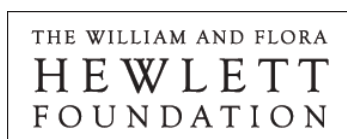


# ADDRESSING UNPAID CARE FOR ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS

JUNE 2016

A BROAD BASED CONSULTATION ON THE CARE ECONOMY FOR THE  
UN HIGH LEVEL PANEL ON WOMEN'S ECONOMIC EMPOWERMENT



Organized by: Institute of Development Studies, International Development Research Centre and Oxfam

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#### Background:

The momentum generated by the High Level Panel on women's economic empowerment provides a unique opportunity for those working on care economy to collaborate on a joint statement on:

- The recognition and value of care work as a contribution to development and valuable skilled activity
- An assessment of what we know works to prioritise investment to both reduce the burden of and increase the quality of care work

To galvanise discussion around this important issue, IDS, IDRC and Oxfam coordinated a broad based consultation exercise for Winnie Byanyima, Executive Director of Oxfam International, member of the High Level Panel.

The following documents provide a summary of this consultation:

- a) Addressing Unpaid Care for Economic Empowerment of Women and Girls - A position paper containing a summary of the main issues and also the main recommendations on this issue.
- b) Transforming Care Dynamics: Lessons from Programme and Policy - an evidence paper containing a summary of the evidence regarding what works in addressing care for women's economic empowerment.
- c) Annex 1 – Unpaid Care Case Study Evidence containing 1-2 page summaries of all case studies cited.
- d) Recordings of two global webinar discussions on these issues  
June 07, 2016 Webinar  
<https://www.youtube.com/watch?v=ZVxBVmWbjJM&feature=youtu.be>  
June 08, 2016 Webinar  
<https://www.youtube.com/watch?v=sRVD9WZkamQ&feature=youtu.be>

This broad based consultation is part of work undertaken by the Growth and Economic Opportunities for Women GrOW to inform its engagement with and provide evidence to the UN High Level Panel on Women's Economic Empowerment.

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The following organisations contributed to the call for evidence on care and we gratefully acknowledge their contribution to the evidence synthesis:

Caring Across Generations, Center for Partnership Studies  
Caring Economy Campaign, Center for Partnership Studies  
Centre for Research in Applied Economics, Curtin University  
Child-care cooperatives and Women, water and work, Self Employed Women's Association (SEWA)  
Counting Women's Work, UC Berkeley/University of Cape Town  
Crèches for Women Garment Workers, Cividep India  
Domestic Workers Forum India, Montfort Social Institute  
Emergency Cash for Work for IDPs, Returnees and Host Communities In Iraq, Oxfam GB  
Empoderamiento Económico de Mujeres Rurales (Economic Empowerment of Rural Women), Fundación Entre Mujeres (FEM)  
Empowering Elderly Caregivers, GROOTS Kenya (Grassroots Organizations Operating Together in Sisterhood-Kenya)  
Engaging Men in Women's Entrepreneurship Development Programmes, ILO  
Equality Through Dignity, ManusherJonno Foundation  
Gender Equality Project, Kothowain  
Gender Justice and Access to Markets, Christian Aid  
Gender Role Model Families, SEND Sierra Leone supported by Christian Aid  
Global Mapping of the Provision of Care through Cooperatives, ILO  
Improvement of WASH services, Sustainable Environment Management Action (SEMA)  
International Domestic Workers Federation (IDWF)  
MenCare, Promundo/MenEngage  
Mobile Crèches  
Monash University  
Nepalese Childcare Centres, Helvetas  
Nutrition at the Center, CARE  
Overseas Development Institute  
Programme on Strengthening Women's Collectives, Action Aid  
PSA Commission on Care, Political Studies Association  
Tackling Care Research Project, IFC  
WE-CARE, Oxfam with Bethany Project and Uganda Women's Network  
The Women's Budget Group  
Women's Income and Nutrition Groups (WINGs), CARE  
Women's Rights to Sustainable Livelihoods (WRSL), Action Aid  
Young Lives, Oxford Department of International Development

## **Addressing Unpaid Care for Economic Empowerment of Women and Girls**

**Institute of Development Studies, International Development Research Centre and Oxfam  
Position Statement, June 2016**

### **Key Recommendations**

- Better provision of accessible essential public services, including care services
- More investment in time-labour-saving equipment and infrastructure services
- More investment in initiatives to shift perceptions, norms and gender roles about care
- Improved provision of decent work for women and men

### **Heading Towards a Care Crisis**

Care provision is an essential, but an under-recognised and under-valued sector of the economy. Women and girls across the world do most of the unpaid care work – this takes up a significant amount of their time and effort. These care tasks are time intensive and often onerous. This leaves women and girls with less time for engagement in social, political and economic activities, and for rest and leisure. In low-income households, economic necessity compels women to engage in the market economy, thereby putting an additional strain on their time and energy. In addition, low-income families are unable to pay for care services, and also usually have more limited access to public services, infrastructure and time- and labour-saving equipment that can facilitate care work. This heavy and unequal responsibility for unpaid care work means that women's mobility and time is constrained, which impedes their access to critical components for economic empowerment, such as access to information, technology and financial services. Furthermore, these women are unable to balance their paid work and unpaid care work responsibilities without negative consequences – to their bodies (adverse effects on health), their emotional wellbeing, their families (reduced amounts and quality of care) and therefore to their communities (increased friction and social costs of reduced care provided to dependents – children, adolescents, elderly, sick, disabled).

With more and more women engaged in the labour force, and men not participating sufficiently in care work, adolescents (mostly girls) and elder women are often required to carry out the majority of care work tasks, which impedes their time and infringes their human rights. It also restricts the generational sustainability of economic empowerment initiatives which have to provide the same inputs like training and education to the next generation of women - girls who had dropped out of health and education initiatives.

It is imperative to recognise that women and girls' time is not an inexhaustible resource. Many communities see increasing demands of work to care for families, because of changing demographics, pressures to care for ill and disabled people, climate change, processes such as urbanisation and increasing constraints on resources especially land and water. Combined with economic pressures, women's increasing engagement in the market economy (especially as more women find themselves with no choice but to enter the labour market, even at sub-optimal conditions), we are heading towards a care crisis. This will imply less amounts of care for vulnerable populations, at the same time as a decline in the quality of the care that these

segments of the population receive. This will naturally lead to infringement and curtailment of their development – thereby compromising the growth of the economy as a whole.

### **Why Public Services Matter**

Public service provision, and access to it, is a critical issue for achieving equitable care provision, and in turn, to increase the potential for women to become empowered economically, thereby benefitting families and communities more broadly. The lack of essential public services has arisen from a multiplicity of factors including fiscal pressures translating into a roll back of the state, increased privatisation, and failure to recognise the importance of the care economy and women and girls' contribution to unpaid care work. Although policy-makers may argue that cutting public budgets is 'saving' money, without essential public services, the costs of care do not vanish, they are simply transferred. More and more care work falls on the shoulders of families, especially low-income women and girls. This is in essence a transfer of the responsibility and work of providing care, at multiple levels – firstly as noted above, from women in the labour market, to women and girls outside of it. Secondly, the costs of care are transferred from rich families to poor and minority-ethnic families (typically underserved by public services) and thirdly, from the global North to the global South – specifically through paid care services provided by poorer women migrants (local and international). Therefore, this transfer of care into the personal sphere perpetuates inequity around class as well as across nations.

### **Limitations of 'Care-less' Economic Empowerment Initiatives**

The focus on women's economic empowerment is welcome, however where this is understood as merely increasing women's labour force participation, this is a short-sighted approach. This is because of two factors: first, the quality of employment is critical in evaluating whether jobs are delivering economic empowerment: gender discrimination in the labour market means that the jobs that women do, are too often low paid, informal, insecure and often unsafe. The returns from these jobs are therefore barely sufficient for poor families to be able to sustain themselves, let alone lead to 'empowerment'. Perceptions and norms about care work – cooking, cleaning, childcare – being 'natural' activities for women have also contributed to paid care work being perceived as less skilled, and not garnering equal wages compared to other types of paid work. Second, women still undertake the majority of unpaid care work which leads to a depletion of their and their family's wellbeing. The unequal distribution of care responsibility also restricts women's choice of sector and type of job, as they seek out flexible jobs close to their homes, usually only informal, unregulated employment – jobs that are precarious, unsafe and low paid.

### **Recommendations for Improving Women's Economic Empowerment**

It is important to understand and recognise the vital role that the care economy plays in sustaining and reproducing the market economy. Care is critical for economic initiatives to be both socially and commercially sustainable. Therefore, the provision of care needs to be considered as a contribution to development, and care work as a valuable and skilled activity that governments need to invest resources in. Investments by governments and private companies in care services, infrastructure, labour-saving equipment and subsidies for carers are

critical in order to support the contribution of care work to the economy. Initiatives on women's economic empowerment need to focus not on getting women to 'work' more on top of long hours of care work, but on increasing real *choice* in paid work opportunities and making care work less arduous, safer and more productive, without compromising on the quality of care provision.

This can be done by actors including governments, private sector actors, the voluntary sector and families/communities, in a range of complementary ways:

- a) **Provision of accessible essential public services, including care services:** These include provision of *safe water* that is easily accessible especially in terms of time taken to access it; affordable and good quality *health and education services*; *electricity* that enables time- and labour-saving equipment, and lighting for domestic work; *roads* that increase connectivity and reduce travel time (especially for paid work and marketing own produce); affordable and good quality *crèches and pre-schools* with flexible opening hours; and *care services* for the elderly and disabled. Increasing *public sector budgets* for investment in such public service provision that is affordable to poor women, and accessible, is critical to address their time poverty and to enable them to increase their engagement in paid work. Monitoring and measuring unpaid and care work, as well as paid work, in national surveys and censuses, is critical for accurate and equitable public policy design. Specifically, *time use surveys* can guide more effective allocation of public resources into areas that need the most investment. It is essential to build *a strong tax base* in order to increase government spending on infrastructure and public services.
- b) **Investing in time-saving and labour-saving equipment and infrastructure services:** Investments in *time-saving and labour-saving equipment* and infrastructure services such as clean cooking stoves, clean piped water, electricity (especially through micro-renewable energy), *sanitation services*, and safe and secure *travel arrangements*, are critical to arrest time poverty, and counter the ill-effects of drudgery-filled tasks. *Information provision* (especially through effective use of ICTs) can be another element for saving valuable time for poor families, for example eliminating the need to walk long distances to clinics to report or consult with medical staff about chronically ill or disabled family members.
- c) **Investing in initiatives to shift perceptions, norms and gender roles about care:** Research findings indicate that reducing the time for individual care tasks may not lead to women having more time. If cooking or washing take less time, social expectations of other tasks, such as childcare, may rise. Thus, investing in labour-saving equipment and care services, must be combined with *shifting perceptions about women's work, care, and gender roles*. Given prevailing gender norms, women's time is considered elastic and therefore the opportunity cost of *women's time* is close to zero. Combined with men's control over income, these norms may imply that purchasing time- and labour-saving equipment is not a priority even with income available to do so. In cases where

such equipment is purchased, women may end up being tasked with even greater care work (or paid work) responsibilities as their time is freed up from other care tasks. It is important therefore to have initiatives that seek to *change social norms*, especially those around *sharing care* within the household and communities. *Encouraging men* to take on more care responsibilities may be an important first step in this direction. *Community- and employer-led initiatives* to recognise that men could/should have care responsibilities, or incentives (such as flexible working hours/long and mandatory parental leave etc.) for men to take on more responsibility, are good ways of increasing their participation. Beyond that, it is important to highlight the *gender differentials in the time* that women and men spend on paid work, unpaid care work and leisure time, and to raise the importance of care work in sustaining the market economy. This can be done through *building an evidence base* and *counting women's work*. Efforts in these areas may lead to an increase in the valuation of care work and help transform social norms.

- d) **Provision of decent work for women and men:** *Decent work for both women and men* needs to take into account their unpaid care work responsibilities. It is especially critical to take into account *different lifecycle and family structure responsibilities* when creating employment opportunities for women. Opportunities for *flexible working hours, decent and fair wages, maternity benefits, pensions, improved working conditions and safe working opportunities at a range of suitable locations* are essential for ensuring women are not forced into low-paid, often unsafe work. It is equally important to recognise that the informal economy employs the large majority of poor, working women – and that while policies that regulate working conditions of formal employment are important, those that seek to *ensure decent work in the informal economy*, are critical. Signing up to *international conventions, changing legislation around informal work, and proper monitoring* of the implementation of existing legislation would be crucial aspects to this. Another vital intervention would be to promote *collective organisation and unionisation of informal economy workers*. Initiatives to *recognise domestic worker/nanny/cleaner rights, ensure decent work conditions* (such as minimum wages and maximum hours, health and safety regulations and protection from violence and harassment), *investment, training and skills* for low paid and undervalued paid care workers are other important measures. Finally, *social protection initiatives* such as health insurance, crop insurance, cash transfers and public works programmes would help ease the risks and vulnerabilities associated with informal sector work.

The 'Transforming Care Dynamics: Lessons from Programme and Policy' paper and its accompanying appendix presents evidence supporting this position paper from 50 case studies submitted as part of a call for 'what works on transforming the care economy' coordinated by IDS, IDRC and Oxfam in May/June 2016. The evidence is supplemented by collaborative discussions engendered by two webinars hosted by IDRC on 7/8 June.



## Transforming Care Dynamics: Lessons from Programme and Policy

### I. The Value of Care

*‘People being well cared for is as much a contribution to society as the production of goods’, Professor Susan Himmelweit, UK Women’s Budget Group, ‘Transforming the Care Economy’ webinar, 8 June 2016*

Care is a vital part of the global economy. This significant sector, however, goes largely unrecognised in economic debates and in global policy, and remains undervalued by states and businesses. This invisibility can be explained in part by the huge gender inequality in the provision of care: around the world women perform three times more unpaid care duties than men.<sup>1</sup> The inclusion of a target for the recognition and valuing of unpaid care and domestic work within Goal 5 of the Sustainable Development Goals (SDGs) is, therefore, particularly important, and is welcomed by those advocating for a transformation in how care is considered, in patterns of care provision, and in policies for investment in care around the world.

The UN High Level Panel (HLP) on Women’s Economic Empowerment, established in March 2016 with the aim of progressing work on women’s economic empowerment in relation to reaching the SDGs, is a valuable opportunity to explore approaches and experiences of changing how care is understood and how care is provided. Most development actors now recognise the linkages between the ability of women to become economically empowered and women’s heavy and unequal responsibility for unpaid care work, especially where public and private care services are inaccessible. In response to this mobilisation, the Institute of Development Studies, UK (IDS), the International Development Research Centre, Canada (IDRC) and Oxfam coordinated a call for evidence on what works on transforming dynamics in the care economy. The call aimed to inform the HLP on successful interventions from across the world that have worked to provide recognition to care services, and to look at ways of reducing the heavy and unequal responsibility for women, and redistributing care work from women and girls to across the household, the state and the private sector.

The call was open for over 3 weeks from 16 May to 8 June 2016, and received around 45 responses from researchers, NGOs, women’s networks, worker’s organisations and national movements across a range of geographical regions. The respondents were asked to complete a questionnaire giving details of the programmes, the strategies used and challenges encountered, and the aims and outcomes in respect of care, with follow up questions to provide more background where necessary.

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<sup>1</sup> UNDP (2015) ‘Imbalances in Paid and Unpaid Work’, Chapter 4 in *UNDP Human Development Report 2015, Work for Human Development*, New York: UNDP

The call for evidence was complemented by two webinars organised by IDRC and held on 7 and 8 June.<sup>2</sup> The webinars saw presentations from Mona Sherpa (Helvetas), Roselyn Nyatsanza (Oxfam), Subhalakshmi Nandi (UN Women), Jeni Klugman (Research Director – HLP), Mekala Krishnan (McKinsey), Susan Himmelweit (UK Women’s Budget Group), and Karina Batthyany (Universidad de la República). A broad range of discussion around care issues, such as private sector responsibilities, community engagement, and elderly care was sparked by the webinar presentations, and insights from these discussions, together with the information synthesised from the respondent questionnaires form the basis of this evidence summary paper. In the call for evidence process we tried to reach out to as many actors as possible who are advocating for a progressive approach on care in their work on women’s economic empowerment. We do, however, have to accept the limitations of this process in terms of the short time available to gather responses for the HLP, and that technology restrictions may mean some women’s groups have been unable to participate. A thorough, broad-based and inclusive gathering of women’s voices on the issue of care requires more resourcing for women’s rights groups’ to engage in these kinds of processes. All the more reason why the HLP is a fruitful opportunity to engage in a larger discussion.

## II. Case Studies

This section presents evidence that has been collated from the various submissions that we received, as well as from other sources such as the social protection database from Interactions.<sup>3</sup> While more information can be found for each of these cases in the attached Appendix 1, here are the main points from these case studies. They have been clustered around the four main policy recommendations outlined in the position paper as critical for transforming care dynamics so as to recognise the importance of care, redistribute care from women and poor families to the state and to other members of the family/ community including men and boys; and to reduce the drudgery of care work. These examples provide evidence of how the recommendations we have outlined in the position paper are working at different scales and in different contexts.

### II.a *Provision of accessible public services, including care services*

Provision of accessible and good quality public services is critical to women’s economic participation. While the examples below focus mainly on how such services improve women’s ability to work, it is notable that this does not mean that women’s economic empowerment can be achieved only by focussing on increasing rates of female labour market participation. It is an important first step, but it is not the only step. In the call for evidence process, however, we have

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<sup>2</sup> The webinar sessions can be viewed on youtube at:  
<https://www.youtube.com/watch?v=ZVxBVmWbjJM&feature=youtu.be> and  
<https://www.youtube.com/watch?v=sRVD9WZkamQ&feature=youtu.be>

<sup>3</sup> Interactions, Social Protection Policies and Programmes Database,  
<http://interactions.eldis.org/unpaid-care-work/social-protection>

yet to find successful initiatives that directly target women's economic empowerment. This is something that warrants further exploration.

### Examples

The Productive Safety Net Programme (PSNP) in Ethiopia has the provision to provide childcare facilities to allow those with young children to participate in the employment programme (Case 16). Similarly, the provision of childcare facilities at worksites under India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is aimed at recognising and redistributing care responsibilities from poor women to the state (Case 19).

In Nepal, ActionAid has set up 16 childcare centres across the country catering for poor and marginalised women who can drop their children off before they go to work. These centres have been crucial for many women struggling to balance work and care, providing them with a safe space to leave their children while they go to work or have some time to themselves (Case 26).

A day care support programme run by the Federal Government of Mexico, targeting low income mothers and single fathers has significantly increased the proportion of beneficiary mothers engaged in labour market activities and also their income (Case 29).

The Wasi Wasa National Programme run in urban coastal areas and in the Andes of Peru covers a large number of children under the age of four, through employing and training mother carers and setting up community care centres for childcare provision (Case 32).

Day care centres for children with HIV-AIDS run by All Ukrainian Network of People Living With HIV/AIDS in co-operation with Kyiv Municipality provides respite-care and support to HIV-infected parents and their children (Case 33).

The Child Support Grant provided by the Government of South Africa has allowed women to place children in nurseries/crèches and participate in the labour market which has led to increasing their income (Case 34).

*Investing in the Care Economy* - a report by the Women's Budget Group<sup>4</sup> based on a study conducted on seven OECD countries for the International Trade Union Confederation (ITUC), concluded that an investment in child care and social care would provide double the percentage increase in employment as compared to the equivalent investment in construction and infrastructure projects. The investment in care would also reduce the gender gap in employment (by 50% in the US), whilst the same investment in construction would increase this gap. The study found that for an investment of 2% of GDP in the care industry increases of overall employment between 2.4% and to 6.1% would be achieved, depending on country context. This would mean 13 million new jobs in the US and 1.5 million in the UK. Women's employment would increase by 3.3% to 8.2%, with men's by 1.4% to 4% (Case 40).

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<sup>4</sup> The Women's Budget Group (2016) 'Investing in the Care Economy: A Gender Analysis of Employment Stimulus in Seven OECD Countries', commissioned by the ITUC, Brussels

The Empowering Elderly Care Givers programme run by GROOTS, Kenya reduced the excessive economic and social responsibility of care on grandmothers of orphaned HIV-infected children, through the provision of collective solutions for care, savings programmes and increased awareness about health, nutrition and access to government services (Case 42).

The Women's Rights to Sustainable Livelihoods (WRSL) Programme run by Action Aid in Ghana and Rwanda, established child care centres and water conservation hubs that reduced the care burden for women smallholder farmers. For at least 50% of the targeted women (1,500 in Ghana

**Specific points highlighted by the case studies:**

- Interventions devised to provide childcare services to working mothers from lower incomes can take an integrated approach to attain health, nutrition and educational outcomes. Local government may be involved in the delivery of some of the services to the children and also in the provision of space for the childcare centres (Case 32)
- Child development grants in South Africa are generally given to women from low income families and are spent on children's wellbeing (school attendance). The grants have increased women's decision-making power within the household as they allow women to make spending decisions (Case 34)
- Welfare policies need to recognise care as work and see women as economically independent citizens, rather than targeting families and seeing women as dependents. Labour laws in India that provide crèches at the work place have the potential to allow women to participate in other activities, such as income generation or leisure, and to have more control over finances and decision-making. Older children, who would have cared for younger siblings, can also be enabled to attend school. However, these cover only a small minority of the working population employed in the formal economy. Much more emphasis needs to be given to the needs of women and men employed in the informal economy (Case 50). ILO's forthcoming policy brief focusses on recognising standards on maternity benefits for

and 1,200 in Rwanda) time spent on unpaid care declined by the end of the programme. The time spent on childcare declined from 230 minutes to 207 minutes (a 10% reduction) and 210 minutes to 189 minutes on housework (a 10% reduction). Women provided with rainwater harvesting equipment in Rwanda only fetched water twice a week. In Ghana, fewer than 2 hours were being spent on collecting water and fire wood compared to 4 hours in 2013 due to the participation of men and boys. The women were subsequently able to spend more time on community engagement, including holding positions in schools and in some cases as District Assembly representatives. This in turn allowed them to represent unpaid care work issues at policy level (Case 43).

**II.b *Investing in time and labour saving equipment and infrastructure services***

**Examples**

In Oxfam's WE-Care (Women's Economic Empowerment and Care) programme in Zimbabwe, households were trained to make and use fuel-efficient 'tsotso stoves', in addition to domestic

solar systems for care givers that were installed for lighting and charging equipment. This decreased the time that women spent on these tasks; women reported more time for productive and paid work and that the tsotso stoves have resulted in men participating in cooking (Case 2).

In Uganda's WE-Care programme run by the Uganda Women's Network, training in the construction and use of the Lorena stove, and the introduction of bicycles to help with the collection of fire wood and water have led to women reporting a reduction in the time they spend in meal preparation, as well as a reduction in the drudgery of cooking responsibilities. This has also increased their participation in community meetings and public office (Case 6).

The WASH (Water, Sanitation and Hygiene) programme in Tanzania supported by Sustainable Environment Management Action (SEMA) was able to reduce women's workload through the provision of a clean water supply close to their homes (Case 12).

Infrastructure projects in South Africa's Expanded Public Works Programme including the development of roads and water pipes, and building schools and health centres, and the construction of latrines, have helped reduce the drudgery of care by providing essential services closer to dwellings (Case 15).

Improved access to water and the development of community wood stores in Ethiopia's PSNP programme have helped reduce the time that women spend on care, giving them more time to spend on other activities such as income generation (Case 16).

MGNREGA in India has worked towards the construction of durable assets, which in cases that focus on water provision for household uses have the potential to reduce the drudgery of care tasks such as water collection. Instead of prioritising/only investing in infrastructure to make productive labour more efficient, this investment recognises unpaid care work as a significant part of the economy, worthy of investment to make unpaid care labour more efficient (Case 19).

SEWA, a nationwide women's trade union in India trains women in technical skills related to water infrastructure, including water conservation and repairing hand pumps. In this way, the women provide services to their communities which significantly reduce the inefficiency and excessive physical labour of water collection work, at the same time as earning incomes. Women have been able to give more energy and time to self or family care as a result (Cases 20 and 28). Fundación Entre Mujeres (FEM) in Nicaragua promotes the use of alternative technologies for agriculture and labour saving on care tasks. This includes new stoves that use less wood so women spend less time collecting fire wood (Case 21).

The provision of water powered and motorised rice mills in Laos implemented by CARE reduced the amount of time spent by women on milling rice and freed their time up for self-care (sleeping), family care or for other income generating activities (Case 44).

## II.c *Investing in initiatives to shift perceptions, norms, and gender roles*

### Examples

Oxfam's WE-Care programme aims to build evidence on care provision in households and communities through the use of Rapid Care Analysis exercises. In Malawi, evidence on the extent of unpaid care hours expended was included in mobile services and messages on health and agriculture. The evidence gathered raised awareness on the unequal distribution of care work between women and men leading to changes in practices in local organisations, as well as pronouncements by national officials (Case 1).

