

INNOVATIVE SOLUTIONS TO RECOGNIZE, REDUCE, AND REDISTRIBUTE THE UNPAID CARE WORK OF RURAL WOMEN IN SENEGAL

Care work is fundamental to human well-being and essential for a vibrant, sustainable economy and society, given that all people receive and give care at various points of their lives (Esquivel 2014, Razavi 2007). Care encompasses the provision of face-to-face personal services to meet the physical and emotional needs of individuals, as well as daily household chores, and activities for the benefit of the community. Yet all over the world, women and girls take on a disproportionate share of this work, which is frequently unpaid, unrecognized and undervalued, and subsequently can entrench women in the cycle of poverty (ILO 2018, Sepulveda Carmona 2013). This note presents solutions developed to address rural women's unpaid care needs in the context of a programme funded by the Government of Canada and implemented by UN Women in the north of Senegal. The programme has conducted research to understand the impact of unpaid care work of women in rural areas in Senegal on their income level, quality of life, time management, and overall economic empowerment. In collaboration with the government of Senegal, it has identified and piloted policy and programmatic measures to better recognize, reduce and redistribute unpaid care work, and to address the specific needs faced by women in rural areas related to unpaid care responsibilities. Specifically, the programme has tested a model to support rural women in accessing a health insurance system that is adapted to their needs to help them mitigate the impact and the risk of income loss due to illness within the household.

Introduction

Globally, women perform over 75 % of the total amount of unpaid care work. This limits the time that they can invest in income-generating activities, and therefore stymies their participation in the labour force and opportunities for economic empowerment. Recognizing, reducing and redistributing unpaid care and domestic work through a more equitable distribution of responsibilities within the household and in communities, the provision of context-appropriate public services, and the establishment of social protection policies and infrastructure is critical to achieving the 2030 Agenda for Sustainable Development. Doing so also facilitates women's contributions to the national economy, which, in turn, are essential to achieve the objectives of the national development strategy of the Government of Senegal (Plan Sénégal Émergent).

This policy brief presents the results of UN Women's research and engagement with relevant institutions to better understand the needs of rural women in terms of their unpaid care work, and to identify existing and potential solutions to address these needs via the programme "Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Women's Economic Empowerment Programmes" (3R Programme) (see Box 1). The study¹ identified how existing solutions can improve women's finances while mitigating the risks associated with rural women's unpaid care work, and potential approaches to implement innovative solutions that are adapted to their needs and expectations.

BOX 1: UN Women's 3R Programme

UNWomen is currently implementing the programme "Transformative Approaches to Recognize, Reduce and Redistribute Work unpaid care work in women's economic empowerment (3R Programme)" in Senegal, Rwanda, and South Africa. This programme, funded by the Government of Canada, aims to remove the structural barriers to women's full and equal economic participation by recognizing, reducing and redistributing their unpaid care work.

In Senegal, the programme has focused on:

- Research to identify unpaid care needs of women in rural areas;
- Integrating unpaid care solutions in local investment plans;
- Adapting and scaling up health insurance solutions through policy dialogue with the National Health Insurance Agency and the private sector;
- Using these experiences to facilitate evidence-based care policy dialogues at national and regional levels.

Women’s unpaid work limits their paid work and income generating ability

In rural areas of Senegal, women undertake different types of unpaid care work, which include direct care of persons, indirect care such as domestic work, and care work within their communities. Each of these types of care include various activities (see Box 2). Each type of unpaid work takes an average of nearly two hours per day, with a slightly longer duration for domestic work (see Figure 1). Most rural women carry out a majority of these tasks every day, so that the total time that women devote to unpaid work can exceed 12 hours per day, substantially higher than the global average of 4.5 hours (ILO 2021).

As a consequence of time-consuming care work, women must organise their paid work activities according to the demands of their unpaid care responsibilities, which has a direct impact on their income, ability to meet household financial needs, and their economic empowerment. Given the critical nature of care work (a necessary precondition to life), women must complete care work first, and paid work can only be completed in any remaining time.

