made; whether enough resources are allocated to achieve the intended policy outcomes; and evidence as to whether in fact these outcomes have been achieved.

Broadening the approach used by Chopra, Kelbert and Iyer to cover programmes as well as policies and to address some of the gaps identified, the analysis for this report focuses on the following main questions (See Annex B for a more detailed list of questions used in the interview process):

- What approaches to infrastructure, social protection, public services and promoting shared responsibility within the household to address women's unpaid care work have been attempted in different contexts?
- What works to achieve the 3Rs, and in which context?
- Which coalitions of actors have been instrumental to adopting new policies and programmes?
- What targeted strategies or interventions are needed to achieve the 3Rs for different groups (e.g. age group or stage in the life cycle, location, marital status, socio-economic background, labour market status, or other marginalisation factors such as disability)?
- What different resource models have been tried in infrastructure, social protection and public services to address women's unpaid care work?

The analysis focuses on interventions that recognise and intentionally address unpaid care work as well as on those that do not aim to address the issue but that have had or have the potential to significantly reduce and/or redistribute unpaid care work. It aims to look beyond how programmes and policies work to see how understanding of unpaid care work is evolving over time, which key actors are involved in designing and adopting policies and programmes, and why certain approaches have been chosen over others. Where possible, the analysis also notes how policies and programmes address the realities of unpaid care work across different social groups. This is a relatively neglected research area, but one greatly important for both the inclusive growth and "leave no one behind" agendas. This analysis aims to reach the poorest and most marginalised groups but require proactive measures that address inequalities among individuals (i.e. men and women in the same household, or women of different ages) and groups (i.e. rural, urban, indigenous, etc.).

Methodology and limitations

To understand the different approaches to each of the four policy areas – and their relevance to and effectiveness in different contexts – the research team conducted:

- A literature review to identify the main entry points and policy options for addressing unpaid care work in each of the domains.
- Three in-country research visits to Brazil, Kenya and Nepal. Interviews were held regarding selected initiatives linked to each of the different policy domains, with the focus primarily on public sector provision.
- A cross-country analysis of the specific initiatives identified, drawing also on wider evidence from existing research, to identify similarities and differences of approaches and actors in different contexts.
- Brazil, Kenya and Nepal were selected for analysis from a shortlist of countries; each had existing initiatives to address unpaid care work, across at least three of the four policy domains. Other considerations in selecting the focus countries were:
- Geographical representation.
- Level of economic development – with one low-income, one lower middle-income and one upper middle-income country.[1]
- The level of policy attention given to addressing unpaid care work.[2]

Box A.1. Policy environment for unpaid care work in Nepal, Kenya and Brazil

In Nepal, while there are no concrete policies relating to unpaid care work, evidence of growing recognition of the issue is reflected in its inclusion in the Constitution, which states the "need to evaluate economically this work and contribution such as maintenance of children and care of families". Women's movements were instrumental in having unpaid care work included in the Constitution. The country has not yet conducted a time use survey.

In addition, the government has formally adopted gender responsive budgeting and works with local administrations to adhere to its guidelines, which include references to women's care work and time use. Local governments are urged to allocate 15% of their budgets to gender issues, and recognise unpaid care work by contributing to NGO and community childcare initiatives.

In general, unpaid care work issues are not seen as an "urgent" or priority issue – unlike, for example, violence against women – even among women's organisations. Two international NGOs (Oxfam and ActionAid) are the only developmental actors that seek to address unpaid care work directly in their strategic programming.

Brazil has had relatively strong interventions by women's organisations and feminist groups with regard to unpaid care work advocating for crèches that goes back to the 1970s. However, both bureaucratic inertia and federalism constitute major challenges, as the municipal governments are not fully reimbursed for educational expenses, and the reimbursement for crèches and preschools is even lower.

The Brazilian Constitution provides for free day care and preschool for children up to age six; a family allowance; maternity and paternity leave; and unemployment insurance. The government also mandates childcare provisions and breastfeeding areas for private employers with at least 30 women employees over 16 years of age (IFC, 2017[2]).

In addition, the Secretariat for Women's Policies in Brazil works with UN Women and Promundo to change gender norms in order to promote shared responsibility within the household. In the past, the

focus of the government has been on paid care by domestic workers, and a 2015 law recognised paid domestic work as equal to other private sector work.

In Kenya, the Constitution (2010) makes specific reference to women's and men's "right to equal opportunities in political, economic, cultural and social spheres". The Constitution further stipulates the shared responsibility of both parents to care for their children [art.53 (1) (e)]. The Women's National Charter, developed in 2012, requires that government recognise, quantify and redistribute the unpaid work of women in the home. The country has not conducted a time use survey. Specifically, the Charter states that the government should "[t]ake legislative and policy measures to recognize, quantify and place equal economic value on the work of women in the home as that performed in the formal public sector". In 2017, the government extended maternity leave for women in the formal work force to six months in an effort to address child malnutrition and encourage breastfeeding.