The Equality Through Dignity (ETD) programme run by Manusher Jonno Foundation has used a range of electronic and print media (including TV and radio spots, and posters), alongside coordinated community events such as demonstrations, popular theatre and folk music to raise awareness about the profound implications that women's undervalued care work has for domestic violence, poverty and the non-realisation of women's human rights. The campaign has directly engaged 1.5 million Bangladeshis so far, and has had far reaching effects that can be seen through an increased presence of this issue in public debate, as well as the collation of research to support the recognition of women's work to society (Case 3).

The Caring Economy Campaign (CEC) in the US builds networks of local, national and global organisations to circulate material to raise awareness about the investments which can be achieved from pro-care policies, thereby mobilising for the incorporation of caring economy principles into policy and even high school teaching materials (Case 5).

Oxfam's WE-Care programme in Zimbabwe used influential men in communities to act as ambassadors on radio station sessions to encourage others to recognise the significance of care work in households. This resulted in attitude changes regarding tasks that were previously regarded as feminine (Case 2). This is similar to the WE-Care intervention in Uganda, where "role model" families and change agents are used to change social perceptions of gender roles and care work within communities (Case 6).

The Counting Women's Work project based at the University of California, Berkeley measures the gendered economy to recognise the value of unpaid care and housework. It has supported a group of nine lower-income countries to produce per capita age schedules of production and consumption of market goods and services, and non-market household services including housework and childcare. Their estimates provide a quantitative evidence base for designing policies for the redistribution of unpaid care work (Case 10).

The 4Ps programme in the Philippines aims to use gender-neutral language aimed at increasing fathers' participation in the fulfilment of conditionalities for receiving cash transfers from the Government. It also provides family development sessions that provide modular discussions on father and mother relationships, requiring both parents to attend the sessions. This is measured specifically by an indicator that calls for a minimum 40% involvement of fathers (Case 13).

Women in the FEM programme in Nicaragua are provided with gender awareness training, through which the women have started questioning gender norms and negotiating the gendered division of labour in their households, developing a new vision for relationships between men and women (Case 21).

Christian Aid's Gender Justice and Access to markets programme in Brazil has worked with men and women to identify barriers to women's participation in markets and local cooperatives. Through their awareness programmes, positive shifts in social norms about care work have been reported by Christian Aid (Case 22).

The Gender Role Model Families programme in Kailahun District, Sierra Leone, supported by Christian Aid, was able to transfer women's care responsibilities through sensitising and training families and community members (Case 23).

Mencare, a campaign initiative run by Promundo, works in 40 countries with partner organisations on educational training and advocacy initiatives to raise awareness about men's engagement in care work and fatherhood, and policy change on parental leave. It has reached an estimated 250,000 individuals. It has managed to spark dialogue on these issues at the national and international levels, including through, for example, its recent 'State of the World's Fathers Report', launched in June 2015. MenCare's Program P which engages men in active fatherhood has resulted in positive change in the lives of men and their families around the world. Men in Sri Lanka managed difficult emotions and decreased their alcohol consumption, and in Nicaragua men improved relationships with their children and partners and increased their participation in household work and childcare (Case 24).

Programmes run by Nutrition @ the Centre have reduced women and girls' excessive care work through dialogues, meetings and community debates that aim to change perceptions about care work. Men's involvement in care work has increased in the programme areas in Benin, Bangladesh, Ethiopia and Zambia (Case 25).

MenEngage, a global alliance that has membership in 35 countries, has contributed significantly to international policy debates, particularly around SDG 5, for the inclusion of men in care provision and the development of an indicator to track and assess progress against this (Case 27).

A day care support programme for working mothers run by the Federal Government of Mexico, shifted perceptions about the gendered responsibilities for providing care among its beneficiary families (Case 29).

Through the analysis of time diaries of men and women by the families of Women's Collective members (set up by Action Aid in Northern Bengal), men were sensitised about the unequal burden of care on women (Case 35).

By remunerating women childcare workers equally to men for work undertaken through an OXFAM supported cash for work programme in Iraq, a message was communicated to the wider community of the value of care work (Case 36).

Advocacy on domestic workers' rights by Montfort Social Institute (MSI) and domestic workers themselves, including group boycotts by domestic workers of employers not complying to decent work conditions, has shifted the perception of employers on workers' rights and also paid care work (Case 38).

Male 'gender equality champions' are used as change agents in ILO's Engaging Men in Women's Economic Empowerment programmes to engage other men in their communities in changing perceptions about gender norms. The use of these champions led to the increased engagement of men at the community level on unpaid care work issues (Case 39). It also led to a reduction in the time women spend on care and an increase in men's engagement in some care activities previously carried out by women.

**Specific points highlighted by the case studies:**

- Men's increased involvement in care work at home may not translate into more leisure time for women, though it may free up time for paid work by women. Also men may face criticism from community members for performing non-normative activities (cooking, sweeping, washing etc.) (Webinar discussion).
- There is a need to acknowledge the role of extended family members in care provision to vulnerable families (those infected with HIV AIDS) and expand support to address the needs of extended care givers (e.g. grandparents) (Case 33).
- Designating a number of women (particularly the elderly) to look after children of women headed households in the programme area run by OXFAM in Iraq, reduced male resistance to women participating in market work (Case 36).
- In Malawi, increased time spent on productive work reduced sleep hours and time spent on personal care, and increased the perception of recurring domestic violence (Case 1).
- Investment in time and labour saving technologies is insufficient to redistribute care responsibilities at the household level. These need to be accompanied with initiatives to transform gendered perceptions and behaviours.
- Programmes like the Conditional Cash Transfer programme in Egypt have worked on highlighting the importance of care work in sustaining the economy and the time that women spend on unpaid care work. The project showed that taking a citizenship approach to cash transfers can help to change social norms around

## II.d *Provision of decent work for men and women*

The Caring Across Generations project in USA works on ensuring that homecare jobs for carers are quality jobs, and for building skills and guaranteeing basic job protections. Through their efforts, there have been changes made to the Fair Labour Standards Act, granting home care workers the right to a minimum wage and overtime protection. In addition, Missouri Jobs with Justice supported the successful efforts of unionised care workers to win a contract allowing an increase in their pay rate (Case 9).

There are a number of social protection programmes that provide grants for carers, signalling a recognition of the care work done by mostly women carers, and also a redistribution of the costs of care from poor families to the state. For example, Plan Jefes y Jefas in Argentina, Subsidio Maternal in Chile, CT-OVC in Kenya, the Pilot Cash Transfer Scheme in Liberia, and Social Cash Transfers in Namibia (Case 14).

South Africa's Expanded Public Works Programme aims to create work and training opportunities for women, employing them through its home and community based care services. In this way, it provides an opportunity for unpaid care work to be turned into paid work and enhances women's skills for future paid work (Case 15).

There is strong evidence on the importance of childcare that is designed around the patterns and needs of women's work, as well the promotion of child development.

The Rural Employment Opportunities for Public Assets (REOPA) programme in Bangladesh takes into account flexible working hours and decent and fair wages, providing employment for widowed or abandoned destitute women. Improved socio-economic conditions of disadvantaged women have reduced their care burden: the programme encourages saving giving women access to improved housing and medical services, and schooling for their children. The programme also helps to increase women's mobility and their access to basic services (Case 18). India's MGNREGA provides for flexible working hours so that women can more easily combine their paid and care responsibilities. It also provides an opportunity for women to work at a convenient location which is not more than five kilometres from their house, recognising that shortening the time that it takes to travel to the worksite allows women to manage their care responsibilities better (Case 19).

SEWA runs crèches for childcare across the Indian State of Gujarat, which have proved to be valuable for self-employed women workers. Balancing care and work responsibilities without support can take a serious toll on women's physical and mental health, and reduce the quality and productivity of both. Significantly at the SEWA run crèches, there are no major social distinctions between the care workers and the working mothers who leave their children in their care. They generally share the same values, and can identify easily with each other creating a shared sense of concern for the children's progress and well-being, and adding to the working mothers' sense of reassurance in the care their children are receiving (Cases 28 and 20).

Mobile Crèches in India has provided childcare for more than one million children of women construction workers over the last 56 years, working in tandem with construction companies at sites or with communities in urban slums (Case 30).

Cividep in India has engaged in advocacy and evidence building on how a lack of childcare crèches affect women garment workers in Bangalore. It has also contributed to movement building on the decent work agenda (Case 31).

Childcare centres established by 94 women's collectives in Northern Bengal under an ActionAid funded programme has reduced the intensity of women's care responsibilities, and the conflicts between paid and care work, increasing their time spent on market activities (Case 35). Evidence generated by time diaries and other methods were shared at the national level for advocacy. Designating a number of women (particularly the elderly) to look after the children of women headed households in a programme area run by OXFAM in Iraq, freed up women to participate in market activities planned by OXFAM and reduced the length and intensity of their hours of care work (Case 36).

Through campaigns and organising, the International Domestic Workers Federation that works in 40 countries was able to contribute to the enactment of the ILO Convention 189 for Decent Work for Domestic and Household Workers (Case 37).

The mobilisation of domestic workers and advocacy work done by MSI in Southwest India has led to workers securing sick leave, days off and higher wages and improved working conditions. Domestic workers were also included in the Sexual Harassment Act of 2013 as a category (Case 38).

The provision of six months' maternity leave, paid paternity leave for two weeks, paid five days of antenatal care, time off for breastfeeding, and employee job security are pro labour policies implemented by the Government of Vietnam (Case 41).

### III. Government Policy and Fiscal Space: The Elephant in the Room

As discussed above, many of the case studies address the need for governments to recognise unpaid care/the care economy as a critical/fundamental part of development and addressing poverty and inequality. This can be done through time use surveys. In addition, the above case studies have highlighted the critical need for policies to promote investment in services, infrastructure and subsidies (social protection) to cover the costs of care and carers. The provision of these public services will have widespread benefits to all households, and particularly women.

Provision of public services, investment in small infrastructure and social protection schemes all necessitate a certain level of fiscal support. This support can come from progressive taxation that is gender and care-sensitive. It is important to recognise that although there may be a broad tax base and greater fiscal space, this money may not be necessarily spent on the provision of public

services or care services. This is because of a lack of recognition of the importance of the care economy in sustaining the market economy. For example, evidence collected on the time spent on and labour intensity of care work provided by women in Ghana and Rwanda and how these effect women's human rights allowed Action Aid to persuade the governments in these countries to include unpaid care as a policy issue; however this has not led to a budgetary allocation for addressing unpaid care (Case 43). A critical point to note therefore, is the mutually reinforcing nature of the redistribution of unpaid care work and its recognition. While merely recognising unpaid care work is not enough without doing something about it in terms of its redistribution, the fiscal space needed for ensuring this redistribution will only be mobilised if unpaid care work is recognised as valuable.

However, an underlying structural constraint is often that of fiscal space itself. Increasing the domestic resource base can come either from increasing indirect taxes such as VAT, or through direct income tax and corporate tax. Accessible, quality public services such as water, electricity and energy, and care services, such as health, childcare and eldercare, reduce the inequalities of care work between low-income and better off families. Research documents that women and girls, and families in poverty spend far more hours on care work than do families in better-off communities, precisely because of inadequate access to public services<sup>5</sup>.

Although VAT allows for a broad tax base and is fairly easy to administer, unless carefully designed with necessary exemptions on basic foods, medicines and household goods it can be regressive, especially for women who, due to their gendered roles as primary caregivers, tend to have responsibility to purchase food and household goods. Ending tax avoidance by big multinationals and the corporate sector, and preventing aggressive lobbying for reduced corporate tax rates and harmful tax incentives, can be critical sources of revenue to ensure that there is fiscal space for operationalising the recommendations made in the position paper. For example, this revenue can ensure provision of public services that are of benefit not only to women by reducing the unequal distribution of care, but also to their families and to the economy as a whole.

In addition to paying tax, ensuring that large companies make a significant contribution towards financing public services, infrastructure provision and social protection schemes will be important steps.

#### IV. Private Sector Policy and Practice

The WE-Care programme has also worked with private companies to increase the budgets for care services and infrastructure by employers. They found that negotiations with private sector about investing in initiatives to address care work are more successful when these companies

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<sup>5</sup> Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid care work and Women's human rights, Magdalena Sepúlveda Carmona, United Nations, August 2013

have existing commitments to women's economic empowerment, and when there is compelling evidence linking heavy and unequal care responsibilities to specific supply chain operations (Case 8).

In Malawi, Oxfam worked with the Ethical Tea Partnership on more effective ways to increase women's empowerment. Women's taking on of leadership roles to strengthen their voice in the tea sector was recognised as an important step in this process. However, for programmes to succeed in helping women access these leadership roles, they need to integrate practical solutions such as offering smallholder training programmes close to farms, at a time when women aren't typically involved in other activities. In Thailand, Oxfam has worked with Unilever on enhancing women's livelihoods through building a network of women to support their capacity to enter into leadership roles. In Nicaragua, Body Shop International have teamed up with Cooperativa Juan Francisco Paz de Silva (CJFPS) to incorporate an element of unpaid care into the pricing structures. Body Shop now pay an additional premium to recognise the unpaid work of women in supply chains, the reason being that Body Shop recognise the unpaid work as an important input into production. Findings show the initiative has allowed women to improve their income and diversify, it has given them more autonomy in the household and has led to more sharing of household decision-making.<sup>6</sup>

#### V. Cross-Cutting Points

There are some cross cutting issues that can be drawn from the above case studies and examples, mostly focussing on three aspects that have not been covered above – these are noted here, in three sub sections: links of care with gender based violence; demographic patterns and their implications for care provision, and lessons that can be drawn for programme design.

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<sup>6</sup> See Butler, F. (2014) 'Valuing unpaid labour in community Fair Trade products: a Nicaraguan case study from The Body Shop International', *Gender & Development*, 22.3: 533-47

#### V.a *Gender based violence*

- There is a direct relationship between unequal care work by women and men and gender based violence (GBV) – studies show significant percentages of women and men believing that it is acceptable to beat, criticise or shame women who do ‘inadequate’ care work, or men who participate in care work. The redistribution of care in Zimbabwe has allowed both more quality care to be provided, and led to strengthened relationships between men and women, and a reduction in GBV (Case 2).
- Similarly, in Uganda women have reported a reduction in violence from their male partners, as men become aware of the extent and intensity of unpaid care work, at the same time as men report experiencing more fulfilling relationships at home (Case 6).
- Redistribution of care responsibilities have resulted in an increase in time to spend on other activities including income generation, leading to increased household income to spend on care, improved care quality and more harmonious relationships (Case 7).

#### V.b *Demography*

- The care crisis is pervasive across the world, in both developed and developing countries. The UK’s Political Studies Association (PSA) Commission on Care is focussing on the problems that older people and disabled adults face because of the depletion of care, as well as putting forth recommendations so that their carers (mostly women) can be supported based on a new model for elder care (Case 4).
- The Young Lives study has found that children’s time use is gendered. In most places, older girls in a family tend to bear the greatest burden of unpaid work; children do more work when they get older, and children in rural areas tend to do more work. Economic opportunities, responsibilities and shocks for the household as a whole do have consequences for children’s work and these consequences often vary according to gender (Case 47).
- In Australia, a study found that with increasing demands for care and the focus moving more from institutional care to community care, the care of elderly relatives is falling more on mid-life women active in the paid workforce. The survey found that flexible working arrangements (specifically, the ability to respond to family care needs) increase the strength of job attachment (Case 48)
- Research conducted in Sri Lanka by Monash University found that there was a strong correlation between women’s life cycle and their participation in agricultural activities. Women’s participation in agriculture decreased sharply when the women got married and had children. Their participation in general livelihood activities increased, however, with tasks including overseeing children’s welfare, maintaining home gardens and helping spouses in paddy cultivation. As women move into their 40s women’s participation in agriculture increased again. The policy recommendations include investing heavily in childcare including exploring ideas such as childcare cooperatives to enable women’s sustainable and stable participation in agricultural livelihoods work (Case 49).

## V.c *Lessons for programme design*

- SEWA's model for crèches was picked up by the Indian state and certain elements were incorporated into government programs for crèches—which shows there are opportunities for learning from models developed by non-state actors (Case 20).
- Government run crèches for low income mothers can be run in tandem with increasing their market skills, and courses on entrepreneurship, that increase the chance of women being able to engage in markets (Case 29).
- The provision of safe quality childcare on worksites has to be matched with a change in government policy on early childhood development and labour laws governing company behaviour (Case 30).
- There is a need to ensure care is provided for school age children of employees by employers (not just infants up to age 3) (Case 31).
- It is unclear whether the pro-labour policies on maternity leave, paternity leave, paid time off for breastfeeding crèches etc. enacted by the Vietnamese Government cover informal sector workers. They also do not cover migrants, domestic workers, casual agricultural workers and self-employed women (Case 41).
- In order to successfully influence national or local agendas, project teams across the WE-Care programme implemented in six countries by Oxfam and its partners realised the need to build broad based constituencies and participate in multi stakeholder initiatives from the local up to the national level (Case 7).
- Care Co-operatives can be a viable solution to fill the gap in care provision. ILO advocates the employment of trained care workers in such co-operatives – these can represent an important source of employment, especially for women. They also provide trainings on a range of health and care related skills, and can be models for better terms and conditions for paid care workers. Care co-operatives foster interdependency in care giving and promote inclusion and democratic decision making, thereby improving care quality (Case 11).
- While there may be regulations for the provision of care services such as childcare crèches at worksites (in both PSNP Ethiopia and MGNREGA, India), without adequate monitoring and strong commitment, these mandates will remain unfulfilled (Cases 16 and 19).
- It is essential to see the private sector as an important player in the provision of care. However, private sector companies often have a limited understanding of the business case for care provision and need to be helped to examine innovative models for supporting childcare services for their employees (Case 45).

## Appendix 1: Unpaid Care Case Study Evidence

### CASE 1

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**Project:** Women's Economic Empowerment and Care (WE-Care)

**Organisation:** Oxfam

**Location:** Malawi

**Target population:** Households in the communities where Oxfam works

**Description of project objectives/aims:**

Oxfam recognises that to make progress towards gender equality, inequalities in unpaid care work must be addressed. Based on this they developed WE-Care, which aims to use research to generate strong context-specific evidence about the distribution of unpaid care work for national and global awareness-raising and policy advocacy. Each programme component has a specific objective.

The Rapid Care Analysis (RCA) aimed to be a platform for women and men to increase recognition of care, identify challenging care activities, and develop plans to reduce and redistribute care work. It sought to assess how time spent on care may affect women's participation in development projects, and to identify how programmes can better ensure care for vulnerable people. The Household Care Survey (HCS) aimed to deepen understandings of the unequal distribution of care work and to gain insights into the impact of the care burden on female empowerment and gender justice. The Randomised Control Trial (RCT) aimed to understand the impact of mNutrition services (mobile messages) on time spent on unpaid care work for female small-holder farmers. It aimed to build evidence on women's care burden to be included in mobile services and messages on health and agriculture for this group. Evidence gathered was intended to raise awareness on the unequal distribution of care work.

**Description of activities:**

Three RCA sessions were conducted with community members to assess unpaid care distribution. The sessions involved identifying unpaid and paid activities performed by women and men, highlighting gendered patterns in care and challenging care activities, and examining services, infrastructure and opportunities to reduce and redistribute care work.

The HCS was a household-level questionnaire carried out via mobile phone. It included questions about time spent on different care activities by family members, influential factors like education level, savings, group membership, and access to a water source, and gendered perceptions of care activities. Other questions assessed the link between care work and violence against women.

The RCT assessed the impact of mNutrition services on time dedicated to unpaid care for female small-holder farmers. Treatment group women received 24 text messages. Health and food messages gave advice to improve health and nutrition, and were expected to directly impact time spent on unpaid care work (e.g. breastfeeding or cooking). Agriculture messages were related to income generation, and indirectly to improved nutrition through increased income for buying nutritious food. These were expected to impact directly time spent on income generation, and indirectly time spent on unpaid care work. The control group received 12 unrelated messages.

**Description of outcomes:**

After the RCAs, men understood the extent of the care burden on women, and both women and men realised the intensity of care work and its negative impact on women's time poverty. Local leaders recognised that unpaid care work must be considered in village development plans. RCA findings were used to raise awareness locally and nationally, and enabled communities to approach stakeholders, like NGOs, for assistance in providing care services. Stakeholders have developed plans for the government and other organisations to use the findings to include care issues in future programming.

The RCT results suggested that if all three types of messages are delivered simultaneously, participants may prioritise applying messages related to income generation at the expense of those directly linked to health and food. Increased time spent on productive work also reduced sleep hours and time spent on personal care, and increased the perception of recurring domestic violence. Oxfam developed recommendations for future programmes to overcome these barriers, which were disseminated to partners, donors and academics in the WE-Care programme report, alongside research findings and recommendations from the RCA and HCS.

**Further reading:**

<http://policy-practice.oxfam.org.uk/publications/oxfams-we-care-initiative-an-overview-555515>

## CASE 2

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**Project:** Women's Economic Empowerment and Care (WE CARE)

**Organisation:** Bethany Project

**Location:** Zimbabwe

**Target population:** Households in Ture Ward and female participants in the SRP programme

**Description of project objectives/aims:**

Cultural and religious practices in Zimbabwe perpetuate the idea that unpaid care work is for women only. Consequently, women have fewer hours than men for rest and participation in income generation. A key issue is that increasing women's political and economic empowerment, on top of their heavy care burden, often results in shifting care work to daughters/grandmothers and/or lower quality care. Furthermore, women's time is not sufficiently valued, and increased household income does not lead to a reduction in women's burden. Consequently, the Bethany Project implements WE CARE, which falls under the Securing Rights in the Context of HIV and AIDS programme (SRP). WE CARE aims to reduce the heavy burden of unpaid care work on women to enable the provision of full and quality care to dependents. Specifically, the project aims to support poor women to reduce and redistribute care work by advocating for increased investments in care, increasing recognition of the unequal care burden, and providing access to labour saving technologies.

**Description of activities:**

Community sensitisation meetings and pre- and post-Household Care Surveys (HCS) were conducted to initiate dialogue and understand the distribution of unpaid care. The results were shared with the Ministry of Women's Affairs, Gender and Community Development who offered technical help and shared the findings amongst communities. A guide was developed to train WE CARE Champions on recognition, redistribution, reduction and representation, and community leaders received similar training. The champions conducted home visits to increase recognition and strengthen dialogue on unpaid care work in the community. A billboard with WE CARE messaging was mounted in the communities to increase recognition, and fliers were distributed to stakeholders for advocacy. Influential men in the communities acted as ambassadors on radio programmes to encourage others to recognise the significance of care work.

To reduce the drudgery of care, time and labour-saving equipment was introduced. Households were trained to make and use tsotso (fuel efficient wood-burning) stoves, and domestic solar systems were installed for lighting and to charge mobile phones. Time diaries were introduced to measure the reduction in time and labour spent by women on unpaid care work. Regular meetings were held with ministries and other stakeholders to increase project support and recognition of care work as a development issue.

**Description of outcomes:**

The project resulted in increased recognition of the burden of unpaid care, redistribution of tasks towards men and young people, and attitude change regarding tasks previously regarded as feminine.

Eighty per cent of people in the ward responded positively to WE CARE. For example, cooking, fetching fire wood and doing laundry are now sometimes carried out by men. Labour saving tools reduced the burden of care on women by decreasing the time required and by encouraging men to participate, especially with the tsotso stove. Recognising the value of reducing the care burden, some households not targeted by the project even constructed their own tsotso stoves. Women have reported increased time for rest and participation in income generation. Some women have started making and selling door-mats, enabling them to contribute to household income and control resources spent on care. Women have been enabled to engage in leadership positions, such as on School Development and Ward committees. The redistribution of care has also allowed more quality care to be provided, and led to strengthened relationships and a reduction in gender based violence.

**Further reading:**

[revised bethany we care final narrative report 2016.doc](#)

[we care overview - learning visit 2016.pptx](#)

### CASE 3

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**Project:** Equality Through Dignity (ETD) (launched 2013-ongoing)

**Organisation:** Manusher Jonno Foundation (MJF)

**Location:** Bangladesh (nationwide)

**Target population:** General public (emphasis on women working in the home, men, families and students in secondary schools and universities), policy makers, media, private sector

**Description of project objectives/aims:**

The overarching goal of the ETD is to enhance women's private and public status through shifting societal mind-sets towards a positive perception and thus ultimately reducing discrimination and violence against women. The hypothesis is if women are respected and honoured then there will be less violence against them. To do this, the major focus is on raising mass awareness regarding the largely invisible contribution of women's paid and unpaid care work to the family, society and the state, and to see this reflected not only in changing social norms, but in policy such as in the procedures for estimating national GDP.

Simultaneously, the ETD aims to highlight the profound implications that women's undervalued care work has on domestic violence, poverty and the non-realisation of women's human rights. The campaign seeks to reshape social expectations and norms regarding women and work and to redistribute the burden of unpaid care work within the household. The campaign is also aiming for improved conditions for paid carers and to sensitise the media to reject the stereotyping of women and their roles, and portray them in a more positive light.