Women in rural areas of Senegal generally carry out several remunerated activities, including farming, informal trading of various products, and processing agricultural products. They earn very modest incomes: generally less than 50,000 FCFA (80 USD) per month, though women may earn 100,000 FCFA (160 USD) per month in peri-urban or border communes. However, since all of these income-generating activities are limited by and subordinated to their unpaid work, the majority of women only manage to devote on average between 3 and 6 hours per day to income-generating activities. As a consequence, women generate lower incomes, and their degree of economic empowerment is often limited.

BOX 2: Defining care work

Unpaid care work means that the person performing the activity does not receive a wage and the work is not necessarily captured in the GDP.

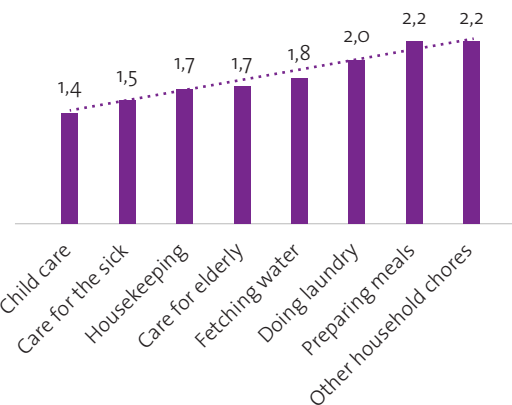
1. Direct care work:

Direct care can include care for one’s spouse, young children, older persons, sick or disabled relatives, or relatives residing within the same household.

2. Indirect care work:

Indirect care often involves domestic chores, such as preparing meals, washing clothes, collecting or buying water and firewood, house maintenance, and other household chores.

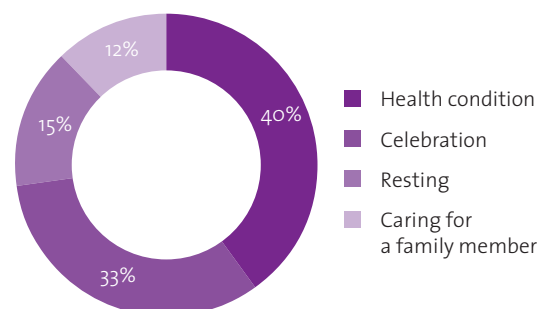
Paid care work is generally direct care for people compensated and performed within a household or institution.



Average time spent by women (in hours) on each type of unpaid care work

Health-related unpaid care work has a significant impact on rural women

Health is a necessary precondition to engage in income-generating activities. Women identify illness (either their own, or of a family member) as the primary impediment to income-generating activities, with significant consequences in the form of lower incomes which can lead to increased food insecurity, difficulty in paying for the education of their children, difficulty paying bills, inability to meet basic personal needs, and inability to contribute financially to their households. Beyond personal illness, nearly half of rural women take care of a relative with a chronic health problem or a disability on a daily basis, which further limits the time that they can devote to remunerated activities.



Rural women have little access to mechanisms to redistribute care work or shore up their shock resilience, such as financial services and social protection

Rural women in Senegal have poor access to insurance, savings or credit schemes: 30 % of women are able to save money, typically through informal measures; 25 % of women have access to formal credit mechanisms, and only 7% of rural women surveyed benefit from health insurance.

Most women in rural areas spend, on average, less than 2,500 FCFA (4 USD) per day, mostly for food related expenses. However, women also frequently face unforeseen expenses, typically due to medical consultations for sick family members, family events (such as death, baptism, or marriage), or infrequent monetary assistance to someone else, such as a community member. These unforeseen expenses can amount to over 10% of their monthly income, or more than 5,000 FCFA (8 USD). To meet unexpected expenses, women tend to borrow from relatives or friends rather than use microfinance institutions: less than 25% of respondents have taken out a formal loan. Women also have limited capacity to save money: only 30% manage to do so, most often through informal and unsecured mechanisms, such as storing money in their house or a hidden place.



