

TOOLKIT

**RECOGNISING, REDUCING AND
REDISTRIBUTING UNPAID CARE WORK:
SELECTED CASE STUDIES TO SUPPORT
REFORM IN WEST AND CENTRAL AFRICA**



INTRODUCTION

Unpaid care work is essential for vibrant and sustainable economies and societies. Worldwide, women perform three times as much unpaid care and domestic work as men do. Unequal distribution of unpaid care work is a reality in West and Central Africa, where limited infrastructure, particularly in rural areas, and rigid social norms, aggravate inequalities between men and women in time spent conducting care work. In Benin, women spend an average of 3 hours 41 minutes per day on unpaid care work (domestic activities, childcare, community service or volunteering) compared to 42 minutes for men (ILO, 2019). In Senegal, women spend an average of 4 hours 9 minutes per day on housework and childcare compared to less than 30 minutes for men (ANDS and UN Women, 2021). And in Mali, women spend an average of 21.6 hours per week on unpaid work (housework, shopping, collecting wood and water, childcare and care of the elderly) compared to 5.7 hours for men (ONDD and UN Women, 2022).¹

Unpaid care work limits participation in the workforce, especially for mothers. Around the world, 606 million women of working age have stated they cannot hold employment due to unpaid care work, while only 41 million men are inactive for the same reason. When we compare the employment-to-population ratio of mothers to fathers of children (aged 0–5) on the African continent, we see that 59.4 percent of women are employed, versus 81.3 percent of men.² The time spent by women on domestic and care tasks is one of the most important constraints they face in running their businesses or advancing in their professional careers as employees, thereby holding back their economic empowerment. Therefore, there is a clear need to recognize, reduce and redistribute unpaid care work performed by women.

However, there is very little attention paid to unpaid care in the policy agenda of West and Central Africa, which is dominated by other priorities as a result of overlapping crisis. While unpaid care intersects with many of these crises by limiting women's coping strategies and their participation in economic activities that are essential to build resilience, there is not enough evidence or understanding of such critical links. Since 2019, UN Women's Regional Office for West and Central Africa is engaging with governments and civil society in dialogue around the implications of unpaid care work on women's lives and countries development outcomes in an attempt to position unpaid care reform in a more central role in policies in the region.

GOOD PRACTICES FROM THE REGION

This document presents a compilation of case studies that have been selected to support that process. The case studies have been used in multi-stakeholders' policy dialogue discussions and in capacity building activities with different types of actors.

The case studies selected touch on different aspects of the care economy and unpaid care reform. They include examples of care service provision, care policy frameworks and reform, care assessments and analytical tools, and financing mechanisms for care. They present cases of private sector as well as public sector, and community/CSO-led initiatives, and include care solutions that are locally based as well as others with a national reach.

A curated list with potential for replicability in West and Central Africa. The case studies have been carefully selected to stimulate the dialogue on the need to recognize, reduce and redistribute unpaid care work in West and Central Africa. Out of the many existing good practices globally, only those with higher replicability and/or adaptability potential in West and Central Africa have been selected. There are therefore a few cases that focus on providing care solutions for informal and low-income populations, or care solutions for rural areas (categories that compound a large proportion of the West and Central African population). Particular emphasis has been put on identifying financing mechanisms for each of the initiatives to ensure that they respond to the reality of limited fiscal space in the region. However, some cases have, been included under an 'inspirational' perspective to show what's possible in the long term. When this is the case, this is clearly identified in the text.

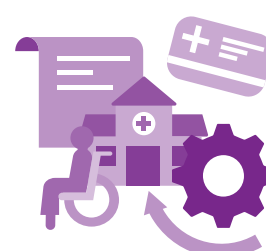
Each case study outlines the challenge that is being tackled and the various components the solution featured in the case consists of. Attention is given to how the solution is being implemented and financed. Furthermore, each case highlights the reasons of why that case is interesting to study for those working on the care economy in West and Central Africa, underlining the elements that might be replicable in the region.