**Description of activities:**

Along with MJF and partners, relevant government ministries, media, schools, civil society organisations and researchers have partnered to carry out the three year campaign focusing on mass awareness and policy advocacy. MJF commissioned a study titled 'Estimating Women's Contribution to the Economy' which has been completed by researchers, and worked into campaign material which highlights the unaccounted contribution through care of women that if monetised would have a significant impact on the national GDP. Media partners and NGOs have publicised the findings and distributed material in communities, educational institutions, and among government officials and journalists. A series of four documentaries was produced and has been featured throughout the campaign. MJF believes such a campaign will increase societal recognition of women's economic contribution.

Currently, 117 NGOs are implementing the initiative at local and district levels by incorporating campaign messaging into their existing programmes and running events locally. Advocacy and lobbying processes have been initiated, targeting policy makers to recognise the substantial value of women's work in calculations of national GDP, consider gender responsive budgeting and incorporate this information into the national education curriculum.

**Description of outcomes:**

The project is ongoing, but estimates that 1.5 million Bangladeshis have been directly targeted. The scale of the project and use of electronic and print media including television and radio spots, posters,

leaflets and coordinated community events such as demonstrations, popular theatre and folk music suggest that campaign messages may have reached many more. Given the broad objectives of the project which are changing social attitudes towards gender norms regarding the value of women's work, it is difficult to measure the impact the project itself may have had on such complex social processes. However, the project has begun to galvanise support for recognition of women's substantial contribution to society. The media has shown an interest, and the project coordinators have observed some positive shifts including an increased presence of the issue in public debate, and women and girls having more choice in how they spend their time. The project has initiated the collection of research to support recognition of women's paid and unpaid contributions to society and has begun the processes of advocacy for gender equitable policy.

**Further reading:**

Equality through Dignity: <http://www.manusherjonno.org/index.php?Key=106>

Campaign Strategy Paper on the Recognition of Women's Contribution – Morjaday Gori Samata:  
[http://www.manusherjonno.org/files/campaign/MGS\\_Campaign%20Strategy\\_MJF\\_091212.pdf](http://www.manusherjonno.org/files/campaign/MGS_Campaign%20Strategy_MJF_091212.pdf)

Estimating Women's Contribution to the Economy: the Case of Bangladesh:  
[http://interactions.eldis.org/sites/interactions.eldis.org/files/webform/study\\_summary\\_-\\_25\\_october\\_2014.pdf](http://interactions.eldis.org/sites/interactions.eldis.org/files/webform/study_summary_-_25_october_2014.pdf)

## CASE 4

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**Project:** PSA Commission on Care (March 2015-September 2016)

**Organisation:** Political Studies Association (PSA)

**Location:** UK (national and regional levels)

**Target population:** Policy makers and academia

**Description of project objectives/aims:**

The UK is facing a crisis of care. Even as the population ages, the British welfare state has contracted. Women have been disproportionately affected by this restructuring, suffering not only from job and benefit losses, but also in having to shoulder the burden of care that the state has increasingly left behind. Most policy attention in recent years has been given to childcare, but shifting demographics in the country require a closer look at how the care crisis is affecting older people and disabled adults with support needs. In taking on the burden of looking after this older population, women and other carers – both paid and unpaid – risk depleting their own lives and capacities.

Despite the urgency, the crisis of care is often treated as an issue of social policy and thus overlooked in the study of governance: the Commission aims to address this gap in the context of care for older people in England. The Commission's main objective is to encourage new thinking on care among policy makers and academia to mitigate the crisis facing the UK for both those who need and provide care.

**Description of activities:**

The Commission has been working with civil society, political activists, health, social care and legal professionals, policy makers and statisticians, business leaders, public sector employers and citizens at both national and regional levels to tease out the changing dynamics around care. Specifically, the focus has been on three broad processes: 1) how, in the context of austerity, the provision of care has increasingly shifted to the private sector, 2) how far and in what ways changing immigration policy has triggered changes in unpaid care work, and 3) the extent to which benefit reforms affect the ability of individuals, especially women – the majority of unpaid carers – to combine paid and unpaid work.

**Description of future outcomes:**

Set to wrap up in September 2016, the Commission is working to put forward a report with robust and achievable recommendations on care policy which will be circulated through academic and policy networks. These recommendations are based on a new model for elder care – part of a wider rethinking of the economy toward one that places care at its centre. This model emphasises a less bureaucratic and more bottom-up approach based on stronger partnerships between community groups, local authorities, government and private care providers. In this context, it is pivotal that policy-makers continue to address access to services for minority communities in ways which account for decades of inequality and discrimination and extend the documentation of how key policy agendas impact on these communities. A stronger regulatory framework is also needed to ensure consistency in the delivery of services across different local authorities and for different social groups. Finally, the model proposes that care work be treated as a profession, which has its rights and training requirements strengthened and made consistent.

**Further reading:**

Commission on Care blog: <http://www.commissiononcare.org/category/blog/>

## CASE 5

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**Project:** Caring Economy Campaign (CEC) (2009-ongoing)

**Organisation:** Center for Partnership Studies (CPC)

**Location:** United States (national level campaign – local, regional and international partnerships)

**Target population:** Civil society, policy makers, business leaders and broader society across the US and the world

**Description of project objectives/aims:**

CEC's mission is to shift economic measurements, policies, and practices from the current focus on GDP and Wall Street to a more humane economy that recognises the enormous return on investment in the highly undervalued human work of caring for and educating people. Investing in human infrastructure reduces the back-end costs of crime, illness, and lost potential – the huge yet avoidable costs of an economy dismissive of care. Rather, investment in care produces “high quality human capital” – people able to fully express their potential for learning, empathy, collaboration, and creativity which is necessary for participating in the global knowledge economy. As women do most care work for little or no pay, a shift towards a caring economy can lift women and families out of poverty. Thus raising the status of women has positive economic and social benefits for the whole of society. CEC programmes aim to provide the missing foundations needed to support the many grassroots organisations working to end cycles of poverty and promote women's empowerment, economic security, and justice for all.

**Description of activities:**

The CEC is building a coalition of local, regional, national, and international organisations representing women, children, caregivers, health-care workers, teachers, businesses, rights advocates, environmentalists, think tanks, and others. Through these networks, the campaign circulates knowledge and material which demonstrates the significant financial and social returns to investments from pro-care policies such as paid sick and family leave, quality affordable pre-school, pay fairness, and more. Using CEC fast-fact sheets, reports, and even a set of newly developed ‘Social Wealth Economic Indicators’ by which the economic value of care in the US and other countries can be measured, policy, civil society and business leaders can lobby for and design more inclusive, care sensitive societies. The campaign also runs free and paid online Leadership and Learning Programmes training leaders from around the world on elevating care in the US and across the world.

**Description of outcomes:**

While the CEC aims to change perceptions, norms, and policies on a broad scale, it is difficult to quantify these outcomes. However, public discussion does seem to be shifting around the issues of care, and the far reaching influence of the campaign is clear. Today, 17 million people are part of the CEC's broad coalition, and over 300 leaders from 17 countries and nearly every US state have passed through the online Leadership and Learning Programmes. The campaign has also received media coverage such as from Anne Marie Slaughter who has recently written about the ‘Social Wealth Economic Indicators’ in a piece for the *Atlantic*. Endorsements for the 2007 book upon which the CEC is based (‘The Real Wealth of Nations’ by Riane Eisler) have come from Archbishop Desmond Tutu, Jane Goodall (UN Messenger of Peace), Deepak Chopra, Gloria Steinam, bell hooks, and the Stanford Social Innovation Review. Caring economy principles have been incorporated into high school teaching materials in some US states and

taken up by various work groups across the country. An African American graduate of the online training course is also currently running for US Congress on a platform based upon care economy principles. The CEC is providing an important and expanding platform for elevating the status of women and care work across the globe.

**Further reading:**

Social Wealth Economic Indicators: A New System for Evaluating Economic Prosperity:  
<http://caringeconomy.org/wp-content/uploads/2014/11/SWEI-Executive-Summary-and-Core-Indicators-2.pdf>

Where the US stands: <http://caringeconomy.org/where-the-us-stands/>

Implications for policy: <http://caringeconomy.org/implications-for-policy/>

Put the Care Economy in the Post-2015 Development Agenda: [put-the-care-economy-in-the-post-2015-development-agenda.pdf](#)

Riane Eisler: Economics as if Caring Matters: [economics-as-if-caring-matters.pdf](#)

## CASE 6

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**Project:** Women's Economic Empowerment and Care (WE-CARE)

**Organisation:** Uganda Women's Network

**Location:** Uganda

**Target population:** Mainly men and women in rural areas (community-level action); also some work targeting district/national levels (Ugandan Bureau of Statistics)

**Description of project objectives/aims:**

WE-CARE recognise that to include rural Ugandan women in 'productive,' income-generating activities, their already heavy burdens of care work responsibilities must be recognised, reduced, and redistributed. Thus, with their project, they have aimed to combat negative social perceptions about men engaging in care work, largely working at the household and community levels. They aim to make care work easier for all caregivers with new technologies, to reduce the amount of care work that women do, and to increase the amount that men do. In addition to much work already being done at the household level, they also aim to address care work at national/policy levels, so that in future the burden of care work will be shifted from poor families to the state.

**Description of activities:**

In order to recognise and redistribute the burden of care work within the household, WE-CARE carries out trainings and sensitisation at the community level. These trainings take the form of community dialogues, community theatre, and peer to peer counselling (especially for men). They also use Role Model Families and Change Agents to change social perceptions of gender roles and care work.

WE-CARE also invests in time- and labour-saving equipment. They train families in the construction and use of the Lorena stove in order to save time and energy, as these stoves require less fire wood yet are larger so can accommodate multiple items. Bicycles are introduced to help with the collection of fire wood and water.

In addition to community-level action, WE-CARE also advocates at the national-level to influence the Uganda Bureau of Statistics to collect time-use statistics and thus take into account the gendered inequalities related to care work.

**Description of outcomes:**

With this time- and labour-saving equipment, and with some men helping out more with care work in the home, many women have a reduced workload as a result of WE-CARE's activities. Women report that the Lorena stove's size saves them time in meal preparation and that its chimney contributes to better air-quality in the home, reducing the drudgery/hazards of cooking responsibilities. It is also designed in a way that is safer for children to avoid burns.

Many women report a reduction in violence from their male partners, as WE-CARE's trainings have opened up a dialogue for couples to discuss such issues as care responsibilities and their relationships in the home. The reduction of violence makes women and children safer, and improves the quality of care that both parents can provide the family.

With more time, safety, and respect in the household and in the community, many women report that their health and quality of life has improved and that they are more able to participate in community life, meetings, public office, etc. Men also report experiencing more fulfilling relationships at home, and having more income to spend on useful resources for their families as a result of WE-CARE's project.

The effect that WE-CARE has had at a national level is not yet conclusive, as their efforts to engage with district and national governments to make care work a priority and redistribute some of the burden of care work to the state is an ongoing one.

**Further reading:**

The Invisible Barrier (video): <https://www.youtube.com/watch?v=E3EfPGbn0pE>

Invisible Barriers (document):

[http://interactions.eldis.org/sites/interactions.eldis.org/files/webform/invisible\\_barriers\\_v22.pdf](http://interactions.eldis.org/sites/interactions.eldis.org/files/webform/invisible_barriers_v22.pdf)

## CASE 7

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**Project:** Women's Economic Empowerment and Care (WE-Care)

**Organisation:** Oxfam

**Location:** Uganda, Zimbabwe, Ethiopia, Colombia, Philippines, Malawi

**Target population:** Varies dependent on the programme within which it is embedded

### **Description of project objectives/aims:**

Oxfam considers the heavy and unequal burden of care on all women, especially those living in poverty, as a 'glass wall', restricting women's time, mobility and desires to participate in economic, political and social activities. WE-Care aims to build evidence on unpaid care, create new interventions, influence policy and practise and strengthen advocacy. It aims to be embedded within Oxfam programmes, complementing initiatives on women's leadership, livelihoods, sexual and reproductive health rights and HIV/AIDS. Within projects, the objectives are to increase recognition of unpaid care work and shift perceptions, to reduce the drudgery and burden of care, to redistribute care responsibilities amongst the family and other actors, and to represent carers in policy and decision-making. Through Household Care Surveys (HCS) and Rapid Care Assessments (RCA), the programme is building context-specific evidence to influence donors, development actors, governments and private sector on how to address heavy and unequal care. In the future WE-Care aims to continue building evidence, strengthening capacity of women leaders and civil society and building advocacy to better measure women's work, and for improved care services and infrastructure.

### **Description of activities:**

WE-Care has been implemented in six countries, with activities targeting gender roles and attitudes, time and labour saving equipment and advocacy. The RCA and HCS create community dialogue and enable strong understanding of context-specific care provision. Change strategies and research were mostly conducted locally, but there was also some national engagement as well as cross-country sharing and presentation of issues at international meetings. Oxfam incorporated unpaid care into other programmes, especially those addressing women's economic empowerment. It was also included in economic justice programmes after research revealed that women faced difficulties in participating and benefiting from programmes due to care responsibilities and time poverty. The main activities across countries were the introduction of time and labour saving equipment, initiatives to change perceptions of gender roles and care, redistribution of unpaid care activities, and local and national advocacy for increased access to care-related services and infrastructure.

### **Description of outcomes:**

WE-Care has resulted in unpaid care being increasingly recognised, reduced, and redistributed from women to other family members and actors. Carers have been represented in decision-making, and negative outcomes, like violence against women, have been limited. Women have gained time to spend on other activities including income generation, leading to increased household income to spend on care, improved care quality and more harmonious relationships. Time and labour saving equipment have helped reduce the drudgery of care. However, it has been found that these technologies alone may be insufficient to redistribute care responsibilities at the household level. Rather, they must be accompanied with initiatives to transform gendered perceptions and behaviours. Using community

champions or role models as peer educators has been a successful and cost effective way of broadly sharing information, increasing project support and monitoring progress. To successfully influence national or local agendas, project teams realised the need to build broad constituencies and participate in multi stakeholder initiatives (MSI) from the local up to the national level. The importance of engaging men and boys to shift perceptions of care was highlighted across contexts. In some cases, male support groups helped change community attitudes and practices, alongside household and community dialogue initiated through door to door visits. In other contexts, working with influential male community leaders was recognised as essential for success.

**Further reading:**

<http://policy-practice.oxfam.org.uk/publications/oxfams-we-care-initiative-an-overview-555515>

<https://oxfampolicy.exposure.co/>

## CASE 8

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**Project:** Women's Economic Empowerment and Care (WE-Care)

**Organisation:** Oxfam GB

**Location:** Mainly UK, but also in Malawi, Zimbabwe, Haiti and Philippines

**Target population:** A global effort to influence the private sector

### **Description of project objectives/aims:**

Oxfam considers the heavy and unequal burden of care on all women, especially those living in poverty as a restriction of women's time, mobility and desires to participate in economic, political and social activities. Oxfam WE-Care staff, in collaboration with private sector companies, tries to promote women's economic empowerment and family welfare in their supply chains. The main aims of this programme are to improve the recognition of unpaid care work as a relevant issue for policy and practice change in private sector initiatives, to increase availability or use of time and labour-saving technologies, and to increase infrastructure and services to facilitate care to reduce the difficult care tasks. The project also seeks to challenge the gendered division of labour in households and shift responsibility from poor families to other actors. WE-Care's project has been designed to achieve commitments to carry out assessments and monitoring of care work, and to promote increased resources for reducing the difficulty of care tasks for women in supply chains, and to use corporate communications to promote equitable distribution of care responsibility, in part through shifting norms on gender roles in care. The stakeholder groups that are involved in implementing the programme are international aid donors, global brands and Oxfam employers.

### **Description of activities:**

Since the project started in October 2014, Oxfam has organised international events and training with local application and has also co-facilitated three roundtable discussions with DFID private sector companies, advocating for complementary economic and social components to improve outcomes on women's economic empowerment. It has also included addressing social norms and heavy care work, time poverty and violence against women. Oxfam's influencing strategy shows context-specific evidence of the extent of the inequality between women and men on unpaid care work (time use and hours), and the consequences of heavy and unequal care for women in the supply chain. In Malawi, Haiti and Zimbabwe, WE-Care has trained local partners to carry out Rapid Care Analysis. In Malawi, Oxfam has also worked with mobile phone operators and government agencies as part of the 'M-Nutrition' consortium. In Haiti, WE-Care trained ELF project staff on RCA and approaches to addressing heavy and unequal care work in communities growing vetiver for a Unilever supplier.

### **Description of outcomes:**

WE-Care's project has increased the budgets for care services and infrastructure by employers and the state. That in turn has changed public debates and policy about care work. Evidence shows that to some extent, women and girls spend less time on care work; women and girls have more choice about time use, involvement in public life, education, jobs etc; and women spend more time on paid/productive work and have increased income and men spend more time on care activities. For instance, in Zimbabwe, time spent on water collection has been reduced. The project also found that there are connections between heavy/unequal unpaid care work and lower participation in agricultural

production linked to the companies. It also found that agricultural companies/employers can have a role in promoting positive social norms, shifting attitudes about gender roles in responsibility for care work. The WE-Care pilot projects provide examples of immediate, practical steps to be taken in communities, and point to the interest and willingness of men in these pilot projects to take on (more) care work in households. The programme found that negotiations with private companies about investing in initiatives to address care work are more successful when these companies have existing commitments to women's economic empowerment. Context-specific evidence which links heavy and unequal care to outcomes in their specific supply chain/operation are compelling.

**Further reading:**

<http://policy-practice.oxfam.org.uk/our-work/gender-justice/womens-economic-empowerment/we-care>

## CASE 9

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**Project:** Caring Across Generations

**Location:** USA

**Target population:** Primarily aging populations and their caregivers

**Description of project objectives/aims:**

**The Caring Across Generations campaign has three major objectives to improve care for aging populations in the US. The first is providing better access to quality, dignified, affordable care choices.**

Nursing homes are expensive, and most people prefer to age at home or closely connected to the people and places they love, anyway. This campaign advocates for increased access to quality home- and community-based services, and affordable long-term care coverage.

**Their second objective is more support for families, particularly family members who provide care.**

Eighty percent of care is provided by a family member, and they believe that families should not have to bear the burden of caregiving alone. So, they aim to spread awareness of the need for in-home training, workplace flexibility, and increased public awareness of the burdens and economic impact of family caregiving.

**Their final objective is the creation of 1 million more quality caregiving jobs — with adequate training, living wages and benefits.** By 2030, the US will be short of 1 million home care workers if they stay the current course. But as it stands, the care workforce is devalued and underpaid. To retain people who love and are skilled at what they do, Caring Across Generations believes that homecare jobs must be quality jobs: care workers should be able to build their skills and be guaranteed basic job protections, and federal and state investments must be made to improve the US's immigration system and ensure higher worker standards, including a living wage.

**Description of activities:**

Caring Across Generations works nationwide in the US to organise and develop policy on the local, state, and federal levels to expand care options for seniors, people with disabilities, and their caregivers while improving the quality of home care jobs. Their leadership team is comprised of national organisations representing aging, disability rights and workers' rights, and they work with grassroots partners in states across the country. They work to spread new narratives to shift cultural values around aging, caregiving, and intergenerational connection through pop culture, and through partnerships with the entertainment, media, and sports industries. A recent Caring Across Generations event raising awareness about care took place in Hollywood and featured storytellers sharing their experiences with care and caregiving. Their online and on-the-ground campaigns reach broad and diverse audiences.

**Description of outcomes:**

Caring Across Generations' efforts, in collaboration with the work of its partners across the country, have led to many recent victories regarding care. For example, in 2013, the Department of Labor announced changes to the Fair Labor Standards Act that, after decades of exclusion, granted home care workers the right to minimum wage and overtime protections. In that same year, the Ohio Organizing Collaborative successfully pressured the state to apply for and win US\$170 million for the Balancing Incentive Program, which shifted more resources towards home- and community-based care.

In 2014, the New York Care Council won US\$1.7 million of restored funding into the city's EISIP Program, which provides additional home care services for low-income seniors who fall above the Medicaid threshold. Also in 2014, Missouri Jobs with Justice supported the successful efforts of 12,000 unionised home care workers to win a contract allowing their pay rate to increase to US\$10.15. In these ways, Caring Across Generations' campaigns are helping to redistribute some of the burden of care to the state, and improving the working conditions of paid and unpaid care-givers themselves.

**Further reading:**

<http://www.caringacross.org/about-us/>

## CASE 10

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**Project:** Counting Women's Work: The Gendered Economy in the Market and at Home

**Location:** Based at University of California, Berkeley and the University of Cape Town, with research teams around the world (in Sub-Saharan Africa, Asia, Latin America)

**Target population:** Policy makers, project implementers, the public (an effort to make these actors recognise and prioritise care work)

**Description of project objectives/aims:**

Counting Women's Work (CWW) is a research effort within National Transfer Accounts (NTA) to measure the gendered economy and recognise the value of unpaid care and housework. NTA is an established research network with member teams in over 50 countries that seeks to disaggregate national accounts by age and sex. In addition, CWW has developed National Time Transfer Accounts (NTTA) to include the unpaid care and housework that is left out of national accounting. NTTA uses time use data to estimate the amount of time spent producing or consuming unpaid care and housework and values that time at a replacement wage, recording flows by age in the same framework as NTA. This extends previous research efforts developing satellite household production accounts by adding the age dimension and including consumption and transfers of unpaid work along with production. Contrasting market estimates with household production estimates reveals the gendered economy. Combining them gives a complete picture of how we produce, consume, share, and save economic resources by age and sex, and allows an understanding of the total care economy.

The project has three main objectives: (1) To refine and apply the methodology for estimating how males and females at each age acquire and use economic resources in a group of countries for which sufficient data are available, including unpaid care and housework as an economic activity similar to market work. (2) To produce and publish national-level gender-specific development indicators that integrate market-and household-based measures of economic activity by age. (3) To disseminate results to policymakers, the media, and directly to the public by producing policy briefs, on-line information, and holding symposia to bring researchers, policymakers, and advocacy organisations together.

**Description of activities:**

CWW has supported a group of nine lower-income countries to produce per capita age schedules of production and consumption of market goods and services, and non-market household services including housework and childcare. These countries include Costa Rica, Mexico, Colombia, Ghana, South Africa, Senegal, Kenya, Vietnam, and India. These countries are joined by over twenty other countries around the world producing estimates with the same methodology. A central project group reviews all estimates for quality and disseminates results at an international level. Country teams disseminate results within their countries to highlight how they can inform policy and advocacy.

**Description of outcomes:**

The main research findings can be summarised as follows: (1) The value of unpaid care and housework is large, constituting as much as 12-40% of GDP. (2) While there is a wide range of the degree of gender differentiation in terms of market versus household production in every country examined so far, even countries considered the most egalitarian have women specialising in household production and men in market production. These household responsibilities represent a potential barrier to women's market

work and their time to maintain their own wellbeing. (3) Most every country examined spends significantly more on young children in terms of parental time than in terms of goods and services.

These research findings indicate the necessity for recognising unpaid care and housework. Furthermore, CWW's estimates provide a quantitative basis to design policy strategies to reduce and reallocate the burden of unpaid care and housework.

**Further reading:**

[www.countingwomenswork.org](http://www.countingwomenswork.org)

## CASE 11

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**Project:** Global Mapping of the Provision of Care through Cooperatives

**Organisation:** ILO

**Location:** Global

**Target population:** Dependent on programme

**Description of project objectives/aims:**

The ILO sees childcare at the heart of life, for families, communities and nations. Yet it is also one of the key barriers to achieving women's full productivity, as women are the main care providers globally. The increasing flexibility of labour and the drive for female economic participation creates a double burden and may infringe on care work. At the same time, population ageing and the increasing number of people living with non-communicable diseases are expanding demands for care, both paid and unpaid. Care work globally remains characterised by a lack of benefits and protection, low wages and long hours, and exposure to harm. Thus, new solutions are required regarding the nature and provision of care, and the terms and conditions of care work. The ILO views cooperatives as an innovative solution. Care cooperatives aim to fill the gap in care provision, where needs are unmet by private and public providers, or when providers are too expensive. They aim to employ trained care workers and provide care through inclusion and empowerment of both worker and care-receiver. Thus they seek to redistribute the burden of unpaid care, to improve the quality of care provision, and to improve conditions for paid workers.

**Description of activities:**

Care cooperatives are involved in multiple activities including elderly care, care for people living with disabilities and chronic mental or physical illness, child care and domestic services in the home. They may emerge in relation to community needs as stand-alone care cooperatives, as 'add-ons' to existing cooperatives or as 'out-growths' from other organisations, like trade unions. They provide care in formal spaces, like hospitals and nursing homes, as well as informal spaces such as beneficiaries' homes. Care cooperatives usually hire employees trained in care-related services, such as paraprofessionals, social workers, childcare workers, nurses and domestic workers. Cooperatives represent an important source of employment, especially for women. They also provide extra trainings on health and care-related skills, which may lead to formal qualifications, as well as training on cooperative management skills, soft skills like communication, life skills or gender awareness. Some cooperatives provide paid maternity leave, sick leave and other benefits including formal work contracts. Together, training and formal provisions can enhance the quality of care and help to ensure safe working-conditions. Local government and cooperative-representative entities, such as alliances or federations, provide a key site of support for care cooperatives such as funding or training opportunities, lobbying and supportive legislation.