Up to 12 hours per day:

The time spent in unpaid care work by rural women



45%

The percentage of rural women who care for a relative with a chronic health problem or a disability on a daily basis



52%

The percentage of respondents who listed health as an impediment to income-generating activities (either personal sickness or that of a family member), making health the primary barrier to rural women's paid activities

Rural women expressed strong interest in financial instruments that can offset lost income due to unpaid care work, such as health insurance, but their knowledge of and access to these services is low

Health insurance is a social protection mechanism that would help women to cope with the risk of reduced paid work and lost income to care for a family member who is ill. However, few women are familiar with the concept of insurance, even though they show great interest in it after learning of its availability (see figure below). Rural women are most commonly only familiar with agricultural insurance.

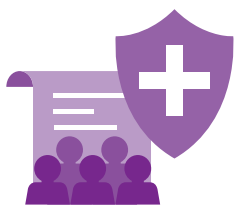
However, 85% of women are interested in other forms of insurance, especially health insurance, and are willing to pay to benefit from such a service. Between 70% and 80% would contribute more than 1,000 FCFA (1.6 USD) per month, and the remaining respondents would be willing to pay up to 1,000 FCFA (1.6 USD) per month. The women surveyed are interested in accessing insurance via their phones (see Box 3).

BOX 3: Rural women's digital inclusion, a catalyst to harness financial and social protection instruments

Women's digital inclusion can help reduce and redistribute their unpaid care work, by optimising their time use and by improving access to opportunities that can increase income as well as access to financial and social protection services. However, while rural women have relatively high access to mobile technologies (90% of women surveyed use a mobile phone, and in 52% of cases own a smartphone), three quarters of the women surveyed use phones mainly for calls. Capacity building can help women fully take advantage of these technologies' potential to access financial services, provide relevant information, and present new market opportunities. 90 % of respondents are familiar with mobile money services, and women indicated that they save valuable time by avoiding long and costly trips to branches of financial institutions. However, these services are mainly used to collect sales revenue, and infrequently for savings (only 13% of women currently leave money in their account as savings).

Access to health care for women and their families via an adapted and affordable health insurance model: an effective mechanism to redistribute unpaid care work

Given that women are significantly affected by health shocks and noting that very few rural women have access to health insurance, there is an urgent need to develop health insurance services that are affordable and adapted to the needs and constraints faced by rural women, as well as ensuring that women know about and can access these services.



Less than **7%**
of women surveyed
have health insurance



85%
of women say they are interested
in insurance schemes, especially
health insurance, and are willing
to pay for such a service



Between **70% and 80%**
of women would contribute more
than 1,000 FCFA (1.6 USD) per month

Both the public and private sector play an important role in the process of designing and developing health insurance mechanisms that are well-adapted to both the needs and constraints of rural women. See Box 4 for further details on these solutions.

BOX 4: Solutions and models to improve rural women's access to health insurance.

Solutions in the public sector:

Senegal's Universal Health Coverage Agency (CMU) allows individuals working in the informal sector throughout the country to benefit from health insurance, with medical coverage of up to 80%, via an annual contribution of 7,000 FCFA (approximately 11 USD) that is subsidised at 50% by the State. The 80% coverage includes primary care in health centres, medicines, exams, and hospital costs, with an out-of-pocket expense of 20%, while a 50% coverage is offered for special medications. The CMU has developed a digital platform called "Sunu CMU", through which beneficiaries can enrol and pay their insurance premium with mobile money. This platform represents an opportunity to improve rural women's access to these services.

Solutions in the private sector:

Transvie is a private health insurance company that provides health insurance for families by covering the insured person and their relatives. It targets the informal sector and people with a monthly income between 50,000 and 100,000 FCFA (between 80 and 160 USD). Recently, it has developed a tailor-made health insurance product for a Group of Economic Interest (GIE) of women that is part of the supply chain of a formal company. In this scheme, the company has provided guarantees for the GIE and subsidises part of the premium, a model that could be relevant for many rural women working in agriculture.