1 ILO, 2019, The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys. // UN Women, 2019 Annual Report - MAKING EVERY WOMAN AND GIRL COUNT MID-TERM REVIEW. Agence Nationale de la Statistique et de la Démographie (ANSD), AFD and UN Women, 2021, ENQUETE NATIONALE SUR L'EMPLOI DU TEMPS AU SENEGAL 2021. // l'Observatoire National du Dividende démographique Mali (ONDD) and UN Women, 2021, La mesure et la valorisation du travail domestique non rémunéré au Mali, published in 2022.

2 ILO, 2018, Care work and care jobs for the future of decent work.

The majority of the case studies are based on publicly available information from the organisations, enterprises and governments referred to in each case study. A few are created by the UN Women's West and Central Africa regional office, and some are based on current experiences being piloted by UN Women and its partners in the region.

Title / Category click on each title to access the case	Care Policy	Care service delivery	Market-based care solutions	Financing for care	Target group
1. Cabo Verde's National Care Plan	✓ Comprehensive care system				
2. A health insurance model tailored to rural women and their families to redistribute unpaid care work in Senegal		✓			Rural women
3. Gender-responsive Local Development Plans for recognizing, reducing and redistributing rural women's unpaid care work in Senegal		✓			Rural women
4. Women-operated care services: Kenya's mamapreneurs		✓	✓ Women-led business		Women in the informal sector
5. Ghana's Makola market: vendors and traders cooperate to deliver childcare services		✓			Women in the informal sector
6. Employer-supported childcare in agribusiness in Africa		✓	✓		
7. Uruguay's national integrated care system	✓ Comprehensive care system			✓	
8. Solidarity Fund for Care	✓ Comprehensive care system			✓	
9. UN Women Care Accelerator		✓	✓ Women-led business		
10. Care Policy Scorecard	✓				
11. Strategies and mechanisms to finance care services and infrastructure	✓			✓	



CABO VERDE'S NATIONAL CARE PLAN

#comprehensive care system #care policy

The challenge

According to Cabo Verde's last Time Use Survey (2012), women spend 1.7 times more time on unpaid work than men do (63 versus 38 hours per week), with the frequency and intensity of women's participation in unpaid work increasing steadily from adolescence onwards and throughout their life cycle.

The solution

In 2017, Cabo Verde approved its first **National Care Plan**, and committed to: *"place care for dependent people - boys and girls, the elderly and people with disabilities -, traditionally considered an exclusive social mandate of families, at the centre of the agenda of public policies for social inclusion to promote gender equality and the reconciliation of work and family life"*.

The Care Plan includes the following components: childcare and long-term care, the creation of a national care service network, and the promotion of policies to encourage redistribution of unpaid care work. The target groups of the National Care Plan are: i) Children up to 12 years old, with priority given to children from 0-3; ii) People in a situation of dependency: people over 65 years old with dependency and people with disabilities that imply dependency in the development of daily activities and in meeting, by themselves, their basic daily needs; iii) Caregivers. The system aims at universal coverage of children under 3 years, and initially covering more systematically caregivers, the elderly and people with deficiency of 25,000 most vulnerable households.

Implementation. The National Care Plan establishes responsibilities and coordination mechanisms between the Ministries of Family and Social Inclusion, Education, Health and Social Security, and Finance. The central government partners with municipalities, CSOs and NGOs for the implementation of the plan. The United Nations systems in Cape Verde as well as the University of Cabo Verde are appointed as observers to the Inter-ministerial group responsible for the design and monitoring of the implementation of the Plan.