**Description of outcomes:**

Cooperatives make unpaid care work paid, thus reducing women's unpaid care burden. They have redistributed unpaid care work to other actors, including men, who although fewer than women, make up a significant proportion of care cooperative workers. They provide better terms and conditions for paid care workers, such as regularised work hours, access to benefits, more bargaining power, and better conditions in home-based care, especially for women. Flexibility has allowed women working in

cooperatives to better negotiate the double burden of paid and unpaid care work. There is also evidence of reduced time poverty and increased work-life balance, freeing up women's time for other activities. Care cooperatives foster interdependency in caregiving and promote inclusion and democratic decision-making, giving all stakeholders a voice in the nature of services provided, and thus improving care quality. They also provide more accessible services, through longer working hours, disability access, services in remote locations, or providing better quality care at lower cost. However, longer hours can also mean overtime for care workers, mostly women.

**Further reading:**

[http://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/---emp\\_ent/---coop/documents/publication/wcms\\_457286.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_457286.pdf)

## CASE 12

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**Project:** Improvement of WASH services (launched 2000 – ongoing)

**Organisation:** Sustainable Environment Management Action (SEMA)

**Location:** Local, community or district level in rural areas, towns and cities in Tanzania

**Target population:** Water users, especially women, children and vulnerable people

**Description of project objectives/aims:**

Rural areas in Tanzania typically face challenges in water, sanitation and hygiene (WASH). Households often need water for different domestic and productive uses which formal water services - should they exist - often fail to address in integrated ways. Furthermore, in the absence of piped water, women and girls must often walk long distances to fetch household water on a daily basis. This drudgerous task negatively impacts their health and safety, and takes up lots of their time which could be better spent on income generating activities, self, family or community care. Apart from water availability, lack of sanitation facilities also puts the health and safety of entire communities, but especially women, girls, students and other vulnerable people at risk. Girls with no safe place to relieve themselves often drop out of school while all students' capacity for learning is compromised by health problems caused by poor sanitation. Poor family health increases the care obligations of women.

Through participatory approaches, SEMA's WASH improvement project seeks to address these concerns by working with communities to sustainably manage existing water resources, develop water and sanitation infrastructure and promote sanitary practices.

**Description of activities:**

The project facilitates the formation, training and operation of local water management associations, and lobbies for the inclusion of women on these local bodies. Sanitation centres are established where latrine construction is demonstrated, components are made available, and sanitation entrepreneurs are trained and supported to launch sanitation related businesses. These centres also act as financial institutions as 10% of the revenue from each latrine construction is added to a fund which may be used for sanitation related projects, micro-credit schemes or however the community sees fit. SEMA also supports the appropriate design and construction of household and institutional latrines (such as in schools), community wells, livestock watering facilities and piped water systems. Through participatory approaches, social marketing and local 'animators', understandings about hygiene and sanitation are circulated throughout communities.

**Description of outcomes:**

To date, 240,000 people in 80 marginalised communities have benefited from WASH improvement interventions. In these communities, clean water supplies for domestic and productive uses (such as livestock watering) are accessible within 400 metres or less than 30 minutes' walk. This has reduced women's workload considerably, and time previously used for fetching water can now be used for other activities, such as income generation, or higher quality self or family care. Improved hygiene and sanitation in the form of household and community latrines has also reduced the incidence of illness and freed up income previously used for medical treatment. Improvement of these services in schools has resulted in improved student performance and made education more girl friendly as safe and sanitary

latrines provide space for them to care for themselves, especially during menstruation. While water governance at the local level remains largely male dominated, the project has lobbied for the inclusion of women with some success. Crucially, the organisation's commitment to participatory approaches to include the voices of the most vulnerable people increases the equitableness and sustainability of their projects.

**Further reading:**

SEMA project images: [water project pictures in implementation.pdf](#)

SEMA website: <http://www.sema.or.tz/project.htm>

## CASE 13

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**Project:** Pantawid Pamilyang Pilipino Program (4Ps)

**Organisation:** The Department of Social Welfare and Development (DSWD) of the National Government of the Philippines

**Location:** The Philippines

**Target population:** Households below the poverty line with children and/or a pregnant family member

**Description of project objectives/aims:**

The 4Ps' short term objective is to provide cash assistance to the poor to alleviate their immediate need, while their long term objective is to break the intergenerational poverty cycle through investments in human capital. Cash transfers in other places often aim to meet these goals by focusing on mothers, and ignoring the role of fathers in children's lives. The 4Ps, however, aims to close this gap by using gender-neutral language aimed at increasing fathers' participation. While many of their programme descriptions do not explicitly mention care, some of their activities point to objectives of changing the norms/values surrounding care work, of improving the quality of care provided to dependents, and of redistributing some of the burden within the household and from the household to the state.

**Description of activities:**

One of the unique components of the 4Ps is the inclusion of the Family Development Session (FDS) that provides modular discussion on husband and wife relationships, laws affecting the Filipino family, home management, children's and women's rights, proper health care, nutrition, and sanitation. The programme now requires parents – not only mothers – to attend these sessions. To track progress, the programme established a new indicator that calls for a minimum 40% involvement of fathers, who research suggests may be critical when it comes to keeping boys in school.

In addition to attendance at the family development sessions, other conditions of the cash transfer aim to improve quality of care. Pregnant women are required to receive pre- and post- natal care, young children must receive regular check-ups and vaccines, and older children must receive deworming pills twice a year. Child beneficiaries aged 3-18 must enroll in and attend daycare/school at least 85% of all class days each month (this includes daycare/preschool for children age 3-5). This can arguably be a measure designed in part to keep female students in schools, when they are sometimes the first to be pulled out to help with care tasks around the home.

**Description of outcomes:**

With the Family Development Sessions, the 4Ps programme expects households will have strengthened family relations and be empowered members of their communities. Overall, the programme reports high compliance rates. For example, in March and April 2015, 94.84% of participants attended family development sessions. This coincided with 99.91% of children aged 6-14 receiving the required deworming; 98.99% of children aged 6-14 attending school, 98.33% of children aged 3-5 attending daycare, 97.05% of children aged 15-18 attending school, and 95.95% of pregnant women and children aged 0-5 attending their required health visits. These high percentages point to improved access to quality of care and a redistribution of some of the burden of care from the household to the state.

**Further reading:**

GOVPH/Official Gazette site FAQs <http://www.gov.ph/programs/conditional-cash-transfer/>  
<http://www.gov.ph/2013/10/31/faqs-on-the-conditional-cash-transfer/>

Pantawid Pamilyang Pilipino Program FAQs  
<http://pantawid.dswd.gov.ph/images/stories/pantawidfaq.pdf>

ODI report (p. 55) <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

### Care-related Grant Programmes

**Name:** Universal Child Allowance/Plan Jefes y Jefas de Hogar Desocupados/Asignación Universal por Embarazo

**Location:** Argentina

**Description:** The two allowance programs provide allowances for unemployed and/or low-income families with children or pregnant women, usually transferring the funds directly to the women/mothers in the household. Plan Jefes/Jefas provides income transfers for public works, which include services such as child or elderly care, health programme support, etc. These programmes recognise that often women bear the major burden of care work, and aim to redistribute some of the burden of care from women/the household level to the community and state levels.

**Further reading:**

Asignación Universal por Hijo (Spanish): <http://www.anses.gob.ar/prestacion/asignacion-universal-por-hijo-92>

**Name:** Subsidio (Único) Familiar (SUF), Subsidio Maternal; part of Chile Solidario

**Location:** Chile

**Description:** These are family cash transfer programmes that target mothers in eligible families as the primary recipients/managers of the grants. To receive these cash transfers, beneficiaries have to be pregnant or be caring for children—children under age 6 must be taken regularly to health clinics, and children age 6-18 must regularly attend school. These programmes recognise that women typically bear the major burden of care work and aim to redistribute some of this burden to the state.

**Further reading:**

<https://www.chileatiende.gob.cl/fichas/ver/36386>, <http://www.chilesolidario.gob.cl/sist/sist1.php>, <http://www.quilpue.cl/page/24-24/85/subsidio-unico-familiar-y-subsidio-maternal.html>

**Name:** Pensión Básica Universal

**Location:** El Salvador

**Description:** Qualifying adults over 70 years old receive a monthly pension of \$50. This programme recognises that elderly women often live longer than men, but are still more likely than elderly men to live under situations of precarity, to have participated less in the formal labor market, and to be expected to take on care work responsibilities of family members.

**Further reading:**

[http://interactions.eldis.org/sites/interactions.eldis.org/files/database\\_sp/El%20Salvador/Universal%20Basic%20Pension%20\(UBP\)/UBP%202.pdf](http://interactions.eldis.org/sites/interactions.eldis.org/files/database_sp/El%20Salvador/Universal%20Basic%20Pension%20(UBP)/UBP%202.pdf)

**Name:** CT-OVC (Kenya), Pilot Cash Transfer Scheme (Liberia), Social Cash Transfers (Namibia)

**Location:** Kenya, Liberia, Namibia

**Description:** These programmes deliver cash to families with diverse caring responsibilities. Kenya's programme is targeted at orphaned and vulnerable children (particularly due to losing a parent(s)/guardian to HIV/AIDS), aiming to keep these children in their extended families or communities and to support their carers even in potentially stressful/burdensome situations. Liberia's programme in particular recognises that households face challenges to providing care when the head of household cannot work. Namibia's various cash transfer programmes directed at children also aim to

redistribute some of the burden of care work to the state, recognising that children in foster care and children who are differently-abled often require unique care.

**Further reading:**

[http://interactions.eldis.org/sites/interactions.eldis.org/files/database\\_sp/Kenya/Cash%20Transfer%20to%20Orphans%20and%20Vulnerable%20Children%20\(CT-OVC\)/CT-OVC%204.pdf](http://interactions.eldis.org/sites/interactions.eldis.org/files/database_sp/Kenya/Cash%20Transfer%20to%20Orphans%20and%20Vulnerable%20Children%20(CT-OVC)/CT-OVC%204.pdf)

[http://www.unicef.org/infobycountry/liberia\\_61202.html](http://www.unicef.org/infobycountry/liberia_61202.html)

[http://www.ilo.org/dyn/ilossi/ssimain.schemes?p\\_lang=en&p\\_geoaid=516](http://www.ilo.org/dyn/ilossi/ssimain.schemes?p_lang=en&p_geoaid=516)

**Name:** Child protection grant

**Location:** Nepal

**Description:** The Child Protection Grant in Nepal is a cash transfer for mothers with children under the age of five, aimed at improving the nutrition of children by enabling families to purchase more food. It is universal in the Karnali region and targeted at Dalit households in the rest of the country. It offers a payment of NRs 200 (about \$2) per child per month. This programme recognises that poor and/or vulnerable caregivers face greater challenges to providing a diversified, sufficient diet for their children and works to redistribute some of this care burden to the state.

**Further reading:**

<http://www.adb.org/sites/default/files/publication/29410/reducing-malnutrition-nep.pdf>

**Name:** Social Assistance Grants for Empowerment (SAGE)

**Location:** Uganda

**Description:** There are two types of grants under SAGE: The Vulnerable Family Support Grant (VSFG) and the Senior Citizens Grant (SCG). For the VSFG, adult women are selected by the programme to be the physical recipients of cash transfers (if they are present in the beneficiary household), as it is widely recognised that women often bear the major burden of care work in the home. In their absence, men are selected as recipients. Both programmes offer a transfer of 25,000 Ugandan shillings per month. A recent evaluation of the programme has found that women and girls are mainly responsible for domestic tasks—while it has not yet led to a drastic change of gendered roles in the household, SAGE has contributed to the recognition that women and girls overwhelmingly are held responsible for care work.

**Further reading:**

[http://www.opml.co.uk/sites/default/files/OPM\\_SAGE\\_endline\\_report.pdf](http://www.opml.co.uk/sites/default/files/OPM_SAGE_endline_report.pdf)

For more information: <http://interactions.eldis.org/unpaid-care-work/social-protection>

## CASE 15

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**Project:** Expanded Public Works Programme

**Organisation:** South African Government

**Location:** South Africa, nationwide

**Target population:** The unemployed, people in low-income households, especially women and youth

### **Description of project objectives/aims:**

South African women have lower employment rates than men, and often have lower education and skill levels. They perform the bulk of unpaid care work, and given the high rates of HIV/AIDS, caregivers are essentially part of the health system, but do not receive pay. Many households have limited access to care-related services such as clean water and health care. South Africa's Expanded Public Works Programme (EPWP) aims to create millions of work and training opportunities for the unemployed, especially women and youth who should make up 55% and 40% of participants respectively. Through work experience, training and information on further opportunities, it seeks to temporarily relieve unemployment, and to increase the potential for participants to enter paid work. Furthermore it aims to provide demanded public goods, such as child care, labour-intensively, at acceptable standards. Through the social sector, EPWP seeks to enhance access to home and community-based care (HCBC), early childhood development (ECD) and school nutrition (SN). EPWP recognises the value of care and redistributes some of the care burden to the state and other actors.

### **Description of activities:**

EPWP works in four sectors, all of which include services that increase access to care, make unpaid care paid, or improve care quality. Infrastructure includes development of roads and water pipes, building schools and health centres. Environment and culture involves agricultural skills training, building community gardens and providing farming inputs. The non-state sector works with care-providing non-profit organisations to subsidise salaries, and provides stipends for volunteers on Community Works Programme, many of which focus on enhancing food security, providing HCBC and care of vulnerable children. EPWP is unique in including ECD and HCBC, recognising that these should be paid work and helping the state to meet its responsibility to support care. Social sector work involves caring for the elderly and those affected by HIV/AIDS, early child care and nutrition for vulnerable children. Volunteers, mostly women, already working in the sector gain accredited training and a temporary stipend so that their care work becomes paid. Others receive on-the-job experience, an allowance and training, leading to various levels of NQF qualifications and potential longer-term opportunities. Some are given the basic skills and experience to enter the Community Health and Development Worker (CHDW) training programme, in order to expand this service across the country. Job opportunities are provided for relatively long periods, from 1 to 2 years.

### **Description of outcomes:**

In phase two (ending in 2009) 60% of programme participants were women. The programme reports to have increased gender equality, and provided some more paid work opportunities for women. It has increased recognition of the value of care, turned some unpaid care work into paid work, and enhanced women's skills for future paid work. By providing training in the care sector and increasing the number of ECD and HCBC sites, it has increased access to care-related services, reduced demands on women's

time for unpaid care and enhanced care quality. Many households report spending EPWP income on family support and care-related items, especially food and stoves, which are labour-saving. EPWP has increased community participation amongst women, and has resulted in the creation of women's savings clubs, giving women control over more income, which they may spend on care. There is also improved school attendance for children who previously had to care for young siblings, but who now have access to crèches and ECD sites. Infrastructure projects, such as construction of latrines, road development, and the establishment of community gardens helped reduce the drudgery of care. However, the failure to provide on-site care facilities at projects such as infrastructure, means that women must still balance dual roles of paid work and unpaid care.

**Further reading:**

<http://www.gov.za/about-government/government-programmes/expanded-public-works-programme>

<http://www.epwp.gov.za/index.html>

[http://www.epwp.gov.za/documents/Cross\\_Cutting/Monitoring%20and%20Evaluation/EPWP\\_Five\\_Year\\_Report.pdf](http://www.epwp.gov.za/documents/Cross_Cutting/Monitoring%20and%20Evaluation/EPWP_Five_Year_Report.pdf)

<http://www.mcser.org/journal/index.php/mjss/article/viewFile/2590/2558>

[https://za.boell.org/sites/default/files/hb\\_final\\_ebook\\_1.pdf](https://za.boell.org/sites/default/files/hb_final_ebook_1.pdf)

**Project:** Productive Safety Net Programme

**Organisation:** Government of Ethiopia

**Location:** Ethiopia, country wide

**Target population:** Food insecure households, especially women and female-headed households

**Description of project objectives/aims:**

Ethiopia suffers from high food insecurity and a history of famines. The majority of the population is rural and lives off subsistence farming, but climate shocks mean migration for work is common, so women are often burdened with looking after the land and undertaking care work. Women typically have lower levels of education and less access to and control of productive assets, resulting in lower economic productivity and weaker decision-making power. More than 40% of children under 5 are chronically malnourished, due to food insecurity and poor infant care, combined with limited access to care-related services like clean water and health care. The Productive Safety Net Programme (PSNP) aims to help households adapt and prepare for climate change by protecting them from, and increasing their resilience to, weather-induced shocks. Regular transfers aim to reduce hunger and negative coping strategies. Public works projects aim to protect watersheds, increase agricultural production, and increase access to markets and public services. The PSNP specifically targets women and in particular female headed households (FHH). It recognises the value of care, and reduces the burden on women by redistributing some care activities to the state.

**Description of activities:**

The PSNP provides support through monthly cash and/or food transfers in exchange for public works participation. For those unable to work, for example pregnant women or the elderly, transfers are given unconditionally, or other household members may work on their behalf. The PSNP includes many care-related initiatives. To address food insecurity, chronically insecure households receive transfers for several years, while shorter-term transfers are provided to seasonally insecure households in times of crisis. Public works includes projects designed to increase food security and agricultural yields, such as terracing and watershed rehabilitation. Others enhance access to services through developing roads and clean water sources and building health clinics and schools. Worksites of a certain size should provide childcare facilities to allow those with young children to participate. To address inadequate care practices, pregnant and breastfeeding women receive transfers and attend health and nutrition classes. The National Nutrition Programme also provides vaccinations, Vitamin A and iodine supplements and treats childhood illnesses like diarrhoea and measles.

**Description of outcomes:**

The PSNP has reduced the burden of care, redistributed some care tasks to the state, and increased care quality. It has helped households smooth their consumption and improved food security, increasing both the amount of food and the quality and variation of food. It has enhanced access to health care services and increased school attendance. Improved access to water and the development of community wood stores have reduced the time women spend on care, giving them time for other activities such as income generation. Household income has increased and families report spending transfers on care-related items such as food, health care, school-related costs, soap and clothes.

Through public works, female community participation has increased, and women have access to more leadership positions, for example being elected to run on public works planning teams. Some men have shown attitude change regarding women's work capabilities due to their regular public works participation, and in some instances this resulted in men helping with traditionally 'female' chores. However, these changes have been small-scale and limited. In general, care remains the responsibility of women while household decision-making remains in the hands of men. Despite the mandate, childcare facilities are not always provided at public works sites, men's work is often more highly paid and the gendered division of labour in public works projects remains.

**Further reading:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480617/Ethiopia\\_PSN\\_P4\\_case\\_study.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480617/Ethiopia_PSN_P4_case_study.pdf)

<http://www.undp.org/content/dam/aplaws/publication/en/publications/womens-empowerment/policy-brief-gender-equality-and-employment-guarantee-policies-/Policy%20Brief%20Employment%20FINAL.pdf>

<https://icmhd.wordpress.com/2013/08/08/nutrition-health-and-ethiopia/>

[http://s3images.coroflot.com/user\\_files/individual\\_files/44533\\_gvckNK1ndXixg822ZFX9cI9M5.pdf](http://s3images.coroflot.com/user_files/individual_files/44533_gvckNK1ndXixg822ZFX9cI9M5.pdf)

[http://www.ltsi.co.uk/images/M\\_images/PSNP%20Coping%20with%20Change.pdf](http://www.ltsi.co.uk/images/M_images/PSNP%20Coping%20with%20Change.pdf)

[http://interactions.eldis.org/sites/interactions.eldis.org/files/database\\_sp/Ethiopia/Productive%20Safety%20Net%20Program%20\(PSNP\)/PSNP%201.pdf](http://interactions.eldis.org/sites/interactions.eldis.org/files/database_sp/Ethiopia/Productive%20Safety%20Net%20Program%20(PSNP)/PSNP%201.pdf)

## CASE 17

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**Project:** Ain es-Sira Conditional Cash Transfers (CCT) Pilot Programme

**Organisation:** Social Research Center of the American University in Cairo (in cooperation with Pathways of Women's Empowerment)

**Location:** Egypt

**Target population:** Low-income families, especially mothers and female heads of household, with school-aged children

**Description of project objectives/aims:**

The CCTs programme in the slum of Ain es-Sira, Cairo, launched in 2009, is one of the first of its kind in the Arab world. Started as an experimental research model, the programme has a clear impact on policy to alleviate women's care burden. The Ain es-Sira project seeks to reduce time women spend on care, to redistribute care tasks amongst the family, and to enable vulnerable women to increase their engagement in paid work. With the aim of transforming social norms and gender roles about care, social workers receive training and introduction to the ideas of women's rights and agency. This project promotes a sense of citizenship amongst female beneficiaries in order to create and maintain a pilot that promotes gender sensitivity and equity. The female heads of household receive the cash transfer and are responsible for the fulfilment of the programme's conditions. The conditions are minimum school attendance, regular visits to health clinics and nutrition care. The conditionalities of the transfers have been agreed on collectively to enhance women's empowerment, allowing women to choose what to do with the money.

**Description of activities:**

The research project looks at families' health, education, decision-making in the household, access to resources, work, income and debt. The key elements of the programme are allowing women to manage their own finances, designing self-monitoring tools that the women themselves can use, and training social workers to be a champion for the family, particularly for the women and girls. Training women on their rights, and encouraging them to challenge social norms, identify their needs, and raise their concerns is essential to boost the valuation of care work. In terms of education and health, the Ain es-Sira programme deals with the drawbacks of the education system and is considering the creation of an after-school programme. In order to combat diseases in the neighbourhood, the project requires all family members to regularly visit the doctor, and ante-natal care for pregnant women. Additionally, it establishes monthly meetings to discuss the availability and quality of health services with beneficiary families and to ensure that families are aware of their rights and entitlements. This programme encourages citizenship engagement and power to hold government bodies accountable for provision of care services.

**Description of outcomes:**

Ain es-Sira's social workers highlight the importance of care work in sustaining the market economy and the time that low income families, in particular mothers and female heads of household, spend on unpaid care work. They found that women did not have the time, ability, information and resources to take good care of their health. Families had clinical check-ups that revealed significant morbidities for which they are now seeking medical attention. A focus on both fathers and mothers in the family was

also essential. Social workers have become involved in the lives and burdens of families and besides monitoring CCTs are also providing referrals and advice. More than 200 social workers are now trained in implementing and monitoring the families participating in the programme. The project showed that taking a citizenship approach to cash transfers can enhance their poverty-reducing effects on the care burden and produce broader empowering outcomes for beneficiaries, offering a genuinely transformative dimension. It has helped to change social norms, especially those around sharing care within the household and communities. Due to its success, this programme has led to the scaling-up and adaptation of the programme in rural Upper Egypt and it has led to changes in the social protection policy in Egypt.

**Further reading:**

Marcus, R., Perezniето, P., Cullen, E. & Jones, N. (2011). Children and social protection in the Middle East and North Sub-Saharan Africa: A Mapping Exercise. ODI Report Commissioned By UNICEF MENA

Cornish, L. (2010) What would a feminist CCT programme look like? Brighton: Pathways of Women's Empowerment RPC, Institute of Development

Pathways of Women's Empowerment Research Programme Consortium (2010), Case Study summary: Conditional Cash Transfers in Egypt, IDS.

<http://interactions.eldis.org/programme/ain-es-sira>

**Project:** Rural Employment Opportunities for Public Assets (REOPA)

**Organisation:** Government of Bangladesh (in partnership with EU and UNDP)

**Location:** Bangladesh

**Target population:** Destitute and vulnerable women. Priority is given to widows and divorced women with dependent children

**Description of project objectives/aims:**

The Government of Bangladesh, in partnership with the European Union and UNDP, recognises that decent work for women needs to take into account their unpaid care work responsibilities. It also recognises that the unequal and heavy burden of unpaid care work on women has a huge impact on their access to decent jobs and the fulfilment of their human rights. REOPA project aimed to support the social and economic empowerment of destitute and vulnerable women living in extreme poverty so that they can have access to decent work, prioritising work which specifically raises the status of women. It improves financial conditions through regular income, savings and income generating activities. REOPA's objectives are to provide opportunities for decent and fair wages, improving working conditions and safe working opportunities. It provides two years' employment for destitute women and employment for casual labourers during the lean period. Investing in initiatives to transform social norms and gender roles about care through training and skills are other important aims to raise the importance of care work in sustaining the market economy. The project also seeks to improve the quality of and access to basic services for poor households and to strengthen local government institutions for better basic service delivery, in order to reduce the time spent by vulnerable women on unpaid care.