Insurance broker Assuraf and mobile money operator Free Money are in the process of designing a product that will eventually offer health insurance throughout the country for a low monthly contribution via mobile money services. Aimed at low income and informal sectors, the model will be available via both a mobile application for smartphones and the USSD channel for basic phones, through which premium payments could be collected.

The initiatives developed by the Senegalese public sector, particularly through the CMU Agency, present an opportunity to address women’s needs for financing healthcare, with positive results for their health, revenue, and time use. However, gaps remain in access to health insurance for rural women, the vast majority of which are unaware of or cannot access this mechanism. UN Women supported the CMU by tailoring the supply and delivery of its services so that they were more context-appropriate and affordable, and by fostering women’s demand and uptake of these services, through awareness raising campaigns and capacity building with in person and digital trainings (see Box 5 for more details). As a result, over 1,300 rural women have enrolled in national health insurance for the first time, accessing coverage for themselves and their family members to provide essential services to nearly 7,000 vulnerable people.

Private sector led solutions hold high potential for scalability but require some adaptation to ensure that women can access them. The model developed by Transvie, which integrates socially responsible companies into their supply chain, could be scaled up and expanded to the informal sector via rural cooperatives and other networks. This model provides clear benefits for the companies that adopt it, by protecting their suppliers against shocks. However, in order for this model to work for women, the participation of women entrepreneurs and women-led businesses in supply chains is fundamental. Measures to improve women’s access to private supply chains, whether focused on simplifying requirements, building the capacity of women-led businesses, or positively discriminating women suppliers should accompany the scaling up of these initiatives. Similarly, mechanisms leveraging the financially inclusive and time-saving potential of mobile wallets (such as the initiative led by Assuraf and Free Money) also hold significant potential to reach rural women. However, technology based on voice and audio such as interactive voice response (IVR), available on any type of phone (not only on smartphones) and in local languages should be leveraged to ensure that all women can access these services regardless of their level of education and the type of mobile device that they have.

BOX 5: Technical support to the CMU to adapt health insurance schemes to women’s needs in Senegal

A partnership between UN Women and the National Health Insurance Agency of Senegal (CMU) has fostered demand and awareness among rural women, and offered them access to health insurance products and services that can help redistribute their unpaid care work through better access to health care financing. UN Women’s technical assistance to the CMU has consisted of:

- Design mechanisms to adapt the supply and delivery of services to the needs of women, such as incentive modalities and group membership models that led to more affordable insurance premiums. Further improvements CMU is currently considering include more flexible payment options tailored to women’s financial constraints, partial coverage for selected chronic health conditions, and adapting its existing “Sunu CMU” digital platform to facilitate enrolment and payment among the members of the REFAN women’s network.
- Strengthen demand for these services and rural women’s knowledge of insurance through in person and digital training, by developing audio training modules that are accessible in local languages and at any time via any mobile phone.
- Design mechanisms to ensure the sustainable financing of these services and facilitate the enrolment of rural women via women’s networks and groups, such as REFAN.



Innovative solutions for access to savings, financing and capacity building are other means to address the rural women's needs regarding unpaid care work

Although generally not designed to address unpaid care work, some initiatives that promote rural women's access to savings and financing for their income-generating activities and their productive assets also hold strong potential to help address the needs of unpaid care work indirectly. Indeed, these can enhance women's revenue generating activities and their income, and thus compensate for any income loss due to unpaid care work (see Box 6).

Other relevant initiatives that leverage digital and mobile technologies to increase rural women's knowledge and skills

(including but not limited to financial knowledge and skills) would be useful in particular to improve understanding of and demand for health insurance, as well as other services and mechanisms available to women. Audio-based remote trainings and educational games delivered via the mobile phone are developed by various innovators (such as Viamo and Jokalanté). Other relevant models and initiatives leveraging digital technology involve the integration of local languages and voice instructions into digital platforms (as proposed by La Banque Agricole).