NGOS are working in Kenya to address unpaid care work directly in their strategic programming. In general, though, unpaid care work often is not considered as important as other concerns during policy design, such as health, energy and environmental issues. At the same time, there is a window for non-governmental organisations to bring unpaid care onto the table while promoting social norm change. For example, Oxfam and Femnet work with men to challenge masculinities; as part of their wider programme agenda, ActionAid and UN Women work with women and men in communities to understand unpaid care work.

For each country, the researcher aimed to conduct interviews with:

- at least one policy maker or civil servant responsible for and/or knowledgeable on activities related to unpaid care work, in each of the policy areas
- representatives from organisations that directly implement programmes with the specific intent of achieving, or a likelihood of having an impact on, one or more of the 3Rs of unpaid care work
- representatives of national women's organisations or coalitions and/or academic researchers active in the field of unpaid care, to learn more about general developments in the area as well as to get a different perspective.

The country research used for the analysis greatly depended on the number and type of respondents, which in practice varied across countries according to existing networks, timing and availabilities.

Identification of "what works" is limited by the early stage of implementation of some of the initiatives identified; by whether they were designed with any intent to address unpaid care work; and by whether their impacts on unpaid care work were or are being systematically monitored or evaluated. Where evaluation studies were identified, relatively few of these dealt with unpaid care work dimensions directly. Secondary sources were used where available to identify other promising approaches and entry points to address the reduction, recognition and redistribution of unpaid care work in the three countries.

Annex B. Detailed research questions used for country case studies

The intent of policies and programmes

- Are the 3Rs part of the specific aims and objectives of the policy or programme?
- Who made the decision? What was the discourse/reaction around this?
- Are different groups specifically aimed at? Which ones?

The design

- How was the policy/type of programme chosen?
- What provisions did the state or programme designers put in place to ensure that the aims and objectives of the policy or programme can be achieved?
- How were the specific provisions chosen?
- Who was engaged/instrumental in the design? – Actors within and across policy areas, different sectors, groups, etc.
- How did the different actors engage?
  - What barriers did they encounter, how did they overcome these?
  - How did they choose whom to engage with?

The implementation

- How are the provisions implemented in real life?
- What or who are barriers, how are they overcome?
- What works well?
- Who is instrumental in ensuring good implementation?
- How are the policies and programmes financed/resourced?
  - Are these financing/resourcing models sustainable?
  - What is the discourse around the financing and resourcing?

The outcomes

- What are the achievements with respect to the 3Rs?
- Do they match the stated intent? (The evaluation against the stated intent will inform our “what works” question)
- Are the outcomes/achievements the same across different groups, or do experiences differ dependent on age/life cycle stage…?

Annex C. Programmes and policies included in analysis of Brazil, Kenya and Nepal

Table A C.1.

Country	Initiative	Brief description	Approach to unpaid care work
Public services			
Brazil	Educaçao Infantil	National preschool programme for children 4 years +; "compulsory", aiming at 50% enrolment by 2020; 0-3 years optional	Recognising and reducing unpaid care work, but not redistributing for parents receiving cash transfers (conditional on not doing paid work)
	Mother and More	Anti-poverty parenting programme and mother and child mobile health clinic	No UCW focus initially. Unpaid care work recognised; helps reduce (access to healthcare); redistribution encouraged
Kenya	Nairobi City Council	Has ECD/preschool provision mandate; for 4-6 year-olds only Sets but cannot enforce provider regulations	Addresses all 3Rs, by de facto extending school enrolment threshold to younger children
	Kidogo	Social enterprise, improves quality of care and certifies providers Hub and spoke model for skill diffusion; 0-6 years old	Addresses all 3Rs (not gender restricted, some male care providers participate) For full age range of young children
	HelpAge International	Policy advocacy for those with greatest care needs, at intersection of age and particular medical conditions	Recognises and reduces UCW, by focusing on care needs and quality of life for older people, pre-empting need for more intensive caregiving
Nepal	Action Aid	Supports community provision of childcare – no single model	Parents' willingness to pay indicates recognition and reduction. Redistribution is addressed peripherally
	Age Nepal	Geriatric care training programme for health professionals	Addresses LTC skills in clinical settings among paid caregivers No UCW focus, but may reassure domestic caregivers/elders that institutional care is an acceptable substitute
Infrastructure			
Nepal	World Food Programme	Improved services to "the most vulnerable, incorporating better resilience to natural disasters, stronger livelihoods and enhanced investment environment" (DfID, 2015, p. 3[3])	None
	Helvetas	Increase the resilience of women and men against the negative impacts of climate change and increase representation of women in livelihood initiatives and climate change adaptation plans (pilot action research project)	Recognises UCW, aims at recognition by women and men in communities, reduction and redistribution
	Asian Development Bank; Ministry of Women, Children and Social Welfare	Address gender-based inequalities with respect to access to economic opportunities, political participation, lack of voice and representation, and existing socio-cultural barriers (particular focus on disadvantaged women)	Recognises UCW, aims at reduction through infrastructure
Brazil	Secretariat for Food Security, Health and Nutrition within the	Access to water and food security	UCW not recognised as issue across secretariat/ministry; no aim at redistribution or reduction