**Description of activities:**

The REOPA project, implemented in 2007, operates in six districts in Bangladesh. Taking into account opportunities for flexible working hours, decent and fair wages, improved working conditions and safe working opportunities at a range of suitable locations is essential to ensure women are not forced into low-paid, often unsafe work. The programme includes activities such as job-generation for widowed or abandoned destitute women, selected locally, and employed in road maintenance in two 2-year cycles. Wages include mandatory savings. Casual labourers (poor women and men who depend on manual labour) also benefit from seasonal employment and blocked grants and demand-driven participatory scheme selection. Finally, promoting the equal participation of women as agents of change in economic, social and political processes is essential to achieving gender equality. REOPA ensures 50% female participation at all events initiated by the project and encourages female staff to participate in all project events. In terms of investing in initiatives to shift perceptions, norms and gender roles about care, women undertake training sessions on social and legal issues, gender equity, human rights, primary health care, nutrition, and income generation.

**Description of outcomes:**

REOPA has been recognised for balancing the effective engagement of disadvantaged women with improved socio-economic conditions reducing their care burden. The programme helps to increase women's mobility, their access to and control over resources, their access to basic services and their access to training and capacity development opportunities. Poor and vulnerable women's economic

status has been improved through savings. With their savings, women can have full control of their income and afford to own a house. Wages paid have ensured food sufficiency and satisfaction of other basic needs like improved housing, children's education and medical treatment during employment. Chronic food deficiency has reduced from 44% to 4% of households and, due to the training courses, women have sought more medical treatment and have hygienic slab latrines. Also, after graduation from REOPA, women have invested their savings in gainful micro-enterprises.

**Further reading:**

UNDP Bangladesh, n.d. Rural Employment Opportunities for Public Assets (REOPA). Dhaka: UNDP

UNDP Bangladesh, n.d. REOPA Gender Mainstreaming. Dhaka: UNDP

European Commission (EC). 2011. Food security - Rural Employment Opportunities for Public Assets (REOPA), Bangladesh.

UNDP Bangladesh. 2011. Rural Employment Opportunities for Public Assets - Project Factsheet. Dhaka: UNDP

Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C). 2009. Operational Manual of Rural Employment Opportunities for Public Assets (REOPA) Project. Dhaka: UNDP

[http://interactions.eldis.org/programme/rural-employment-opportunities-public-assets-reopa?vnc=D6lYzOphv8mll\\_65zYBZh9shJlSylSsN7h1p9ba3JP0&vnp=7](http://interactions.eldis.org/programme/rural-employment-opportunities-public-assets-reopa?vnc=D6lYzOphv8mll_65zYBZh9shJlSylSsN7h1p9ba3JP0&vnp=7)

**Policy:** Mahatma Gandhi National Rural Employment Guarantee Act (NREGA) (2005-ongoing)

**Location:** India (rural areas nationwide)

**Target population:** Rural workers

**Description of policy objectives/aims:**

The NREGA is a nationwide social security scheme which guarantees at least 100 days of minimum wage employment per year to every rural household whose adult members volunteer for unskilled manual labour. It aims to enhance livelihood security and fight rural poverty while creating infrastructure to foster development of rural economies. By recognising the value of women's work and care responsibilities, the scheme also aims to empower rural women. It guarantees that at least one third of these rural jobs go to women, and crucially, that onsite child-care be provided if at least five children under the age of six years old appear at the worksite with a parent or caregiver. It is the only such public works programme in Asia to do so at scale. By creating more resilient, socially equitable rural economies with an emphasis on women's participation and support for care, the policy aims to increase quality of life in rural areas.

**Policy mechanisms:**

As of 2008, the policy covers all rural districts across India. The scheme is administered by local governing bodies – the *gram panchayats* – to which adults seeking work must apply. If work is not provided within 15 days, the workers are entitled to unemployment allowance of one third the minimum wage. Proximity to home is an important factor for women workers. Worksites are to be within five kilometres of the workers homes, or they are entitled to additional pay for transport costs. The policy also provides for flexible working hours so that women can more easily combine their paid and care responsibilities. Women and men are paid equal wages for manual labour which usually consists of constructing roads, wells, canals and ponds. Crèches are supposed to be provided onsite for parents who do not have alternative childcare arrangements. One equally paid woman worker is meant to look after every five children under the age of 6 at the site. This recognition of the care roles of women and redistribution onto the state is one of the key ways in which the NREGA has the potential to empower rural women by increasing their ability to participate in paid work.

**Description of outcomes:**

Despite the policy's grand visions, implementation has been patchy and fraught with corruption and inefficiency. When and where it has worked however, NREGA has proved a crucial resource for many rural poor, including women. It has provided work for 50 million households, and women's participation has exceeded goals on a national level. The policy's emphasis on creating opportunities for women to participate in paid work through the provision of equal pay and onsite crèches is a progressive step towards gender equality and poverty alleviation. Unfortunately however, provision of guaranteed childcare is seldom a reality at worksites. Studies have demonstrated the abysmally low number of crèches actually available, as well as low levels of awareness among women that they should be provided. While the government keenly monitors the number of women participants, they have failed to track crèche provision.

NREGA has vast potential to transform lives, and childcare provision can work as a primary motivation for greater participation of women. Indeed, the majority of women respondents in a study (see additional resources) admitted that the work opportunities provided were made less attractive because of the absence/insufficiencies of childcare at worksites. For the time being, the guarantee of onsite childcare is largely rhetorical. Some steps have been taken in 2015 to link NGERA crèches with India's public programme of Integrated Child Development Services (ICDS), but it remains to be seen what effects this will have on the ground.

**Further reading:**

FORCES report: Women in NREGA: <http://forces.org.in/publications/NREGA%20Report.pdf>

Employment Guarantee, Women's Work and Childcare:

[https://www.researchgate.net/publication/242214423\\_employment\\_Guarantee\\_Women%27s\\_Work\\_and\\_childcare](https://www.researchgate.net/publication/242214423_employment_Guarantee_Women%27s_Work_and_childcare)

**Project:** Women, Work and Water (1994-ongoing)

**Organisation:** Self Employed Women's Association (SEWA)

**Location:** India (Gujarat and Rajasthan), Sri Lanka

**Target population:** Rural women workers

**Description of project objectives/aims:**

The SEWA is a nationwide women's trade union that aims to help poor self-employed women workers organise, build collective capacity and voice, achieve work and income security and gain access to basic services. The ultimate goal is the economic and decision making self-reliance of members, individually and collectively. One major barrier for rural women is access to clean, easily available water. Water is central to the livelihoods, health and overall well-being of these women and their families. All too often however, women must travel long distances to fetch water on a daily basis to fulfill their personal, care-giving and livelihood responsibilities. Water management bodies also tend to be dominated by men, and women often have little influence in these spaces. The main objective of the campaign is to ensure that women gain access to clean water closer to home and that it is managed, harvested and collected by groups of local women themselves in ways which not only reduce drudgery, but are economically empowering.

**Description of activities:**

The campaign has been most active in Gujarat, the home of SEWA. Village women are trained in a variety of technical skills related to water infrastructure, including traditional methods of watershed development and conservation and the re-charging of wells. They are also coached on repairing handpumps and have successfully negotiated with water supply boards for pump repair contracts. In this way, they provide services to their communities which significantly reduce the burden of work for women, while earning incomes themselves. Women are also taught and encouraged to construct their own rain water harvesting tanks to take advantage of monsoon rains. In some communities, 'Blue Funds' are set up in which women put aside some of their earnings to undertake water-related infrastructure upgrades such as portable plastic tanks for household storage, and tap installations.

**Description of outcomes:**

Rural women who have benefitted from the campaign have been able to earn more, and give more energy to self or family care as they spend less time fetching water, and less money to install water connections. As of 2013, 4075 community and household rainwater harvesting tanks had been constructed to collect monsoon rains, and 1800 women were storing water for home and livelihood activities by purchasing portable plastic tanks which they can move themselves. Approximately 1500 women have been trained as handpump repairers working in 844 villages. The campaign has since expanded from Gujarat into Rajasthan, and abroad to Sri Lanka. SEWA has plans to expand to yet more countries across South Asia.

**Further reading:**

SEWA Annual Report, 2013: [http://sewa.org/pdf/Sewa\\_Annual\\_Report.pdf](http://sewa.org/pdf/Sewa_Annual_Report.pdf)



**Project:** Empoderamiento Económico de Mujeres Rurales (Economic Empowerment of Rural Women)

**Organisation:** Fundación Entre Mujeres (FEM)

**Location:** Northern Nicaragua

**Target population:** Rural women aged 15-65 in cooperatives that work with FEM

**Description of project objectives/aims:**

FEM's research shows that rural women in Nicaragua face many discriminations which affect their ability to achieve their rights. They have minimal voice in household decision-making and reproductive planning, and do not participate in public life due to the deeply embedded view that their role is in care and domestic work. Illiteracy rates are high as girls often stay at home to carry out unpaid care work, preventing them from achieving the right to education, and limiting their ability to participate in public life and in better paid work. Furthermore domestic violence, rape and early child birth is common. As well as care tasks such as fetching water, which is scarce and thus highly time consuming to source, women are also responsible for farming for domestic consumption.

FEM aims to comprehensively empower rural women, and recognises that to do this it must transform the social organisation of care in its focus communities. It aims to give women greater power to participate in household decision-making, especially in negotiating the distribution of unpaid care work with their husbands. It aims to change perceptions of gender norms and the gendered division of labour, and to provide strategies to reduce the time women spend on care, and redistribute care tasks amongst the family. Furthermore, it seeks to enhance food security and increase women's capacity to participate in income generation through organic agriculture.

**Description of activities:**

FEM provides the women in its cooperatives with gender awareness training through which they can question gender norms and the gendered division of labour. Trainers discuss strategies to help women enter into household decision-making, and negotiate regarding the distribution of care activities with their husbands and families. Every three months FEM monitors the household distribution of unpaid care, and how much this has changed. The women share challenges faced and the steps taken in order to increase the participation of other family members. Those who have made strong progress are recognised with small material and moral incentives. Three years ago, FEM started an association of young male farmers who participate in trainings to deconstruct hegemonic masculinities, and this includes discussion of the importance of young people's participation in care tasks at home. FEM also promotes the use of alternative technologies for agriculture and labour saving on care tasks. For example, in some communities new stoves have been installed which use less wood, reducing the time women spend collecting fire wood. Finally, FEM enhances food security by providing farming inputs such as seeds and giving agricultural trainings, helping the women to provide more nutritious food for their families and gain more income.

**Description of outcomes:**

The women themselves say 'we have achieved more harmonious relationships at home, we are educating our sons and daughters to share in care tasks, and we are developing a new vision for

relationships between men and women'. However, FEM notes that the structural inequalities in rural communities are hard to overcome. Out of 400 women in 8 cooperatives, only 18% have managed to talk with their husbands and immediate family about sharing care activities, and these have achieved only a minimal redistribution of tasks. Women continue doing the majority of care work, but the support provided by FEM and the cooperatives allows them to remain positive as they become more aware of gender issues and find new ways to negotiate with their husbands. Labour saving technology has reduced the care burden for some. Furthermore, more women are now working in agriculture and earning a salary, which they are able to control, and household food security has increased.

**Further reading:**

[planificacion estrategica 2012-2017 fem.ppt](#)

## CASE 22

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**Project:** Gender Justice and Access to Markets

**Organisation:** Christian Aid

**Location:** Brazil

**Target population:** Rural women and NGO workers

**Description of project objectives/aims:**

Many of Christian Aid's partners in Brazil have been working to promote rural women's economic autonomy and to increase their access to inclusive markets. To do this, Christian Aid recognises that women's personal lives must be taken into account, including their limited time which typically requires them to choose between care/domestic work and participation in the formal economy/social movements etc. Thus, the goal for this project was for Christian Aid to work with their partners to develop common assessments/actions to ensure that all stakeholders/project implementers take three different dimensions (personal, political and economic) into account in order to promote women's autonomy. They involved caregivers in all aspects of the project. In working on changing social perceptions that devalue unpaid work, Christian Aid looked to influence organisations working for women's economic empowerment to consider the economic contribution of care, and to redistribute care responsibilities both within the household and to other actors such as the state, market, and community.

**Description of activities:**

Christian Aid worked with Sempre Viva Organização Feminista (SOF) and other partners—The Landless Workers' Movement (MST), the People affected by Dams Movement (MAB), and the Pro-Indigenous Commission of São Paulo (CPI)—to assess their work on promoting women's access to markets and participation in local cooperatives to determine possible barriers to participation. SOF led these project activities, facilitating a workshop with rural and indigenous women, a publication based on these workshop discussions, and a video about the main challenges to women's market access. To change perceptions about unpaid work, throughout the project attention was drawn to all the work that women do: on the land (previously considered 'help' not 'work'), cooking for meetings, handicrafts, making economic transactions without formal currency (exchanging eggs for flour), etc.

To ensure caregivers were involved in decision-making processes, MST had a goal of 50/50 female/male representation on local committees. To do this, they sometimes organised pre-meetings in advance of important meetings to give women a safe space to articulate their concerns and agree on a strategy for meaningful representation. SOF's projects (which involve women cultivating produce for local school meals programmes) create women's groups to help with care responsibilities/women's limited time: members help each other out taking turns cultivating the gardens. Both, MST and SOF now say the next step is to get men involved in childcare to allow women time to go to market.

**Description of outcomes:**

Christian Aid reports that as a result of their and their partners' care-related projects, women to some extent spend less time on care work and have more choice about their time use, particularly for

participating in public life/education/jobs/etc. They are also able to spend more time on paid work, increasing their income.

Christian Aid also reports positive shifts in social norms about care work, particularly among local social movements and NGOs. There is a common recognition that women's unpaid care work is invisible and undervalued. Now, it is clear to these organisations working for women's economic empowerment that it is necessary to recognise care work and think of the community's/civil society's/state's responsibility to support care work and caregivers.

**Further reading:**

Semeando Autonomia (video in Portuguese): <https://www.youtube.com/watch?v=H5ahpk4PN-0&feature=youtu.be&a>

Mulheres do Campo (report in Portuguese): <http://interactions.eldis.org/sites/interactions.eldis.org/files/webform/mulheres-do-campo-web-1.pdf>

## CASE 23

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**Project:** Gender Role Model Families

**Organisation:** SEND Sierra Leone supported by Christian Aid

**Location:** Kailahun District, Sierra Leone

**Target population:** Families that wish to explore and live positive gender roles that challenge those traditionally ascribed to men and women, and who wish to be role models for change in the community

**Description of project objectives/aims:**

Sierra Leonean society holds traditional views of women and girls as care givers. This results in women being excluded from decision-making processes, having limited time and opportunity to participate in economic and leadership activities, and being denied many rights such as access to education. Following the civil war, increased gender equity and female participation in decision-making have been identified as crucial for long-term peace and development. In light of this, Gender Role Model Families aims to challenge gender norms, through increasing recognition of the unequal burden of care on women and girls, and promoting the redistribution of chores amongst men, women and children. It aims to involve women in household decision-making, including around access to and use of resources, family planning, and productive work. It encourages school attendance of girls, who are often obliged to stay at home to assist with care, and seeks to reduce marital disputes and gender-based violence, which may affect a family's ability to give quality care.

**Description of activities:**

Community members attend a gender sensitisation meeting, which includes examining men's and women's daily activity schedules, discussing who benefits from the activities carried out by each, and how women's work load can be reduced. Village chiefs and others who may be resistant to the project are involved in dialogue to ensure their understanding and support.

Husbands and wives who volunteer to be gender model families (GMFs) receive training, where they examine the differences in men's and women's daily activities, women's triple burden, and men's and women's differential access to and control over household resources. Subsequent trainings include how to share household work and childcare, make joint family planning decisions, share control of resources, and share community management and leadership activities.

Couples in GMFs devise a joint plan to more equally distribute the burden of care amongst the whole family, including children. This includes men carrying out 'non-traditional' activities like water collection. GMFs meet to discuss challenges and solutions and plan future actions, and project staff regularly monitor their progress. Finally, GMFs work with and help other families to become GMFs.

**Description of outcomes:**

Trained GMF families reported increased sharing between men and women in household decision-making and access to and control over resources. They reported a reduction of the care burden on women and girls and better distribution of domestic chores amongst all family members, alongside

increased sharing of productive tasks on farms and in business. The project claims to have improved parenting, shown through increased girls' attendance at school. Better quality of care is demonstrated by families having better health and wellbeing and experiencing fewer conflicts. Women had more time and opportunities for other activities such as paid work and community management and leadership, for instance one woman was able to get elected as a district councillor. There was a reported shift in the community's perceptions of women as their role in the family and community became more valued. Children acted as positive role models for other children, influencing them to carry out care tasks at home. Furthermore, the project notes that men and women were both able to earn more as they shared their resources and workloads. However, in some cases, men felt disempowered by women being included in decision-making, and other men were resistant to change as they viewed their roles as culturally appropriate and hence not an issue.

**Further reading:**

[http://www.christianaid.org.uk/images/12-071-CC-Factsheet-SL-Health\\_v3.pdf](http://www.christianaid.org.uk/images/12-071-CC-Factsheet-SL-Health_v3.pdf)

<http://www.christianaid.org.uk/Images/Women-in-power-Sierra-Leone-factsheet-Jun2015.pdf>

[http://sendwestafrica.org/sl/phocadownload/Gender\\_Model\\_Family\\_Manual\\_For\\_Community\\_Workers\\_2014.pdf?lbisphreq=1](http://sendwestafrica.org/sl/phocadownload/Gender_Model_Family_Manual_For_Community_Workers_2014.pdf?lbisphreq=1)

[http://reliefweb.int/sites/reliefweb.int/files/resources/Full\\_Report\\_3610.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3610.pdf)

**Project:** MenCare: A Global Fatherhood Campaign

**Organisation:** Promundo-US

**Location:** Global—activities implemented in approximately 40 countries

**Target population:** Men, women, families around the world; with a focus on engaging men/fathers/male caregivers in the global feminist movement for gender equality

**Description of project objectives/aims:**

MenCare aim to shift perceptions about the value and skills of care work because they believe that true equality will only be reached when men are taking on 50% of the caregiving and domestic work around the world. Thus, their initiatives aim to engage men in taking up more care work and to influence public and private sector policy to also support the burden of care work. Simultaneously, they aim for women and girls to be able to spend less time on care work and to have more choice about the paid work that they do, their education, and their participation in public life.

To reach these objectives, MenCare also aim to build the evidence base on care work to be able to show that men's positive involvement in the lives of their partners and children creates a global opportunity for equality, and that it benefits women, children, and men themselves.

**Description of activities:**

As a global initiative that works at the international, national, community, and familial levels, MenCare's activities are many. They work with partner organisations around the world, offering a suite of media resources, educational programming, and advocacy initiatives that can be customised to different countries, languages, and cultural contexts. MenCare also spearhead an international campaign about care work, galvanising support and partnerships from other international campaigns such as CSW and the SDGs. They advocate for policy change regarding parental leave and organise events to raise awareness and support for the redistribution of care giving and men's engagement in care work.

Program P is one initiative that has been implemented in many countries. It primarily targets men (particularly fathers and their partners) to encourage them to adopt new caregiving behaviours, especially during their partners' pregnancies and when they are learning more about fatherhood. Another notable activity is MenCare's report entitled 'State of the World's Fathers,' launched in June 2015. It highlights data, policies, and programmes related to men's participation in caregiving and fatherhood, and it has been launched globally by many international bodies and media outlets.

**Description of outcomes:**

Given the diversity of settings in which MenCare's initiatives are implemented, it is not possible to conclude whether or not all objectives have been achieved in all settings. Not all programmes at the country level have been fully evaluated, or evaluated on all these measures, and many programmes are ongoing.

However, MenCare believes it can conclude that it has contributed to the already changing public debate and conversation around care work, at the international, national, and local levels. It has helped

greatly to visibilise and prioritise care work in international bodies such as the UN. For example, its State of the World's Fathers report has become a recognised global advocacy platform. It has also influenced the formation of new parental leave policies in many parts of the world—from Washington DC to Brazil. Finally, it has contributed to the evidence base that engaging men makes a difference in families and societies by improving relationships, making better fathers, and improving quality of care/life.

**Further reading:**

MenCare website:

<http://men-care.org/>

State of the World's Fathers:

<http://sowf.men-care.org/>

Program P:

<http://promundoglobal.org/programs/program-p/>

**Project:** Nutrition at the Center (N@C)

**Location:** Bangladesh, Benin, Ethiopia, Zambia

**Target population:** Women of reproductive age (15-49 years) and children (aged 0-24 months); also with a focus of increasing men's engagement (husbands, partners, fathers, etc.)

**Description of project objectives/aims:**

The overarching framing of N@C is nutrition and health, with the primary goal of achieving better health standards for women and children (e.g. reduced anaemia and stunting) via improved nutrition, increased sanitation, and better access to health services. To reach these objectives, N@C recognises the need to work on empowering women through addressing the issue of care. N@C aims to: reduce women's heavy workloads, redistribute the burden of care work on a more gender equitable basis by changing social norms about the value and skills of care work, and support caregivers to provide better quality of care to their dependents, specifically by improving nutrition in ways that do not increase the care work burden.

**Description of activities:**

Across the four countries, N@C works to change social norms about the value of care work at all levels—including project staff, government partners, and local communities—facilitating gender dialogues between men and women, community meetings involving leaders and elders, and broad-based community debates. In men's and women's groups, couples participate in specific sessions on care work to learn more about how their partner uses their time throughout the day. Men's groups also meet separately to learn how they can engage more with care work and support each other as they start to take on these "non-normative" behaviours.

In Bangladesh, Ethiopia, and Zambia, the project has hosted nutrition trainings for Ministry of Agriculture employees so that they can understand more about how care is linked to good nutrition, and ways to structure their own activities to reduce the burden of care work while improving the quality of care given (such as through promoting more nutritious crops that do not require extra work for cultivation).

To promote quality of care, N@C raises awareness about breastfeeding and discusses care work as a central component to this awareness. Topics range from involving fathers in infant feeding to changing organisational, local, and national policies to support women's breastfeeding. Activities include a song/dance competition in Benin, breastfeeding corners in Bangladesh, and drama festivals in Zambia. N@C and CARE also undertake research to promote high care quality without increasing the burden. In Zambia, for example, CARE and their partners are exploring new initiatives such as creating playpens to keep children away from animal faeces without adding to the mother's burden.

**Description of outcomes:**

As a result of project interventions, N@C reports that perceptions about care work are shifting and men who participated are now spending more time on care work. There also is evidence of improved quantity and quality of care in households with increased hand washing, diet diversity (greens and animal proteins in Benin and Zambia), access to health services (Ethiopia and Bangladesh), and exclusive

breastfeeding (Benin, Bangladesh, Ethiopia). N@C reports that women and girls, to some extent, are able to spend less time on care work and that particularly in Bangladesh and Zambia, their mobility has increased.

**Further reading:**

CARE's Gender Equality and Women's Voice Guidance Note:

[http://gender.care2share.wikispaces.net/file/view/CARE\\_Gender-Equality-and-Womens-Voice-Guidance-Note\\_April-2016.pdf/582160397/CARE\\_Gender-Equality-and-Womens-Voice-Guidance-Note\\_April-2016.pdf](http://gender.care2share.wikispaces.net/file/view/CARE_Gender-Equality-and-Womens-Voice-Guidance-Note_April-2016.pdf/582160397/CARE_Gender-Equality-and-Womens-Voice-Guidance-Note_April-2016.pdf)

Benin's N@C Mid-Term Report:

<http://www.careevaluations.org/Evaluations/N@C%20Midterm%20Review%20Report%20-%20Benin.pdf>

Bangladesh's N@C Mid-Term Report:

<http://www.careevaluations.org/Evaluations/N@C%20Midterm%20Review%20Report%20-%20Bangladesh.pdf>

Zambia's N@C Mid-Term Report:

<http://www.careevaluations.org/Evaluations/N@C%20Midterm%20Review%20Report%20-%20Zambia.pdf>

Ethiopia's N@C Mid-Term Report:

<http://www.careevaluations.org/Evaluations/N@C%20Midterm%20Review%20Report%20-%20Ethiopia.pdf>

**Project:** Community Childcare Centres

**Organisation:** Action Aid, in partnership with HELVETAS and other local organisations

**Location:** Nepal

**Target population:** Poor working mothers and their children

**Description of project objectives/aims and activities:**

As in many places across the world, women in Nepal are usually the ones responsible for looking after children and maintaining the household. In many cases, they must also take on paid work out of the necessity of poverty, or would like to be able to participate in income generating activities to enhance their household's quality of life and their own sense of personal confidence and personhood.

Unfortunately however, this often results in a double burden whereby women end up having to take on the difficult challenge of balancing household and childcare roles, along with paid work responsibilities. Poor marginalised women are most vulnerable in these situations, sometimes being forced to take their small children along with them to dangerous worksites where they are unable to look out for their safety and well-being or provide for their intellectual development. Action Aid, in partnership with other international and local organisations and authorities, aims to help alleviate the burden of care through setting up community childcare centres across the country catering to poor women and families who need it most.