BOX 6: Digital solutions to address rural women's unpaid care needs through savings and financing

Several companies and organisations propose relevant innovations to improve access to clean energy in rural areas (such as PEG Africa, Orange Energy, Baobab+, Enda Energie). Some of these allow rural women to finance their assets, such as pay-as-you-go or other asset-financing mechanisms for solar systems for domestic or commercial use, which have potential time saving benefits for women.

Other initiatives (such as myAgro's mobile layaway model) allow women farmers to finance quality agricultural inputs by paying in advance in small instalments, and also provide complementary agricultural training through a mobile platform. This model could be adapted to finance time-saving technologies for commercial and domestic use, or for group lending to acquire key time-saving infrastructure at the community level, such as multifunctional platforms.²

Other innovative financing models are offered by digitalizing of local saving groups (tontines) with mobile money payments (such as the initiative piloted by the Gender and Development Observatory of Saint Louis (OGDS), or the one proposed by MaTontine). This could lead to a more secure and stable savings mechanism adapted to women's saving patterns that could be harnessed in the future to mitigate shocks, including those related to health and unpaid care.

Recommandations

It is critical to support governmental institutions charged with the design and implementation of social protection policies and programmes to better take into account the needs of rural women in national social protection strategies and services. In Senegal, as in other countries in West and Central Africa with similar health coverage systems, a model of health care coverage and financing that is accessible and adapted to the needs and constraints of rural women and their families, such as the one described in this note, can be scaled up. This will involve:

- Designing mechanisms to adapt the supply and delivery of services to the needs of rural women and their families, through incentive modalities such as lower insurance premiums adapted to income level or number of children/dependants, more flexible payment options through instalments or in-kind payments, and leveraging digital

channels to facilitate enrolment and payment of the premium with mobile money;

- Encouraging the enrolment of rural women by offering group insurance memberships to women's networks and cooperatives, which leads to reduced premiums through economy of scale and risk pooling. This can be achieved by facilitating/standardising agreements between women's groups and service providers, and by strengthening the capacity of these groups to facilitate the collection of premiums, for example via trusted women relays;
- Designing mechanisms to ensure the sustainable financing of insurance services in coordination with local authorities. Potential mechanisms include savings groups, collectively managed fields, in-kind premium payments, and the participation of local municipalities through premium subsidies;

- Strengthening the demand for and uptake of these services through information campaigns and financial education for targeted beneficiaries, including delivering relevant trainings via mobile phones.

The private sector can also play a role in expanding the range of options available to women to offset unpaid care-related risks. However, existing offers also need to be adapted so that women can readily access them. At the very least, the private sector can help increase the use of mobile technology among rural women. Financial institutions, fintechs and insurtechs can develop and deliver solutions that: (i) facilitate access to financial information and skills building for women in rural areas, (ii) encourage digital transactions (e.g. money transfers, bill payments, purchases of goods and services); (iii) provide

access to formal savings and insurance via mobile money, and finally (iv) improve distribution networks of financial services and address the problem of the “last mile” in rural areas.³

Most importantly, recent experiences (see Box 7) indicate that dialogues with relevant actors in the market promoted by the public sector and its partners are an effective way to convey rural women’s challenges and needs to the private sector and catalyze development development of innovations that are tailored that is tailored to address these needs. This would be particularly relevant to stimulate the development of digital solutions to address rural women’s unpaid care needs through improved access to tailored savings and financing models, such as asset financing and digital savings groups.

BOX 7: Leveraging public-private partnerships for women’s economic empowerment through market dialogues

In 2022, UN Women and the UN Capital Development Fund employed the “market dialogue” approach to engage the private sector in the development of digital solutions to respond to challenges that women small-holder farmers face in Mali and Senegal as a result of climate change. UN agencies conducted research on women’s needs that was then shared with a number of private sector operators (including banks, MFIs, insurance providers, fintechs, mobile network and mobile money operators, etc.), through a series of virtual “market dialogue” events. This space helped convey women’s needs and challenges to the private sector and provided an environment to ideate and brainstorm with them on potential innovations and solutions to address these issues. Private sector operators then applied to a call for proposals to develop these solutions. With technical support from UN agencies, those selected developed solutions that were implemented in the two pilot countries, leading to 1,100 women farmers in Mali accessing tailored crop insurance for the first time, as well as strengthening the skills of 1,730 women farmers in Senegal on agriculture risk management and crop insurance through a mobile-enabled training program.