Country	Initiative	Brief description	Approach to unpaid care work
	Ministry of Social Development		
Kenya	Innovation Energie Développement	Stimulate market solutions to energy poverty	UCW not recognised, no aim at redistribution or reduction
Social protection			
Brazil	"Housewife Policy": policy reform of pension and social security system	Provides for earlier retirement age + voluntary social security contributions for housewives; introduced in 2006	Providing access to: maternity leave, pension and medical support (paid sick leave) for low- or non-income earners including housewives
	Programa Bolsa Familia (PBF)	Cash transfer programme aimed at reducing poverty and inequality, by targeting benefits to mothers	Initially no explicit focus on unpaid care work but targeting mothers, tending to reinforce their caring role Later childcare provision (Brazil Carinhoso) was introduced, and from 2016 there have been small-scale attempts to address social norms on care with men
Kenya	Cash Transfer for Orphan and Vulnerable Children – (CT-OVC)	Providing welfare payments to keep vulnerable groups in the care of their families and communities Piloted in 2007 and by 2017 approx. 40% coverage of target group	Facilitate/encourage unpaid care work by family carers (most likely women) through provision of a small stipend to family carers
	Older Persons Cash Transfer (OPCT)	Initially piloted in 2011 and by 2015/16 approx. 24% coverage of target group Now being extended to provide universal coverage to all over 70	No explicit consideration of care issues
Nepal	Social Security Fund	Provision of 1% of salary by workers to the Fund	None at the moment – eligibility of informal workers but unpaid care workers not eligible
	Child Grant	Supporting better nutrition for children under five years of age in Karnali region and Dalit households in the rest of the country	No explicit focus on unpaid care work but targeting of mothers may reinforce existing stereotypes
Shared responsibility			
Brazil	UN Women	National advocacy campaigns as part of the HeForShe campaign and the UNiTE to End Violence against Women; support of other initiatives, e.g. secondary schools	Recognises unpaid care work as barrier to gender equality
	Promundo	Work with men, private sector and health services with the focus on men (and their partners)	Recognises and aims at redistribution and reduction of time spent on care and domestic work by women through engaging with men
	Secretariat for women's policies (National)	Awareness raising in congress, research focused on formalising and decent work for domestic workers as mean for raising value of care and domestic work more broadly.	Recognises unpaid care work, aims at wider recognition through achieving recognition of paid care work
Kenya	ActionAid	Awareness raising for community political voice and accountability Reflection circles(with time diaries), piloting	Aims for recognition of unpaid care work as well as redistribution and reduction of drudgery
	Oxfam	Work with community, including men, to change social norms through policy analysis Rapid care analysis toolkit in slum areas of Nairobi	Aims at redistribution by engaging with male champions
	Femnet	Create constituency of men to change social norms focused on areas with highest rates of female genital mutilation	Aims at recognition and redistribution of unpaid care work
Nepal	Daayitwa	Sensitisation of women in rural areas, within access to resources Leadership programme	No explicit focus
	UN Women	Advocacy campaigns; dialogue with policy makers working 12 districts and Kathmandu valley, reach restricted in mountain region	Aiming for recognition and redistribution

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Notes

[1]According to World Bank classification. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.

[2] Based on OECD categorisation of data from 38 countries that engaged in the 2017 voluntary national reviews on the SDGs, as reported to the High-level Political Forum on Sustainable Development.

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

The OECD is a unique forum where governments work together to address the economic, social and environmental challenges of globalisation. The OECD is also at the forefront of efforts to understand and to help governments respond to new developments and concerns, such as corporate governance, the information economy and the challenges of an ageing population. The Organisation provides a setting where governments can compare policy experiences, seek answers to common problems, identify good practice and work to co-ordinate domestic and international policies.

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Enabling Women's Economic Empowerment

NEW APPROACHES TO UNPAID CARE WORK IN DEVELOPING COUNTRIES

Women's unequal share of unpaid care work can prevent their full participation in the economies of developing countries; however, care needs are growing globally. How can governments and development partners meet the needs of families and communities, while ensuring that all citizens benefit from economic opportunities and fair remuneration? As part of the OECD Policy Dialogue on Women's Economic Empowerment, this report focuses on identifying what works to address unpaid care work and sheds light on how governments, donors in the private sector and civil society actors – among others – can design policies to support both those who need care and those who provide care. The report brings together existing knowledge of policy options for unpaid care work across regions, in four policy areas: infrastructure, social protection, public services and the promotion of shared responsibility within the household.

Consult this publication on line at ***https://doi.org/10.1787/ec90d1b1-en***.

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