**Description of activities:**

Around one-third of people in Nepal live under the poverty line. The project has specifically targeted poor women, especially the Kamaiya people – former bonded labourers – who are the most marginalised group in the country. The women can bring their young children to the childcare centres before setting off to work. The centres are open seven days a week, and provide nutritious meals and a variety of stimulating toys, visuals and educational games and activities for the children. Carers are recruited who have relevant experience in fields like children's rights, education or health and nutrition, and/or are trained in basic childcare skills. Families pay a nominal fee for their children to have access to the centres.

**Description of outcomes:**

In 2015, 16 childcare centres were set up across the country with plans to expand further. Assessment of the pilot centres is underway, as is the setting up of new centres. So far, anecdotal evidence suggests that the centres have been crucial for many women struggling to balance work and care. Having a safe place to leave their children, where they will be provided with nutritious meals, healthcare and intellectual stimulation, allows women to engage more productively in paid work, set up and run small businesses, and have some time to dedicate to themselves. Their increased income and energy allows them to foster healthier, happier lives for themselves and their families. Earning women also enjoy increased power regarding how household funds are spent. These small changes lay the foundations for changing social norms regarding the importance of care and the value of women's work.

**Further reading:**

Action Aid blog: <https://www.actionaid.org.uk/blog/voices/2016/06/01/helping-mums-in-nepal-balance-careers-and-childcare>

**Organisation:** MenEngage

**Location:** Global; alliance made up of nearly 35 active country networks

**Target population:** men and boys

**Description of project objectives/aims:**

MenEngage's main overarching objective is to engage men and boys in reducing gender inequalities and to promote the health and well-being of women, men, and children. Under the umbrella of this broad objective, it has several sub-objectives related to caregiving and unpaid care work, as it recognises that the current devaluation and invisibility of care work in many societies plays a major role in perpetuating gender inequalities. Thus, these sub-objectives are: to promote men's positive involvement in maternal and child health and as fathers/caregivers, to reduce violence against women and girls, and to change macro-level policies that perpetuate gender inequalities (particularly those related to care). Additionally, MenEngage aims to address concepts of manhood and masculinity that contribute to the devaluation of the skills and time unpaid care work requires.

**Description of activities:**

As a global alliance of many different organisations all working for gender equality, MenEngage spearheads campaigns at the international level to raise awareness about care work and influence international agreements/policies such as the SDGs. Notably, its recent Call to Action in response to the 2015 SDGs offered up several suggested indicators for countries to use to measure their progress in encouraging men's contribution to caregiving. These include: the percentage of children with paternal registration at birth, the number of average weekly hours spent by males/females providing care for children and others, the percentage of men living apart from their biological children who make regular financial contributions, the percentage of men compliant with state regulations related to child support, the number of countries with paternity and maternity leave, percentage of men who accompany their partners to a prenatal visit, and percentage of men present during childbirth.

MenEngage's campaign that is dedicated explicitly to care work is MenCare, which is a global initiative that works at the international, national, community, and familial levels to recognise care work, to redistribute it within the household and to other external actors, and to change perceptions of it. Within MenCare, Program P is an educational programme that targets men (particularly fathers and their partners) to encourage them to adopt new caregiving behaviours, especially during their partners' pregnancies and when they are learning more about fatherhood. MenEngage calls for a scaling up of these efforts to further reduce the burden of care and financial responsibility that is often left to mothers alone. To learn more about MenCare and Program P, see the extended summary on MenCare within this annex, and the further reading listed at the end of this case.

**Description of outcomes:**

MenEngage has become globally recognised as a leader in engaging men in the movement for gender equality and thus has contributed to the already changing public debate and conversation around care work at the international, national, and local levels. While the indicators for the SDGs have not yet been finalised and we do not know if any/all of MenEngage's suggestions have been taken on, MenEngage's

campaigns (such as its Call for Action and MenCare) have helped greatly to visibilise and prioritise care work in international bodies.

**Further reading:**

MenEngage Call for Action: <http://menengage.org/wp-content/uploads/2014/01/MenEngage-Post-2015.pdf>

MenEngage Alliance: <http://menengage.org/>

MenCare website: <http://men-care.org/>

Program P: <http://promundoglobal.org/programs/program-p/>

**Project:** Child-care cooperatives

**Organisation:** Self Employed Women's Association (SEWA)

**Location:** India (local level)

**Target population:** Women workers and their children

**Description of project objectives/aims:**

SEWA is a nationwide women's trade union that aims to help poor self-employed women workers organise, build collective capacity and voice, achieve work and income security and gain access to basic services including healthcare, nutrition, shelter, financial services, and childcare. The ultimate goal is the economic and decision making self-reliance of members, individually and collectively. SEWA recognises that quality childcare is a vital provision for women workers to achieve these goals. Balancing care and work responsibilities without support can take a serious toll on women's physical and mental health, and reduce the quality and productivity of both. Crèches based on SEWA's unique cooperative model are in operation in the state of Gujarat to support women's care responsibilities.

**Description of activities:**

The crèches are run on a model which reflects SEWA's principles of empowerment and dignity for its women workers and their families. Rather than being staffed by professional teachers who are usually of a higher socio-economic class and caste, each crèche is managed by three SEWA members from the local community, with only one being an 'educated' woman. Crèche workers are chosen based on positive attitudes to working with young children, and given regular training to upgrade their skills in early childhood development. Significantly, there are no major social distinctions between them and the working mothers who drop off their children on a daily basis. They generally share the same values, and can identify easily with each other creating a shared sense of concern for the children's progress and well-being. SEWA's vast web of unions and cooperatives help to support the crèches through material and service provision. For example, a milk cooperative may provide free milk for infants and malnourished children, while health cooperatives provide health checks and immunisation. Monthly meetings are facilitated for mothers to discuss their children's development, both at the crèche and at home.

**Description of outcomes:**

SEWA cooperatives run 33 crèches across Gujarat, and the organisation is planning to expand in the near future. The services have proved extremely valuable to women workers as they provide a safe environment in which they can entrust the care of their young children while they work. Their older children are also able to remain in school as they do not have to take on daytime childcare responsibilities. The strong sense of community identity and commitment to child well-being fostered by the SEWA model of employing local women workers who receive regular training and support, ensures high quality experiences for children. SEWA reports that 100% of children graduating from their programmes go on to primary school.

One of the challenges facing the childcare cooperatives is funding. Currently, working mothers pay only a nominal fee – and support given by other unions and cooperatives under the SEWA umbrella certainly

help keep costs down, but together, these resources do not cover all expenses. Teachers often seek external donations to keep operating, and receive minimum wages themselves. The Indian government has however taken notice of the centres and they have incorporated certain elements of the SEWA model into state run programmes. Increasing cooperation between SEWA childcare cooperatives and the state may present opportunities to ensure the sustainability of the services and continue to serve working women by partially taking on care responsibilities.

**Further reading:**

SEWA's childcare programme in Gujarat, India: Cultural sustainability and the importance of the collective <http://earlychildhoodmagazine.org/sewas-childcare-programme-in-gujarat-india-cultural-sustainability-and-the-importance-of-the-collective/>

**Project:** Mexico's Estancias Infantiles para Apoyar a Madres Trabajadoras (Daycare Support for Working Mothers)

**Organisation:** Federal Government of Mexico

**Location:** Mexico

**Target population:** Working or student mothers with children and/or single fathers

**Description of project objectives/aims:**

In 2007 the Federal Government of Mexico launched a unique Early Childhood Care and Education (ECCE) programme. *Estancias*, seen as a global model, is a subsidised childcare programme which puts women's needs at the centre and tries to increase women's labour market participation, rather than to bolster children's development. The Mexican Government recognises that time spent on unpaid care work for female or single fathers can contribute negatively to their work access. In order to alleviate the care burden and save time spent on care, *Estancias* provides public care services that include good education and are affordable to poor working or student mothers with children and/or single fathers. *Estancias* covers up to 90% of the cost of care for children between the ages of one and four, and up to six in the case of disabled children. Most of the children benefiting from the programme come from urban areas and from the lowest income quintile. A new project, jointly initiated by the Mexican government, UNDP, UNICEF and WHO, is aimed at further strengthening the capacity of *Estancias* to serve children with disabilities. It is working to make facilities more accessible, provide targeted training to staff and build referral mechanisms to link families to specialised care.

**Description of activities:**

Through this programme, the Mexican Government covers the cost of the general care services and the monthly childcare, provides financial assistance to support families' living conditions, supports the acquisition of materials for work, and also supports the incorporation of childcare centres into the national network of *Estancias Infantiles*. To ensure that programmes meet mothers' (and single fathers') needs, centres are required to operate for a minimum of eight hours per day, five days a week. To ensure that children's needs are not ignored, each centre caters for a maximum of 60 children and must maintain a staff ratio of no more than eight-to-one. Centres must also provide children with hot meals and snacks based on menus developed by a nutritionist. Children are given daily health checks upon arrival, and are exposed to a comprehensive, developmentally appropriate curriculum.

**Description of outcomes:**

*Estancias* has been found to have significant impacts on low-income mothers' employment and income – for example, the proportion of beneficiary mothers who were employed increased 18% and the average number of hours they worked each week increased by six. Impacts were particularly strong for women who were not working before joining the programme. Qualitative research has also found some impact on intrahousehold care allocation. The project also helped to increase the valuing of care work and helped to transform gender unequal social norms. Furthermore, *Estancias* provided employment for more than 40,000 women and promoted women as 'micro entrepreneurs'. By mandating training in business management and childcare practices, the programme helped to develop women's capacities, and led to an increase in their future income potential. Apart from *Estancias'* positive impacts on

parents, children and providers, the programme has also been criticised for its relatively low investment in ECCE providers. They are poorly paid and lack any sort of access to formal social protection – meaning that the government’s flagship programme aimed at reducing gender inequality is also serving to reproduce the problem.

**Further reading:**

<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

[http://www.infoninez.mx/busqueda-por-institucion/ssa/item/programa-de-estancias-infantiles-para-apoyar-a-madres-trabajadoras?category\\_id=112](http://www.infoninez.mx/busqueda-por-institucion/ssa/item/programa-de-estancias-infantiles-para-apoyar-a-madres-trabajadoras?category_id=112)

[https://www.gob.mx/cms/uploads/attachment/file/47875/Tarjeta\\_Informativa\\_Estancias\\_infantiles.pdf](https://www.gob.mx/cms/uploads/attachment/file/47875/Tarjeta_Informativa_Estancias_infantiles.pdf)

<http://www.gob.mx/sedesol/acciones-y-programas/estancias-infantiles-para-apoyar-a-madres-trabajadoras>

**Organisation:** Mobile Crèches (MC) (launched 1969-ongoing)

**Location:** India (nationwide, urban and rural settings)

**Target population:** Poor women workers and their children

**Description of objectives/aims:**

Mobile Crèches is a long established NGO which has been providing childcare for migrant women working on urban construction sites in India since 1969. Far from the support of family networks and being paid too little to afford private care, these women workers were forced to either leave their children with no adult supervision, take them along to dangerous construction sites, or simply forego work and income. The mobile crèches thus provided a crucial intervention for these women, offering safe and quality childcare onsite. The organisation has since expanded to provide programming in urban slum communities and rural areas. In addition to MC's objective of providing childcare options for children of poor working mothers up to the age of 12, they provide information and resources for parents to provide better care, and to look out for their own rights. They aim to get and keep care on the agendas of both private and government actors at all levels by engaging in advocacy work with community organisations, employers and policy makers.

**Description of activities:**

Today, MC runs both crèches for children under six, and daycare centres for those up to 12 years of age. Both provide hot nutritious meals, regular medical care, health monitoring and developmentally appropriate activities for children under trained carers. Care is provided for six full days a week, and even a seventh if necessary, and is funded in part by MC and the construction company in the case of building sites or, in the case of slums, by MC and community based organisations. By negotiating with employers, MC has established a worksite norm to allow women with infants to take breastfeeding breaks throughout the day. Mobile Crèches also works directly with mothers and fathers, providing training for better care at home, such as encouragement of breastfeeding, and guidance on communicating with education and healthcare providers. Information and resources regarding gender based violence is also shared with parents. To foster the sustainability of interventions and broader support for working families, MC is highly active in working with construction firms, community organisations, and policy makers to institutionalise provision of childcare at all levels.

**Description of outcomes:**

Over the past 56 years, MC has served nearly one million children, and their holistic early-childhood-development model has been replicated around the world. Across India, poor women workers and children have benefited from their integrated services. Mothers (and fathers) can engage in the labour market feeling confident that their children are in good hands, while children themselves are provided with a healthy, nurturing environment in which to grow and learn. The organisation's expanding services and influence are evidence of their programme's efficacy.

Mobile Crèches' advocacy efforts have helped visibilise and enshrine support for quality childcare at the national level by helping pass landmark legislation including the 1996 law which made the establishment of crèches mandatory on worksites employing more than 50 women. They were also heavily involved with the passage of the 2013 Early Childhood Care and Education policy which provides for the

incorporation of developmentally appropriate educational programming into the operation of publicly provided Integrated Child Development Services (ICDS). Currently, MC is working to help ICDS make this transition.

**Further reading:**

Mobile Crèches website: <http://www.mobilecreches.org/>

Daycare for Migrant Children: The Mobile Crèches Way:  
[http://media.wix.com/ugd/eec0d5\\_192afeffb22f4cc393b70856a10dea5b.pdf](http://media.wix.com/ugd/eec0d5_192afeffb22f4cc393b70856a10dea5b.pdf)

**Project:** Crèches for women garment workers

**Organisation:** Cividep India

**Location:** India (focus on Bangalore)

**Target population:** Women garment workers, policy makers, NGOs, garment factory owners, and other relevant actors

**Description of objectives/aims:**

Cividep India's mission is to empower workers and communities and to ensure that businesses comply with human and labour rights and environmental standards. They educate workers, study the effects of corporate conduct, dialogue with various stakeholders and advocate for policy change. Among many initiatives, Cividep works with the garment industry in which over 90% of workers are women at the peak of their childbearing years. In addition to being able to work, a primary concern for these young women is quality childcare. Absence of a crèche, substandard services or harassment of mothers all contribute to high rates of absenteeism and attrition, affecting the job security of many young women. Cividep aims to get care on the agenda by highlighting the gaps between policy, reality and need while offering recommendations for better ways forward. Through working collectively with other relevant stakeholders, they also aim to help craft innovative solutions to address these issues.

**Description of activities:**

Cividep has conducted and released research detailing the realities and challenges of childcare for working mothers in Bangalore's garment sector. Through surveying factories and interviewing women workers, they found that despite legal provisions requiring the factories to provide crèches for their employees, they either do not exist, or are often of such poor quality and safety standards that many mothers opt not to utilise them. Furthermore, children between the ages of 3 and 6 are frequently not welcome in existing crèches, making the arrangement of care for these children an even more challenging ordeal. Considering their findings, Cividep has recommended strengthening enforcement of existing relevant laws, providing more robust childcare allowances, developing joint employer-owned and operated crèches in industrial clusters and the creation of community crèches in workers' residential neighbourhoods.

In cooperation with representatives from other NGOs, government, global apparel brands, local manufacturers, trade unions and consultants, Cividep has also recently initiated a project with the objective of improving existing childcare facilities and establishing them where they do not yet exist. The project will also help set up designated model crèches to lay the groundwork for a sustainable childcare model that can be adopted in garment factories across Bangalore.

**Description of outcomes:**

By calling attention to the childcare needs of Indian women garment workers, Cividep has added momentum to the movement to recognise, support and redistribute care, particularly for poor women workers. In addition to ensuring that women are able to continue to participate in the labour market, providing safe quality care to their pre-school aged children can lay the foundations for their future health, intellectual development and social mobility. The peace of mind that comes from knowing their

children are in good hands can also enhance worker satisfaction, motivation and productivity and has the potential to decrease attrition while increasing job and financial security. In conducting research, offering recommendations, and working with other relevant actors, Cividep is making concrete efforts towards enhancing and extending care provision for garment workers.

**Further reading:**

Cividep: Taking Care of Business: Childcare in Bangalore's Apparel Industry (2012):  
<http://cividep.org/taking-care-of-business/> ; pdf: [http://cividep.org/backdoor/wp-content/uploads/2013/01/childcare-in-bangalores-apparel-industry\\_0.pdf](http://cividep.org/backdoor/wp-content/uploads/2013/01/childcare-in-bangalores-apparel-industry_0.pdf)

Cividep: Statutory Crèches in Bangalore's Garment Industry - A Multi-Stakeholder Consultation (2012):  
<http://cividep.org/early-childhood-care-in-bangalores-garment-industry/>

Early Childhood Care in Bangalore's Garment Industry - A Multi-stakeholder Consultation (2015):  
<http://cividep.org/early-childhood-care-in-bangalores-garment-industry/>

**Project:** Wawa Wasi National Programme

**Organisation:** Peruvian Government

**Location:** Peru

**Target population:** Vulnerable children under the age of four and Peruvian women

**Description of project objectives/aims:**

The Wawa Wasi National Programme was launched in 1993 to simultaneously enhance the development of vulnerable children under the age of four and to contribute to the personal development of Peruvian women, by improving their quality of life and facilitating their search for work and education opportunities. The aim of the programme is to reduce Peruvian mothers' care burden enabling them to save time from care tasks and to give them the opportunity to access work or studying. Before the Wawa Wasi programme, children stayed with relatives or on the street under the occasional supervision of a neighbour. The Wawa Wasi programme is led by local 'mother-carers' approved by the community, who are offered training before beginning work. The programme's specific objectives are to provide the following: holistic support for infants who live in poverty or extreme poverty providing an integrated approach combining stimulation, nutrition and health; to promote management and pro-child volunteerism at the community level, and to contribute to the personal development of women, raising their quality of life and facilitating their search for opportunities in education and work.

**Description of activities:**

Each Wawa Wasi centre is attended by a Mother-Carer who is a member of the community interested in providing the service. They are all screened to ensure that they are accepted by the community, show love and care for children and can read and write fluently. Mother-Carers receive initial training and are periodically visited by Field Coordinators. There are four types of Wawa Wasi: the family Wawa Wasi, where one mother-carer cares for up to eight children in her home; the community Wawa Wasi, where local authorities provide a space that is used by two mother-carers to provide care for up to 16 children; the institutional Wawa Wasi, where NGOs or other organisations follow the model themselves; and finally a comparatively new type, aimed at rural children whose mothers are unwilling to leave them with non-family carers, that targets parenting practices through home-based instruction. The intervention includes providing a safe environment for all participating children, early childhood learning, and nutrition activities with three meals a day. The children participate in a health government programme, and training activities for Mother-Carers and parents involve topics on health and security. The Wawa Wasi programme also works with parents to promote child-rearing practices centred on children's needs.

**Description of outcomes:**

The Wawa Wasi programme has a good overall reputation in Peru having won several national and international awards. The programme's coverage extends to a high number of children in predominantly urban coastal regions, but also in rural areas, especially in the Andes. In general, community members and local programme staff perceive the Wawa Wasi day centres positively, as spaces where children are safe and well-nourished, giving mothers peace of mind to go to work. However, some critics question the quality of the provision of these care services. They point out that the Wawa Wasi programme in

reality does not lead to developmental gains in children, and suggest they fail to enhance language or motor development skills. In the light of this, there is a need for Wawa Wasi managers to strengthen early learning components of the programme and to enhance the skills of those who provide care.

**Further reading:**

[http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-WP51-Cueto WawaWasi.pdf](http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-WP51-Cueto_WawaWasi.pdf)

<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>.

**Project:** Day-Care Centres for Children with HIV/AIDS

**Organisation:** All-Ukrainian Network of PLWHA in cooperation with Kyiv City Social Service for Youth and UNICEF

**Location:** Ukraine

**Target population:** Children of all age groups born to HIV-positive mothers, parents and/or caregivers

**Description of project objectives/aims:**

Due to an over-burdened child welfare system in Ukraine, the All-Ukrainian Network of People Living With HIV/AIDS (PLWHA) implemented a project in 2003 focused on reducing the care burden of low income households unable to pay for care services for HIV-positive children and their parents. To reduce the lack of mobility or access to work for parents or caregivers who have HIV/AIDS-infected children, the network established day care centres for temporary (1-2 hours to half a day) placements where a wide range of services is provided for both children and their parents/caregivers. These respite-care services also offer an alternative social care for HIV-infected social orphans allowing the provision of temporary care and support. The project aimed to create inter-professional paediatric HIV/AIDS care by providing treatment, clinical services, management, research, and health professional training in support of children, their families, orphans, and their caregivers. The project also sought to reduce the high level of stigmatisation and discrimination around HIV/AIDS providing comprehensive psycho-social support and ensuring integrated care and treatment through evidence-based research, training and education, and social marketing for community outreach programmes.

**Description of activities:**

Given the poor socio-economic situation of many HIV-affected families, it is not surprising that many parents and alternative carers prioritise their need for practical services including financial support and respite care over other services; although information provision, particularly regarding access to non-medical services, is also given a high priority. The services provide psycho-social support through individual and group work; outreach (including home visits); consultation by medical workers and lawyers; counselling by social workers, psychologists and educators; peer support groups; early learning and development (games, plays, puppet shows); pre-school training; holidays, celebrations and recreation activities; and food packages and training for the centre staff. Services may be provided at the home of the child, or in respite care centres where families or individuals can be referred to. Day care centres provide parents and carers with a break from the daily routine of care giving, which, for example, may allow them to have the time to organise and attend medical appointments, or to attend to other responsibilities.

**Description of outcomes:**

This project was one of the most effective models of care and psycho-social support for children and their families with HIV/AIDS in Ukraine. It established partnerships with municipal governments to provide public services, in particular care services. It also increased knowledge about the living conditions of HIV positive parents or caregivers. Furthermore, it promoted the development of new practices for working with children, conducting individual educational sessions and arts therapy. It also developed activities for mothers and children to reduce their isolation, to increase socialisation, and to

spend quality time with families and peers. Due to its success, new innovative models of care, such as satellite clinics, have been designed in Ukraine, and more day care centres for HIV-infected children were created. But there are still challenges. Extended family carers, in particular grandparents, may also have additional support needs. In addition, families may avoid seeking help because they are reluctant to disclose the fact there is HIV infection in the family or HIV-infected parents may avoid medical and social services because of fears that their children may be removed from their care.

**Further reading:**

[http://www.unicef.org/ukraine/1\\_HIV\\_prevention\\_in\\_infants\\_en.pdf](http://www.unicef.org/ukraine/1_HIV_prevention_in_infants_en.pdf)

<http://www.ccaba.org/wp-content/uploads/Svitlana-Oleksiyenko-Psycho-Social-Support-for-Children-with-HIV-AIDS-in-Ukraine-Through-Day-Care-Cent1.pdf>

<http://www.aidsknowledgehub.org/story/136>

**Projects:** Child Support Grant (CSG), Foster Child Grant (FCG), Care Dependency Grant (CDG)

**Organisation:** South African Social Security Agency

**Location:** South Africa, country wide

**Target population:** Families and children dependent on grant

**Description of project objectives/aims:**

In South Africa women spend three times more daily on unpaid care than men. They also carry out more paid care, which is often poorly paid, especially in NGOs that provide many welfare services alongside the state. Women have lower employment rates than men, and tend to have lower skill and education levels. The South African government's extensive social security provision seeks to address the high levels of poverty, inequality and unemployment. Child social grants are gender-neutral, not specifically aimed at female empowerment or household redistribution of care, but rather at reducing the care burden and enhancing care quality, by providing more resources that can be channelled towards child well-being. Child grants recognise the care work involved in bringing up a child, and that the state has a responsibility to support families in this. Grants recognise that primary caregivers tend to be women, and hence more women are grant beneficiaries. They also consider the often complex nature of South African households, whereby the biological parent(s) may migrate for work so another (usually female) relative may be the primary caregiver, or children of relatives affected by HIV/AIDS may also be cared for. The Care Dependency Grant (CDG) and Foster Child Grant (FCG) also both consider the extra resources required for vulnerable children.

**Description of activities:**

South Africa provides grants for caregivers of children with special needs, and those in low-income households. To qualify, children must be under age 18 and not living in state-run institutions. The Child Support grant (CSG) is a monthly grant of Rs350 per child for a 'needy' primary care giver, such as a parent or grandparent. The FCG is a monthly transfer of Rs890. A foster child is understood as one who the court has placed in the custody of a foster parent due to its being orphaned, abandoned, at risk, abused or neglected. The CDG is a monthly transfer of Rs1,500 given to the parent, primary caregiver or foster parent of a child with a severe disability requiring full-time and special care. The CSG and CDG are only granted when a single parent's income, or a married couple's combined income, is below a certain amount. There are currently almost 12 million CSG recipients, over half a million of the FCG, and 129,000 of the CDG.