The role of the UN agencies in this particular instance can be easily replaced by the public sector, as an example of how to leverage PPPs to address women’s needs in various areas, including unpaid care work.

Finally, while this note focuses on operational solutions, such as services and infrastructure to mitigate the effects of unpaid work on rural women, it is essential to also address the root causes behind the unequal distribution of unpaid care in rural areas to achieve long lasting, transformative change. This can only happen by addressing the social norms, gender roles, and stereotypes that lead women to carry a disproportionate share of unpaid care work. Box 8 provides

an example of an initiative undertaken in the context of the 3R Programme to accelerate social norms change in rural areas, through intergenerational community dialogue that leverages local planning processes in northern Senegal. Operational programmes and solutions on health and financial insurance can also include complementary initiatives on social norms surrounding unpaid care work.

BOX 8: Social norms change and increased investment in care services through local development plans

The 3R programme supports 13 municipalities to integrate the needs and solutions related to women’s unpaid care work into their local development plans. Through a participatory process including dialogue and capacity building of local actors (such as women farmers’ cooperatives, elected officials, traditional leaders, and young men and women), communities discuss social norms and their impact on unpaid care outcomes to identify key investments that respond to women’s unpaid care work needs, and then integrate these into local development plans. This innovative process, a first in Senegal, has been followed by a national policy dialogue with mayors, local officials, regional institutions, and representatives of the Senegalese Ministry of Gender (MFFPE) in order to explore possibilities for scaling up at the national level.

References

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Related resources

UN Women, 2023, *A bottom-up approach to unpaid care policy and programming. The experience of the 3R project in Senegal*.

UN Women, 2023, *How to integrate unpaid care needs and investments in Local Development Plans in Senegal: A Guidance Note*

UN Women, 2023, *Infographic: solutions pour le travail de soins non rémunéré des femmes en milieu rural du Sénégal*.

Endnotes

- 1 The study presented in this note employs a mixed methods approach, with qualitative data from semi-structured individual interviews and focus group discussions, as well as quantitative data from a survey. The respondents are women members of the Network of Women Farmers of the North (REFAN) from the departments of Saint-Louis, Dagana and Podor, spread over the rural and peri-urban municipalities of Gandon, Diama, Gnith, Ronkh, Mbane, Rosso Senegal, Bokhol, Niandane, Guédé Village and Mbolo Birane. The total sample is 397 women: 105 participants engaged in 8 focus group discussions organised across 24 villages, and 292 responded individually to the survey. The average age of participants is 50, and participants are more frequently married, with five children on average, who are mostly educated, including on average two minors.
- 2 The multifunctional platform is a concept and a structure first piloted by the Government of Mali with the support of UNDP and now deployed in several West African countries, which consists in equipping villages with a platform, owned and operated by women's communities, which, driven by an engine, can produce electricity and power several appliances, such as grain mills, cereal threshers (also known as grain polishers or dehullers), nut grinders, oil presses, water pumps, ice production units, refrigerators, and mobile phone charging units. By providing access to adequate and suitable energy resources, the multifunctional platforms improve the lives of rural communities, particularly women, by offering services that can reduce the burden of labour-intensive tasks, providing additional sources of income and local employment.
- 3 According to the UN Capital Development Fund (UNCDF), the "last mile" refers to the localities, men and women, small and medium-sized enterprises, and local governments that are underserved and excluded, where development needs are greatest, and where finance flows are most scarce. Hence, targeting the last mile means adapting solutions to the households, localities and small enterprises that are underserved, where development needs are greatest and where resources are scarcest.