**Description of outcomes:**

By awarding grants to the primary caregiver, grants are more often than not awarded to women (96% of CSG beneficiaries are women). This has given women from low-income households control over a segment of household income, and increased their financial decision-making power in regard to general household spending and child well-being. However, at the same time by being awarded mostly to women, the grants contribute to reinforcing traditional gender roles of women as caregivers. The majority of grants are spent on children themselves, and they have been shown to improve the quality of care and reduce the burden on women. For example, the CSG has a positive impact on school attendance and health care, and the grants contribute to increased child food and nutrition status. The

CSG has allowed women to put their children into nurseries or crèches, giving them more time for other activities such as income generation. Over the long-term, having a child who receives the CSG has been linked to increased participation in paid work for women. Finally, female CSG participants were less likely to accept the gendered division of labour, and are more involved in community meetings. However, the grants have not been linked to any household redistribution in care tasks. There is a need for other actors, such as the state and private sector, to assume more responsibility by better developing care facilities and social services. The State Maintenance Grant, which preceded the CSG, gave a transfer for both primary caregiver and child, and therefore recognised and rewarded the unpaid care work done by women.

**Further reading:**

<https://africacheck.org/factsheets/separating-myth-from-reality-a-guide-to-social-grants-in-south-africa/>

<http://www.gov.za/services/services-residents/parenting/child-care>

<https://ujdigispace.uj.ac.za/bitstream/handle/10210/8268/The%20Gender%20Dynamics%20and%20Impact%20of%20the%20Child%20Support%20Grant%20in%20Doornkop%2c%20Soweto.pdf?sequence=1&isAllowed=y>

<http://theconversation.com/lessons-from-south-africa-on-why-gender-matters-in-social-welfare-policies-59119>

**Project:** Programme on Strengthening Women's Collectives

**Organisation:** Action Aid

**Location:** Two districts in northern Bangladesh

**Target population:** Women living in extreme poverty

**Description of project objectives/aims:**

Action Aid recognises that the unequal and heavy burden of unpaid care work on women has a huge impact on their access to decent jobs, participation in public and political life, and fulfilment of their human rights. In Bangladesh, Action Aid has implemented a programme to strengthen women's collectives, which builds on the lessons learned in previous projects with women smallholder farmers, addressing inter-linkages between women's unpaid care work, sustainable agriculture and market access. The programme aims to support the social and economic empowerment of women living in extreme poverty so that they can have access to decent work and a decent living. It seeks to increase women's participation in household and community level decision-making, and to increase recognition of the unequal distribution of care tasks. It aims to improve women's opportunities for income generation and to enable them to control their own incomes, and enhance their access to gender sensitive markets for farm products.

**Description of activities:**

The project works with 94 women-only collectives to strengthen group formation, and engage women in the decision-making process at family and community level. It provides training on entrepreneurship to facilitate women's participation in income generation and exercising control of their income. Women are also trained on their rights, and encouraged to voice their needs and concerns in order to receive more services from local government. In order to increase access to markets for women's farm products, Action Aid started a gender sensitive market space. This contains important facilities for women such as a restroom and meeting room, day care centre, store room, toilets and a water facility. By including a day care centre, the space addresses unpaid care, thus enabling women to continue to provide care for their children, while also being able to engage in paid work. It also addresses concerns raised by the Women's Market Space Management Committees about sexual harassment in market place.

Men and women fill out time diaries detailing the distribution of unpaid care tasks, helping to raise awareness amongst men of the unequal distribution of care work. In addition, a photo exhibition called Bhinno Rupe Purush (Images of Caring Man) was held portraying images of men engaging in unpaid care work and sharing responsibilities with women.

**Description of outcomes:**

The programme's results included better recognition of women's responsibilities for unpaid care work as well as improved standards of living due to increased opportunities for income generation and ability to negotiate within their relationships. Women's groups were strengthened and women were more aware of their rights, helping them to gain access to available public services and social safety nets. Child care centres have enabled women to reduce time spent on unpaid care work, and focus on income

generation and other activities. Filling out time diaries was effective in engaging with and sensitising men about women's unequal share of responsibilities for unpaid care work, and this also helped sensitise leaders and communities about the linkages between unpaid care work, poverty, and women's rights. Through national level sharing, including the findings of time diaries and other research, governments and donors have been made more aware of the strategies used to empower women's collectives, which is a starting point to design initiatives and policies regarding women's collectives, and integrating women's unpaid care work into sustainable production.

**Further reading:**

<http://www.actionaid.org/jobs/strengthening-women-collectives>

<http://www.actionaid.org/publications/making-care-visible>

**Project:** Emergency Cash for Work for IDPs, Returnees and Host Communities in Iraq (2015)

**Organisation:** Oxfam

**Location:** Diyala Governate, Iraq

**Target population:** Female headed households

**Description of project objectives/aims:**

In the context of Iraq's ongoing crisis, both IDP and host communities have attempted to protect women, especially adolescent girls, by restricting their mobility – in some cases even more than they were restricted before the crisis. This has limited women's ability to engage in livelihood activities, as they are mainly confined to their homes and expected to take on the major share of unpaid care work. The objectives of this project (part of a larger cash-for-work scheme that has mainly worked with men due to prevailing social norms) were to provide temporary paid work opportunities for women participants to help them meet basic household needs and food security, reduce the burden of care work, and shift social perceptions of women and the value of care work in their communities.

**Description of activities:**

After being told by local male leaders and community members that women were simply 'unable' to work outside the home, Oxfam convened separate male and female focus groups to learn that the women were indeed keen to be part of the programme. However, they remained concerned that they would be unable to keep up with their care tasks, and insisted they could not work outside or among men. In light of community resistance to women working for cash, especially where male heads were present, Oxfam targeted women in female headed households. The women were offered work they considered acceptable including indoor painting of homes for vulnerable families, cleaning schools and community buildings, and cooking for male labourers. Some, particularly elderly or more vulnerable women, were also paid to look after the children of the other working women. All the women received cash remuneration – 20 USD/day – equal to that of the male workers involved in the programme.

**Description of outcomes:**

Of the 82 women involved in the cash for work programme, approximately 10-12% were solely tasked with caring for children (1-2 per day in each location). Crucially, these women were paid the same as the other women undertaking work, and therefore also as the men undertaking the separate male-only cash for work programme. Furthermore, all women interviewed during post-project monitoring said that designating a few women to care for their young children facilitated their own participation. It was felt that the model was acceptable and replicable and that the childcare element meant it was easy for women to participate. Similarly male respondents were satisfied with allowing women to take part in the activities chosen, despite having originally opposed women partaking at all.

This project was able to reduce the burden of care for women and facilitate their participation in paid work outside the home by providing childcare services. By remunerating women equally to men for work undertaken (including childcare), a message communicating the value of women's work as equal to men's has been introduced into local discussion. Some evidence of a shift in social perceptions is apparent as women participants have reported a sense of greater bargaining power and respect in the

community. However, the focus on female headed households has limited the benefits to unmarried women and the programme is considering ways to incentivise the participation of married women in the future.

**Organisation:** International Domestic Workers Federation (IDWF)

**Location:** Approximately 45 countries worldwide

**Target population:** Primarily workers who do paid care work in private homes, particularly domestic work that generally does not require industry or state certification

**Description of project objectives/aims:**

Despite their central role in the economy, domestic workers are often employed in substandard jobs. Working behind closed doors, beyond the reach of personnel policies, and often without employment contracts, they are subject to the whims of their employers. It is the private and isolating nature of domestic work that makes organising in this sector particularly challenging. Furthermore, in some countries, domestic workers are specifically excluded from the right to form unions. These violations affect women disproportionately because women make up the majority of the world's low paid workers. Recognising these injustices and the challenges to overcome them, the aim of the IDWF is to build a strong, democratic, and globally united domestic and household workers' organisation in order to protect and advance the rights and dignity of domestic and household workers everywhere. With their activities in this united organisation, they aim to improve the working conditions, legal, and social protections for domestic workers and to increase the value and respect of care work, which has been devalued as "women's work" for centuries.

By 2020, IDWF aims to expand to work in 60 countries.

**Description of activities:**

The IDWF works to achieve its objectives by building and maintaining alliances with partners, by training and educating members and affiliates, and by facilitating the sharing of best practices among domestic and household workers (including what works in organising, campaigning, bargaining models, etc for improved working/living conditions of domestic workers). IDWF also organises and/or supports campaigns for policy improvements for domestic workers; it represents domestic workers at local, regional, national, and international forums, and it promotes research regarding domestic work. It calls for a ratification of UN and ILO instruments (that refer to migrants' rights, domestic workers' rights, etc), and for governments to make public investments in care a priority.

Additionally, IDWF's public awareness campaigns aim to increase the value and respect of care work and to get individual employers of domestic workers to pledge their commitment to ensuring domestic workers' rights. For example, the My Fair Home initiative requires employers to pledge they will create safe working environments, fair work agreements (including wages, hours, etc), and access to healthcare for their employees.

**Description of outcomes:**

In its relatively short history, the IDWF has grown from an informal global network of domestic and household workers' organisations to the significant and thriving global federation that it is today. During its first few years of existence, the IDWN (at the time, a network, rather than a federation) worked to mobilise domestic and household workers' organisations and their allies worldwide, resulting in the passing of the ILO Convention 189 Decent Work for Domestic and Household Workers. Since becoming a

Federation, the IDWF has grown to a membership of 56 affiliates in 45 countries. It is in becoming a strong, unified global organisation that IDWF and its partners see much of their success in addressing care work, as experience has proven to them that building collective strength through organising empowers domestic and household workers to address poor working conditions and other issues that affect their lives.

**Further reading:**

International Domestic Workers Federation: 5 Year Strategic Plan

[http://www.idwfed.org/en/resources/idwf-5-year-strategic-plan-2016-2020/@@display-file/attachment\\_1](http://www.idwfed.org/en/resources/idwf-5-year-strategic-plan-2016-2020/@@display-file/attachment_1)

My Fair Home Initiative: <http://www.idwfed.org/myfairhome>

**Project:** Domestic Workers Forum India (DWFI) (launched 2011-ongoing)

**Organisation:** Montfort Social Institute (MSI)

**Location:** Southwestern India (16 towns across 3 states)

**Target population:** Domestic workers

**Description of project objectives/aims:**

More women are employed as domestic workers than any other profession in India. These professional household carers have historically received very low wages, and worked without benefits, days off or meaningful support from the state. They often suffer insecure and unsafe workplaces where they may be injured or subject to psychological and sexual harassment. Many domestic workers are unaware of the minimum wages they are entitled to, or the legal protections and rights afforded to them by law.

In recent years, the National Domestic Workers Movement has made great strides for their advancement in the country, but success has mostly been confined to large urban areas. The main objective of the DWFI is thus to facilitate awareness, collectivisation and mobilisation among domestic workers in smaller towns to empower them to fight for their rights, recognition and dignity. The initiative also seeks to influence policy and shift societal perceptions about women and the value of care work.

**Description of activities:**

The project is now underway in 16 towns across south-west India. MSI works with local partner organisations to run awareness campaigns in the towns to educate domestic workers about their rights, and offer support in unionisation and collective action to groups of about 20 women. They also facilitate professional training, such as around cooking, and other household care skills along with literacy coaching and personal development. MSI also meets with employers of domestic workers to communicate to them the importance of decent work and wages for these women. Beyond the grassroots, the initiative also operates at slum, town/city, state and national levels to advocate for the enforcement of existing protections and provision of domestic workers' rights and to lobby for fresh legislation to further improve their lives.

**Description of outcomes:**

DWFI has been among the first few attempts to organise domestic workers in the small towns of India. So far, over 20,000 women have been organised and have begun to challenge the exploitative conditions that have historically characterised their work. The most profound outcome has been the growing personal and communal confidence among the women to value their own work and demand that others value it too. They have leveraged their collective bargaining power to demand higher wages, benefits such as sick leave, days off and improved working conditions. Their solidarity and growing ranks ensure that employers cannot easily replace them as group boycotts against non-compliant employers shift the balance of power.

Due to the advocacy efforts of MSI, other organisations, and domestic workers themselves, they have been included in the Sexual Harassment at Workplace Act (2013). Other national level policy is currently

being amended and prepared to ensure that domestic workers are entitled to social protections and provisions such as healthcare, and maternity, death, disability and old age benefits.

The efforts of MSI and the domestic workers they empower has translated into improved conditions and decent work for thousands of women. Improved conditions mean higher quality care, not only in workplaces, but in the domestic workers' own households as they have more time and resources to look after themselves and their families. Crucially, the advocacy work being done around domestic work has begun to shift cultural perceptions about the value of women and women's work in India.

**Further reading:**

Domestic Workers India Forum: <http://msihyd.org/site/domestic-workers-msi-dwfi/>

Stories from domestic workers: [stories\\_case\\_study-\\_denisse.docx](#)

Draft national policy on domestic workers:

[final\\_recommendations\\_of\\_the\\_task\\_force\\_on\\_domestic\\_workers\\_dec\\_7\\_2011\\_2.ppt](#)

**Project:** Engaging men in Women's Entrepreneurship Development Programmes

**Organisation:** ILO

**Location:** The global south

**Target population:** Dependent on programme

**Description of project objectives/aims:**

Despite increasing attention on the potential of women's entrepreneurship development (WED), women still face discrimination and gender barriers that prevent them from reaching their economic potential. One of the greatest barriers is time poverty due to the assumption that women's duty is to carry out all or most unpaid care tasks. Women's economic empowerment (WEE) and WED programmes often focus on women, seeking to challenge the gender norms that economically disadvantage them. However, these can have limited or even negative outcomes such as increased gender-based violence from male family members, due to men feeling that women's increased financial independence and empowerment threaten their masculinity and the status quo that favours them. Thus there is a need to actively engage men, and to recognise that men can benefit from greater gender equality and a more equal division of labour. Programmes in this area have various aims, such as leveraging male family members' resources to support WEE, challenging male gendered perceptions, promoting positive masculinities and encouraging male behavioural change such as assuming care responsibilities and allowing women to share in household decision-making.

**Description of Activities:**

Some programmes recognise that male family members can act as 'gatekeepers', giving women access to resources that otherwise remain inaccessible. Thus male family members are invited to business related trainings for women, helping them to understand how the household benefits from WEE and how they can support women. Other programmes train male family members and husbands to challenge established gender norms and promote positive masculinities. Sometimes single-sex activities are used to discuss sensitive topics, and then men and women are brought together to discuss issues like shared household decision-making. Microfinance interventions have provided complementary workshops for men involving training on health and well-being, including on negotiation and decision-making between women and men and the household division of labour. Male role models or gender equality champions are used as change agents to reach other men and create community-level change through public meetings, awareness campaigns and peer-to-peer interventions. Some laws promote men's involvement in childcare and education, such as through awareness-raising. Community gender assessments are undertaken to increase understanding of male resistance to WEE or to challenging the status quo, as well as to identify ways men can support women. To incentivise male participation, some programmes provide financial compensation, or try to frame activities to be more appealing to men. One programme organised trainings to coincide with football matches, men only receiving equipment and being allowed to play if they attended a training. Some programmes engage specifically with boys and young men to help challenge gender norms of future generations, and some work with all male family members of different generations.

**Description of outcomes:**

In one programme, inviting men to WED trainings resulted in a higher number of women's start-ups, improved household relationships, and increased female decision-making. Programmes addressing gender norms, masculinities, decision-making and/or the division of labour resulted in healthier relationships, a more gender-equal division of labour and adapted care work patterns with care being more evenly distributed and/or men carrying out some 'female' tasks, while women carried out some 'male' tasks. Using male role models and awareness campaigns helped to engage men from the wider community in questioning traditional gender norms and practices. Incentivising men has had positive outcomes for male participation and support of these programmes. Working with young men and all male family members is more inclusive, and by better recognising household dynamics it can more sustainably transform household gender norms.

**Further reading:**

[http://www.ilo.org/wcmstp5/groups/public/---ed\\_emp/---emp\\_ent/---ifp\\_seed/documents/briefingnote/wcms\\_430936.pdf](http://www.ilo.org/wcmstp5/groups/public/---ed_emp/---emp_ent/---ifp_seed/documents/briefingnote/wcms_430936.pdf)

**Project:** Investing in the Care Economy (report released March 2016)

**Organisation:** Report by the UK Women's Budget Group commissioned by the International Trade Union Confederation (ITUC)

**Location:** Global

**Target population:** National level policy makers, and other global, national, and regional actors interested in promoting care

**Description of project objectives/aims:**

Public investment in physical infrastructure – like bridges, roads, and rail — is smart policy which creates jobs and boosts economies, especially in times of economic stagnation. However, these types of jobs tend to reproduce gender inequality in the economic sphere and reinforce low social valuation of care work traditionally performed by women. Given it is men who are usually the direct beneficiaries of these construction-centred stimulus policies, the ITUC report aims to demonstrate how public investment in *social* infrastructure — like paid childcare, early childhood education, and elder care — can boost economies, along with the health and well-being of entire societies in more gender equal ways.

The report seeks to illustrate how investment in the care economy creates millions of jobs and provides people performing unpaid domestic care roles – the majority of whom are women – with greater economic independence. With its findings, the ITUC aims to reach a global audience, and to influence national economic policy to recognise and support care work.

**Description of activities:**

The ITUC report presents theoretical arguments, evidence from previous case studies and empirical findings from the organisation's own research on seven high-income OECD countries to demonstrate the gendered employment effects of investing in social infrastructure, especially in periods of low growth and high un(der)employment. Case study countries (Australia, Denmark, Germany, Italy, Japan, UK and US) were chosen based on data availability and to reflect different global regions, and systems of economic and social regulation. Rather than discounting investment in physical infrastructure however, the report highlights the significance of investing in both these sectors and offers estimates of the direct and indirect employment impact of increased public resources in both industries.

**Description of outcomes:**

Findings show that investment in both construction and the care sector would generate substantial increases in employment. However, increased resources for care would lead to approximately *twice* as many jobs as equal resources put towards construction. Indeed, if 2% of GDP was invested in the care industry, increases in overall employment ranging from 2.4% to 6.1% would be generated depending on the country. This would mean that nearly 13 million new jobs would be created in the US, and millions or hundreds of thousands in the other study countries – most of which would be taken up by women. Women's employment rates would increase by 3.3 to 8.2 percentage points making a serious dent in the gender employment gap. While most care jobs would be absorbed by women, men's employment rates would also rise due to the knock-on effects of industries emerging around the support of the care sector, as well as increased overall spending in the economy due to income boosts for women.

Thus, the report illustrates that a serious investment in expanding care services provided by states would not only create jobs, but reduce gender inequality and address the care deficit currently experienced by many countries. Such moves would also represent a redistribution of care from unpaid women in the home to the state. Valuing care economically is both smart economic policy, and a prerequisite for healthier, more inclusive societies.

**Further reading:**

ITUC Report summary: <http://www.ituc-csi.org/investing-in-the-care-economy-a>

**Policies:** Pro-care labour market policies

**Location:** Vietnam (nation-wide)

**Target population:** Parents of newborn and young children

**Description of policy objectives/aims:**

In the developing world, Vietnam stands out as an exceptional country for having pro-care labour market policies in place for employed parents. Provisions for ante-natal, maternity *and* paternity leave, child sick leave, onsite or subsidised private childcare and paid breastfeeding time during the workday demonstrate government recognition of the care needs of working families. The policies aim to safeguard employee job and financial security, while promoting healthy children and families. The concerted inclusion of men also sends signals that both women and men have responsibilities and rights to take care of their children.

**Policy provisions:**

As of 2014, new mothers in Vietnam are granted six full months of maternity leave at 100% pay (with 30 additional days for each child born at the same time), while fathers are guaranteed 5 to 14 days. During pregnancy, women workers are also entitled to five paid days for ante-natal care, and upon returning to work, one paid hour per day for breastfeeding for the first year of their infants' lives. Companies which employ a 'high number' of women, such as garment factories, are required to provide an onsite crèche or subsidise the costs of private care. As their children grow, mothers and fathers both have access to special leave at 75% pay when their children under the age of 7 are ill.

**Description of outcomes:**

This effort to visibilise and provide for care in the labour market stands as an example to other countries. Robust maternity leave and benefits are a starting point to elevating care. Furthermore, by providing care benefits for fathers, signals are being sent that challenge social norms around care as the sole domain of mothers and women and promote gender equality at home and at work.

However, research is needed to understand whether these policies are actually effective in practice and for whom they do or don't work. Lessons from other countries such as India suggest that despite legal requirements for provision, onsite childcare may remain a non-entity entirely, or be of very low quality. Longer maternity leave may also encourage discrimination against women in hiring practices. Furthermore it is not clear whether or to what extent any of these legal benefits are available to informal workers who make up the majority of the working poor. Self-employed, migrant, domestic, agricultural, casual or temporary workers, and indigenous and tribal peoples may be left out of the loop, and additional policy innovations may be necessary.

**Further reading:**

ODI Report: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

**Project:** Empowering elderly caregivers

**Organisation:** GROOTS Kenya

**Location:** Kenya (Ndeiya and Kiambu Counties)

**Target population:** Elderly (65 years +) female caregivers caring for orphans affected by HIV/AIDS

**Description of project objectives/aims:**

Through previous work with people affected by HIV/AIDS in Kenya, GROOTS discovered that there were many elderly female caregivers, who are unrecognised and hence receive minimal training or support. These women each care for an average of three HIV/AIDS orphans, some of whom need extra care as they are also HIV positive. Providing sufficient quality care is challenging for elderly caregivers whose income is often below \$1 per day, and whose low social status affects their ability to join together and advocate for support. Recognising their needs, GROOTS started Empowering Elderly Caregivers. This aims to increase recognition of elderly carers by collecting information on the challenges facing these caregivers, and to better understand their needs and the needs of their grandchildren. It aims to reduce the social and economic care burden on grandmothers by improving their livelihoods, through forming care groups, providing training and savings initiatives, and providing a platform from which to engage with development actors and government ministries. Finally, the project seeks to improve the quality of care through enhancing food security and increasing knowledge on paediatric care and access to health care services.

**Description of activities:**

GROOTS carried out baseline surveys on the needs of elderly carers in the targeted communities, and held meetings to gain support from relevant stakeholders including the Ministry of Health and civil society organisations. It facilitated and strengthened the formation of elderly carers' groups, helping them to register with the Ministry of Gender and Social Services and network for support from other stakeholders. Regular group meetings allow the grandmothers to find collective solutions to emerging care issues. To improve their economic status, GROOTS provided seed funding to initiate group community saving. Carers contribute monthly to a group bank account, and can then invest in income-generating activities, which are complemented by entrepreneurship and book-keeping training.

Lack of sufficient nutritious food for children is a key issue for carers. Women were thus trained in organic farming and goat keeping, and provided with resources like seeds, wheelbarrows, and goats (as goat milk is nutritious and can boost children's immunity). Carers attended paediatric care training to better address the health needs of children. At trainings they made contact with health care workers, became more aware of available health services, and identified key issues for lobbying and advocacy. Key messages related to paediatric care were disseminated via leaflets in Kiswahili to other grandmothers in the communities. Finally, each group established a community health mutual fund, with seed money from GROOTS, to allow them to access to much-needed health treatments.

**Description of outcomes:**

Elderly carers have developed important support networks and received training and financial support, thus enhancing their wellbeing and increasing the quality of care. The project reports that they are

better able to advocate for their needs, and have participated in meetings with various partners to lobby for support. There is increased recognition of the needs of elderly carers in targeted regions, leading to more grants and services being provided from other partners. This includes food, mosquito nets, de-worming and vitamin A supplements from the Ministry of Health. Elderly carers have become peer educators on paediatric care, and have trained more grandmothers in the community. Nutritional status, food security and health of carers and their grandchildren have been improved through increased farming activities and knowledge of and access to health care. Carers' economic status has been improved through community saving and gaining surplus income from increased farming activities.

**Project:** Women's Rights to Sustainable Livelihoods (WRSL)

**Organisation:** Action Aid

**Location:** Ghana and Rwanda

**Target population:** Women smallholder farmers

**Description of project objectives/aims:**

Action Aid advocates for the fair recognition, reduction and redistribution of care, through states assuming responsibility to provide gender responsive public services, as well as promoting redistribution of care between family members. In Ghana and Rwanda, women smallholder farmers often have to combine unpaid agricultural work and unpaid care work, and have to make trade-offs regarding paid work and other activities. WRSL therefore considers intersections of unpaid care work, agriculture, access to resources and women's rights. The project aims to support the formation of women smallholder farmers' groups and enable female farmers to engage politically at local and national levels. It seeks to reduce the burden of unpaid care work, and use evidence-based research to highlight the extent of the care burden on women smallholder farmers for advocacy purposes. Finally, it aims to increase food security through climate resilient agricultural techniques.

**Description of activities:**

WRSL helps women smallholder farmers' to form groups, trains them on their rights, and encourages them to challenge social norms, identify their needs, and raise their concerns at local and national level. Child care centres and water conservation hubs are established, both reducing time spent on unpaid care. Women and some men fill out time diaries, which help monitor the reduction and redistribution of care tasks. Food and nutrition security is addressed through climate resilient sustainable agriculture techniques. Finally, evidence-based research on the scale of inequality facing women smallholder farmers' influence national and international policy, such as at the African Union and UN agencies, as well as donor and development agency priorities.

**Description of outcomes:**

The project has increased understanding, recognition and visibility of the care burden on women. Almost all (98%) of surveyed men in Ghana and 80% in Rwanda recognised unpaid care work and reported to participate in more care activities. Half of the surveyed women reduced time spent on unpaid care, while time spent on paid and unpaid productive work increased. In some instances, women no longer collected fire wood as it was all done by men. Women spent more time on community engagement and leadership, for example holding positions in schools or women's associations, some even contesting and winning at District Assembly Elections as Assembly representatives. The projects have significantly impacted policy, for example in Rwanda, the National Policy for Family Promotion was revised to include unpaid care work, and to influence development of the childcare centre policy (early childhood development centres). Women have improved access to gender responsive public services, such as safe drinking water and child care centres. This was achieved through joint advocacy with other civil society organisations and demands from rights holders through sector working groups with line ministries especially the Ministry of Gender and Family Promotion (MIGEPROF)

In Ghana in 2015, local government in one of the districts in which WRSL was implemented committed to providing day care centres for the district's medium-term development plans, which may be included in the plans from 2016. Initial resistance came from some male policy makers over the term 'unpaid' care, as this implied a monetary value for care work, and challenged women's responsibilities for its provision. It was thus deemed 'western' and inconsistent with 'real' African values. Action Aid overcame this by providing policy makers with evidence based research detailing the time and labour intensity on women of unpaid care work, and how it affects their human rights. Awareness raising at local, national and African Union levels, led governments to recognise the unequal care burden on women, but not all were willing to invest in gender responsive services or address women's concerns in budgets.

At the community level in Ghana, there was also resistance to the project based on social norms and perceptions that community members had on women's roles in society. The women themselves and community members viewed the women's disproportionate responsibility for unpaid care work as normal and did not initially see any need to change. This was overcome through the use of community dialogues, community sensitisation meetings and the use of time diaries to discuss time use by men and women on paid work, unpaid work and unpaid care work.

Less unpaid care work has not always translated into more opportunities for paid work for women. Action Aid have also discovered that building women's leadership at the community level is important for women to be able to represent unpaid care work issues for policy change, and that engaging with whole communities can help break the resistance of addressing unpaid care work.

**Further reading:**

[http://www.actionaid.org/sites/files/actionaid/delivering\\_on\\_women\\_farmers\\_rights.pdf](http://www.actionaid.org/sites/files/actionaid/delivering_on_women_farmers_rights.pdf)

<http://www.actionaid.org/sites/files/actionaid/full20report20final20public20281129.pdf>

<http://www.actionaid.org/publications/making-care-visible>

**Project:** Women's Income and Nutrition Groups (WINGs)

**Organisation:** CARE

**Location:** Laos

**Target population:** Mainly rural women (men participated in the first few nutrition trainings)

**Description of project objectives/aims:**

In Laos, CARE found that one of the biggest barriers to good nutrition for rural families is women's heavy workload: due to responsibilities of care work and other work, women do not have time to cultivate or prepare nutritious meals. Thus, through its WINGs project, CARE aimed to reduce the labour burden of women by making care tasks less difficult and by increasing the availability of time- and labour-saving technologies. They also aimed to improve the quality of care that women, girls, and other dependents received, mainly by improving family nutrition.

**Description of activities:**

Project staff helped women who were interested in participating in the project to form their own Women's Income and Nutrition Groups (WINGs). These groups met 4-5 times per year to discuss improving nutrition and the daily problems that women faced. In these groups, women identified what tasks were regularly the greatest burden for them and ways to address these problems.

These meetings resulted in a variety of activities being implemented, based on initiatives that the women and project staff identified to be both feasible and burden-reducing. Some communities were supplied with motorised or water-powered rice mills to make the time- and labour-intensive process of rice milling easier. Other villages constructed water supply systems to increase access to clean, nearby water sources. Handcarts were provided to many families to help with the transport of water and fire wood.

To help improve the quality of care (via improved nutrition), nutrition training—including new cooking techniques—was undertaken with each WING. In addition to this training, some women requested support via the supply of livestock, fruit trees, or vegetable seeds.

**Description of outcomes:**

The project claims that the provision of water-powered and motorised rice mills resulted in each woman getting back 60 days per year of time previously spent on milling rice. Women report that they can now spend more time on self-care (such as sleeping more), and that they have more time for family care and other income-generating activities. The provision of in-village water supply systems also reduced women's daily burden of fetching water.

Opinions on the project's impact on quality of care are mixed. Livestock has increased the protein in many families' diets. Some women report they have incorporated the nutrition training and new cooking techniques into their meal preparations, while others haven't.

Women were involved in the decision-making process at all stages of the project, leading them to voice their ideas and opinions, and resulting in a shift of perceptions about care- and gender-related norms. With the provision of handcarts, a redistribution of care responsibilities was seen particularly in the gathering of fire wood. The handcarts not only reduced the drudgery for women of transporting fire wood/water, they also seem to have helped change the previously-held belief that collecting fire wood is “women’s work”. With the handcart, men and women now report collecting fire wood together.

**Further reading:**

Dak Cheung Food Security Project End of Project Evaluation:

<http://www.careevaluations.org/Evaluations/Dak%20Cheung%20Food%20Security%20Project.pdf>

**Project:** Tackling Childcare

**Organisation:** IFC/World Bank Group

**Target population/location:** Companies and governments worldwide

**Description of project objectives/aims/activities/outcomes:**

Access to childcare is necessary for many parenting/caregiving employees, and thus can be essential for employers to take into account as it can effect absenteeism, retention and overall productivity. However, private sector companies and governments often have a limited understanding of the business case, best practices, and innovative models for supporting childcare services for their employees. IFC's Tackling Childcare project examines public and private sector models for supporting childcare with the goal of filling this knowledge gap. It aims to gather concrete evidence to inform a decision-making model that companies can use to better respond to their employees' childcare needs. The project will draw on a variety of business case studies—from family-owned companies that work at the local/national levels to multi-national companies. In addition to looking at employer provision of crèches, it will also investigate the business case for other means of employer support for childcare.

Additionally, in collaboration with the World Bank Group's 'Women, Business and the Law' team, the project will examine how laws and regulations incentivise (or dis-incentivise) employer-supported childcare across the world. Do employers face regulatory challenges to providing childcare even when they do recognise this need to support their employees? Indicators will be rolled-out to 189 economies/countries on these issues, and it is hoped that any new insights on employer-supported childcare resulting from the Tackling Childcare project's findings will feature in the next edition of the Women, Business and the Law Report (2017/18). IFC's Tackling Childcare project, which benefits from the support of the Japanese Government, hopes to provide guidance to companies (and governments) on successful approaches that can be replicated to better support employees in their childcare needs while supporting companies' bottom line.

**Further reading:**

Women, Business, and the Law 2016 report:

<http://wbl.worldbank.org/~media/WBG/WBL/Documents/Reports/2016/Women-Business-and-the-Law-2016.pdf>

**Project:** Gender Equality Project (2014-2015)

**Organisation:** Kothowain

**Location:** Southeastern rural Bangladesh

**Target population:** Rural Bangladeshi women

**Description of project objectives/aims:**

Given customary norms in much of Bangladesh, women are often not permitted to venture far and are rather expected to take on the lion's share of unpaid care work in the home. This means missing out on opportunities for personal and community development, especially if these opportunities lay beyond village limits. Alongside patriarchal social norms, time poverty resulting from the burden of care work also means women are often excluded from local decision-making spaces. This ensures their concerns remain marginalised and largely unaddressed. This project sought to overcome these obstacles by facilitating women's access to such opportunities at the local level through the formation of women's groups called Para Nari Development Groups (PNDG). These groups would serve as mouthpieces for voicing women's concerns around issues of violence and discrimination - including the unfair burden of care - while promoting local women's confidence, leadership and advancement through group designed projects and activities. Ultimately, the project sought to help women empower themselves in their communities and play a larger role in local governance and gain leverage to address gender inequalities.

**Description of activities:**

The project established 40 PNDGs at the village level across two sub-districts of Bandarban. These selected groups of 7-11 women per group attended workshops at the sub-district level on gender, women's rights, state laws, and family and customary laws and developed relationships with legal and law enforcement bodies. They were also given training in confidence building, and leadership and networking skills. Exposure visits across the district allowed them to observe 'best practices' to inspire their own self-designed village activities and projects. Mobile phones were also provided to the groups to boost village women's access to information and resources.

**Description of outcomes:**

Approximately 9600 women live in villages that had a PNDG. Through PNDG leadership, the women were more active in village governance and public elections as the groups offered them a sense of legitimacy and confidence to speak their concerns. A few women leaders now hold elected positions at the local level.

The groups also designed income generating programmes providing decent paid work for local women, and establishing savings accounts. This has important knock-on effects for increasing women's household bargaining power. Enhanced connectivity offered by the mobile phones allowed them to communicate with PNDGs across the district to coordinate and share ideas. The phones continue to facilitate their connection with important community figures such as teachers and healthcare workers,

while allowing them to leverage newly established links with law enforcement and legal infrastructure to enhance their protection, safety and access to justice.

Unfortunately, financial support for the PNDGs has dissolved, and the groups have officially disbanded. However, there have been some lasting effects from the project, including a handful of locally elected women leaders, and mobile phone connections for use by women. Social norms around care work in these communities have largely remained unchanged, but women's greater awareness of their rights, issues around gender equality, presence in local governance and increased participation in paid work may act as a starting point for gradual social transformation.

**Project: Young Lives, Oxford Department of International Development**

This note highlights relevant findings from the Young Lives study on adolescent girls' and boys' contributions to care and domestic chores. Young Lives is a cohort study following the experiences of 12,000 children mainly poor children and young people in Ethiopia, India (Andhra Pradesh and Telangana), Peru and Vietnam. We have collected information on children and young people at ages 1, 5, 8, 12, 15 and 19 years. The sample is pro-poor.

There are two cohorts of children in the study : a younger group born in 2001/2, and an older group born in 1994/5. Most of the information here comes from the older group of children, who were 19 during the last survey round in 2013. Since Young Lives interviews children at the same age but at different points in historical time, it is possible to compare trends in children's gendered time use over time.

The evidence presented below is a short overview of Young Lives' findings. It looks at what we know about adolescent girls' (and boys') time use, particularly on domestic chores and caring responsibilities, and what impact changing economic circumstances and educational aspirations have on the amount of time spent on domestic chores and caring responsibilities. As we indicate, children's experiences vary a great deal at different ages, between countries and across different localities.

**Key findings**

1. Young Lives evidence confirms that **children's time use is gendered**: in the different tasks that children undertake and in the amount of time they spend on each task. There is more flexibility in children's work than in adults, but gender-based differences are generally more marked from early adolescence onwards. It is not the case that girls only work in the home, and boys only work outside the home.

Girls and boys across all study countries undertake household chores and caring work, paid and unpaid work, and schooling and studying, as well as leisure time and sleep. However, girls are directed towards household and caring roles, whilst boys concentrate more on paid work, family farms (for example herding) and other enterprises. For example, Young Lives data from Ethiopia show that at the age of 12 in 2006 on average across the 20 sites, Older Cohort girls were working twice as long as boys on domestic and caring work per day (1.8 hours for boys compared to 3.6 for girls). By the time they were 19 in 2013 the boys were spending fewer hours on domestic and caring work (1.5 hours), whereas the girls were working in the house for more than four hours per day (4.1 hours<sup>7</sup>). There are also large differences between urban and rural children's time use in many countries.

2. Whether there is a difference in the **total number of hours worked by girls and boys** varies from country to country. In Ethiopia, Peru and Vietnam for example, the overall amount of paid

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<sup>7</sup> Pankhurst, A., Crivello, G. Tiumelissan, A., Children's Work in Family and Community Contexts: Examples from Young Lives Ethiopia, Young Lives Working Paper 147, March 2016

and unpaid work undertaken by girls and boys is broadly similar, whereas in Andhra Pradesh and Telangana the burden of paid and unpaid work falls disproportionately on girls<sup>8</sup>.

3. The relationship **between girls' and boys' work and school** is a complex one. Paid work can sometimes facilitate schooling by enabling children to meet the costs of uniforms, equipment and so on. Conversely there are specific types of jobs which cannot easily be combined with schooling, and there are many examples in the Young Lives study of girls and boys who are forced to drop out of school (temporarily or permanently) by the need to undertake paid work. Compared to boys, older girls routinely take on greater responsibility for household chores and care activities; going to school or undertaking paid work does not diminish their household responsibilities<sup>9</sup>. On the whole, household chores and activities are easier to combine with schooling because they tend to be more flexible. However, Young Lives research with younger children found that some chores which tended to be done by girls – such as cooking – could not be easily stopped and started, and girls reported it was difficult to study at home because they could be called on to do chores at any time<sup>10</sup>.
4. **Economic opportunities, responsibilities and shocks for the household as a whole** do have consequences for children's work and these consequences often vary according to gender. For example,
  - a study of Young Lives data in Ethiopia and United Andhra Pradesh looking at the impact of social protection schemes on adolescent girls concluded that in many cases these schemes – although important for reducing economic poverty and vulnerability - increase girls' workloads and significantly reduce their time for study and leisure<sup>11</sup>
  - analysis of Young Lives data from Andhra Pradesh shows that girls' workload increases by 2.6 hours per week in response to a crop shock, which at the average work level of 6.5 hours is a 40 per cent increase, with only a very small and statistically insignificant effect on boys<sup>12</sup>. The impact of the severe drought in Andhra Pradesh in 2002/3 had complex effects on the work of 11/12 year olds, with eldest sons in irrigation-farming households reducing the number of hours they work and increasing the time they spend in school, whilst the work of girls (both eldest and younger daughters) increases, presumably in work activities unaffected by the drought<sup>13</sup>.

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<sup>8</sup> Pells, K., Poverty and Gender Inequalities: Evidence from Young Lives, Young Lives Policy Paper 3: September 2011

<sup>9</sup> Pankhurst et al, A. et al, 2016

<sup>10</sup> Orkin, K. Are work and schooling complementary or competitive for children in rural Ethiopia?, Young Lives Working Paper 77, December 2011

<sup>11</sup> Camfield, L., Growing Up in Ethiopia and Andhra Pradesh: The Impact of Social Protection Schemes on Girls' Roles and Responsibilities, European Journal of Development Research (2014) 26, 107–123. doi:10.1057/ejdr.2013.36

<sup>12</sup> Krutikova, S., Determinants of Child Labour: The Case of Andhra Pradesh, Young Lives Working Paper 48, May 2009

<sup>13</sup> Galab, S. and Outes-Leon, I. 'Siblings, Schooling, Work and Drought', Young Lives working paper 73, December 2011

- when girls take on domestic chores or care work at home it often frees up mothers to pursue paid work outside the home.
5. Our evidence also suggests **that investments to recognise and reduce girls' unpaid care work need to be tailored to different circumstances**, because -

5.1 There are **many other factors** which interact with gender to shape who does what in a household:

- Household composition. Older girls in a family tend to bear the greatest burden of unpaid work; in female-headed households with female children girls may take on boys' tasks such as herding; and boys without sisters, or whose sisters have married or moved away, are expected to take on female tasks<sup>14</sup>.
- Age: children spend more time working as they get older, particularly after the age of around 12
- Location: children in rural areas do more work.

5.2 Although gender norms around domestic and caring work are enduring, **adolescent girls' (and boys') work patterns are changing**, and also vary according to local circumstances. For example, in Ethiopia<sup>15</sup>, comparison of the two Young Lives cohorts (born in 1994/5 and 2000/1) shows that – at the age of 12 years - the younger group were doing less chores and caring work than the older group, with a slight narrowing of the gap between girls and boys. And while paid work undertaken by urban children and girls declined, rural boys were still working the same number of hours on paid activities.

6. Interventions also need to engage **with the value that children and their caregivers place on adolescent girls' and boys' work**, and the role adults and children feel it plays in preparing children for adult life. Children describe social benefits of their work, benefits for their family members, and material benefits (for example, when they undertake childcare to enable older sisters or mothers to earn after giving birth). They appreciate the praise that they gain from working well and they are proud to contribute to their households<sup>16</sup>. Caregivers also described learning domestic skills as being important for girls in order to ensure a successful marriage: often regarded by families as an important strategy for protecting daughters in contexts of poverty and economic vulnerability.

This note was produced by Frances Winter, Policy Officer, Young Lives

#### Further reading:

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<sup>14</sup> Heissler, K.; Porter, C., Know your Place: Ethiopian Children's Contributions to the Household Economy. European Journal of Development Research (2013) 25 (4) 600 – 620

<sup>15</sup> From Porter C., Boyden, J. and Heissler K. (forthcoming) Changes in Gendered-time use in Ethiopia

<sup>16</sup> Pankhurst et al, 2016

<http://www.younglives.org.uk/>

## CASE 48

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**Project:** Missing Workers: Retaining Mature Age Women Workers to Ensure Future Labour Security

**Organisation:** Centre for Research in Applied Economics, Curtin University

**Location:** Australia

### Research Questions

The research looked at retention strategies for mature aged care workers working on elderly care in Australia. The study examined questionnaire responses from 2,721 carers, looking at their work ability and intention to leave the profession. Women comprise 90% of the care workforce for elderly care in Australia. The median age of this workforce is close to 50. The productivity commission predicts the number of elderly needing care in Australia will more than triple from 1 million to 3.5 million by 2050.

The study also looks at the importance of paid work for mature women in terms of financial resources needed to access goods and services needed to provide informal care for their families. Financial pressures associated with informal care roles increase the importance of paid work for women living in households with limited economic resources.

### Research Findings

With increasing demands for care and the focus moving more from institutional care to community care, the care of elderly relatives is falling more on mid-life women active in the paid workforce. The survey found that flexible working arrangements (specifically, the ability to respond to family care needs) increase the strength of job attachment.

The study suggests that organisations and policy makers will increasingly have to respond to the family care needs of their employees, and that this will demand a sensitivity to the various family and other circumstances of people within the workforce. This is particularly important in a context of increased rates of labour force participation by mature-age women. The evidence suggests that a supportive work environment and strong working relationships are likely to minimise the employment and other effects of family care needs.

### Useful Facts

Work ability is a key determinant in women carers intention to leave work suggesting retention strategies incorporate programmes for occupational health, and mental and physical wellbeing. Low wages in care convey lower recognition in terms of importance.

Low wages and low valuing of care work have adverse implications for the future labour supply of care workers in elderly care.

### Further reading:

<http://www.curtin.edu.au/research/crae/projects/retaining-mature-age-women-workers.cfm>

## CASE 49

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**Project:** Rural Women's Participation and Recognition in Sustainable Agricultural Livelihoods across the Life Course

**Organisation:** Monash University

**Location:** Hambantota, Polonaruwa and Ampara Districts, Sri Lanka

### Research Questions

The research examined rural women's participation in agriculture and the barriers and enablers to their participation. The research is based on a survey of 2093 women with indepth interviews with 66 women. The women participants in the study were mainly married with children. Overall the message from the research was that the women needed livelihood opportunities that are ongoing and stable.

### Research Findings

Women's participation in agriculture comprised of paid day labour working in food production, and unpaid labour working on family farms. The unpaid labour also included cooking, cleaning, child rearing, community work and political canvassing. The study found that women's participation in agriculture decreased sharply when the women got married and had children. Their participation in general livelihood activities increased, however, with tasks including overseeing children's welfare, maintaining home gardens and helping spouses in paddy cultivation. As women move into their 40s women's participation in agriculture increases again.

The main barriers to women's participation in agriculture included conflict (during and and post), ill-health and disabilities, gender norms around social reproduction, domestic violence, climate factors such as drought and flood, disruptions from wildlife, unsustainable/unavailable markets, high costs of inputs, or underpayment, political patronage and restricted mobility. Enablers including support for social reproductive tasks such as childcare, land and asset access, training, and participation in collectives.

Women had the most independent influence over social reproductive tasks such as cooking, cleaning and care of children, they lacked autonomous influence in their own households over factors related to agricultural production. Women did not have discretionary control over important assets within the family, especially over inputs to agriculture such as machinery.

### Useful Facts

Government officials interviewed viewed state-run technical colleges to be of negligible interest to the local areas, yet skills gained during childhood and youth sustained participation in agriculture especially as women aged.

The survey found that there was little overall engagement among the women in civic participation including women's groups. Those participating took on a significant amount of responsibility, which in some cases, added to their time burden (e.g. attending meetings).

The research recommends instigating a national conversation about reorienting the gendered idea about who is 'a farmer' and looking at gender roles and the work women do in terms of agriculture. It suggests designing policy that helps to recognise, reduce or redistribute social reproductive tasks, and

investing heavily in childcare including exploring ideas such as childcare cooperatives to enable women's sustainable and stable participation in agricultural livelihoods work.

#### **CASE 50**

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**Project:** Laws, policies and programmes related to maternity rights and child care

**Location:** India, countrywide

**Target population:** Dependent on project

#### **Background and policies:**

In India care has not historically been seen as productive work, or recognised by the state. The state tends to interact with people as families, which are seen as people's safety net, and thus welfare policies are aimed at families and family 'failures'. Women are often seen as dependents and mothers, not as economically independent citizens. Girls often forfeit their education to assist their mothers with care tasks. However, India's Constitution recognises the right to maternity benefits, and in 1961 with the Maternity Benefit Act, these were enshrined into law. Under this act working women receive paid maternity leave for 12 weeks and 2 paid nursing breaks until the child reaches 18 months. Social movements and civil society advocacy have since led to many new schemes and acts being passed to address issues related to maternity benefits, child rights and care.

Many labour laws mention the provision of crèches at work sites, for example the 1948 Factories Act which stipulates that suitable room/s must be available with a trained woman in charge. Most include a minimum number of women to be employed (often 50) before a crèche becomes mandatory. Some labour laws include paid maternity leave, or a cash benefit for the first two births. The Unorganised Workers Act, which provides for those in the informal sector (approximately 90% of employed women in India) does not mention crèches. The National Food Security Act, 2013, entitles women during pregnancy and the first 6 months after child birth, and children from 7 months to 14 years, to a daily meal. Women are employed to prepare meals for this programme, but are often underpaid and must undertake unpaid tasks, such as water and firewood collection. Finally, pregnant and lactating women are entitled to a stipend which is not linked to employment. This is the only scheme in the country that recognises that all women work. The National Policy for Children, 2013, recognises that the rights of pregnant and lactating women, and furthermore the whole family, need to be fulfilled in order for the birth of a healthy child. The policy also aims to provide and promote crèches for children of working or ill mothers, poor families and single parents. The Early Childhood Care and Education Policy, 2013, mentions capacity building of parents and communities, and the statutory provision of crèches. The policy is intended to be carried out by care providers including the family, community and public, private and non-governmental organisations. There are 11 state- and industry-specific maternity benefit schemes running in different areas, many involving cash for the first two live births, some with conditionalities or incentives for good nutrition and infant care practises. In the public sector, six months paid leave is given for pregnancy and delivery, while a 'child care' leave was introduced for women working in central government where they are entitled to up to two years leave for each child (up to two children). The National Policy on Education, 1986, prioritises Early Childhood Care and Education (ECCE) and mandates the provision of day-care centres to enable girls taking care of younger siblings to attend school. The National Programme for Education of Girls at Elementary Level (NPEGEL) promotes the provision of facilities which enable all girls to achieve elementary education, including by relieving older girls from the care of younger siblings. The Right to Education (RtE) Act, however does not include such a mandate.

**Description of outcomes:**

Many of the acts and schemes described above increase recognition of unpaid care, help to redistribute some of the care responsibility to the state, and reduce the burden of unpaid care on women by providing stipends or meals. When crèches are available, they have allowed women to participate in other activities, such as income generation or leisure, and to have more control over finances and decision-making. Older children, who would have cared for younger siblings, are enabled to attend school. In some cases they have improved the quality of care, by leaving children in the hands of employed carers rather than elder siblings. In addition, when a woman is sick she has been able to put her child in a crèche and thus recover faster and get better rest.

However, many acts on maternity rights and crèches only apply to women working in the formal sector, estimated to include only 4% of working women. Furthermore, they do not consider that all women work, whether paid or unpaid. Stipulations regarding the number of women to be employed before a crèche is mandatory highlights that care is still seen as only a woman's responsibility and further reflected in the lack of paternity rights. Laws on the provision of crèches may also discourage firms from hiring women, or cause them to under-report the number employed. The absence of proper monitoring or guidelines for crèches on worksites results in their non-provision or low quality. In addition, many schemes fail to recognise care work as 'work'; care workers tend to be all women and are described as 'volunteers', receiving poor pay and minimal training. Finally, political will is low. Budgets allocated to these acts are often insufficient, monitoring is inadequate and only a small number of women employed in particular (formal) sectors, or particular districts benefit.

**Further reading:**

[Maternity rights and care 14.4.15.docx](#)