CABO VERDE NATIONAL CARE PLAN: SELECTED MEASURES

Area	Measure
1. Expanding care services	<ul style="list-style-type: none"> Create municipal childcare networks with a view to gradually reach universal coverage Expand the network of day centres and rehabilitation centres
2. Normative and regulatory framework	<ul style="list-style-type: none"> Regulation of social services and care facilities Establishing a monitoring system for social services and care facilities
3. Training and professionalization of care personnel	<ul style="list-style-type: none"> Building skills in home-based care for Early Childhood Development Building skills in personal assistance for care-dependent elderly Building personal care skills for people with disabilities and who are care dependent Increasing the competences in socio-educational centres and crèches
4. Information and knowledge management system	<ul style="list-style-type: none"> Articulate information networks between municipal services, University of Cabo Verde, National Statistics Institute and the Directorate General of Social Inclusion
5. Financing of the system	<ul style="list-style-type: none"> Ensure the approval of the annual budget proposal for the system

Financing. According to the National Care Plan, the State is responsible for care provision. For vulnerable families, the State provides a subsidy to ensure access to care services through non-family care assistants. Receiving the subsidy is conditional to family members following training in health, hygiene, self-esteem, physiotherapy, nutrition and rights. The annual costs are estimated at 136 600 000,00 CVE (approx. 1.3 million USD), with 95% being spend on investment in municipal crèche networks and investment in public facilities and home care services for care-dependent adults.

What's interesting about this case?

- This case is an example of a comprehensive care system, the first of this type in West Africa and probably in sub-Saharan Africa. The Care Plan has led to the institutionalization of a National Care System in Cabo Verde, and in so it provides wide-ranging protection and promotion of the rights of care-dependent persons and their caregivers, the large majority of which are women.
- Transition from unpaid to paid care work. By promoting the professionalisation of care givers (via training and by establishing a subsidy by which families can acquire care services), the system contributes to the valorisation of care work, and the creation of new employments in the care sector.

Replicability in West and Central Africa

Some elements of the comprehensive care system might seem difficult to replicate in countries with low fiscal space for care investments. Nevertheless, in Cabo Verde, the implementation of the Care System presented an opportunity to redesign the Social Protection system in order to close the gaps, prevent fragmentation and overlaps in social protection actions, and to ensure quality of care and efficiency in the allocation and use of the resources applied. While the system is more effective when implemented with all its elements, certain measures such as training, formalization and regulation of care jobs can be implemented on its own, and be piloted in countries with limited resources.

References

Government of Cabo Verde, March 2019, Cabo Verde Relatorio nacional voluntario, CSW 63th session.

UN Women, 2021, Policy Brief No.24, Putting gender equality at the centre of social protection strategies in Sub-Saharan Africa: how far have we come?

UNCT, SDG16hub, July 2019, Cabo Verde SDG16+ report country case study.

Cabo Verde Instituto Nacional de Estatística, Inquérito multi-objectivo Contínuo: Relatório do módulo uso do tempo e trabalho não remunerado, em cabo verde 2012.

Republic of Cabo Verde, 'Resolução nº 143/2017 de 6 de dezembro; Anexo Plano nacional de cuidados 2017-2019'.

A HEALTH INSURANCE MODEL TAILORED TO RURAL WOMEN AND THEIR FAMILIES TO REDISTRIBUTE UNPAID CARE WORK

#policy/service delivery

The challenge

In Senegal, women spend, on average, 4 hours 9 minutes on housework and childcare every day, compared to 30 minutes for men. In rural areas, the time spent on unpaid care and domestic work by women and girls is higher in large part due to limited access to basic services and infrastructure. More than two-thirds of women in Senegal work in the agricultural sector in rural areas where productive and reproductive activities overlap and compound their time poverty. A survey carried out by UN Women shows that rural women devote up to 12 hours daily to unpaid work including caring for family members, domestic work, and community activities. Women organize their income-generating activities around their unpaid care work duties. In addition to day-to-day domestic tasks, 45% of the women surveyed are responsible for the care of a family member with a disability or chronic illness.

The solution

The programme 'Transformative approaches to recognize, reduce, and redistribute unpaid care work in women's economic empowerment programming' programme ('3R Programme') is working with the Agency for the Universal Health Coverage in Senegal (CMU) to improve rural women's access to health insurance for themselves and their families. The programme allows tailoring the insurance product to the needs and constraints faced by rural women, through reduction of premium, expanding payment options, and setting up sustainable mechanisms to facilitate financing of the insurance premium via community-based savings groups. This has allowed 1,300 rural women members of the Women Farmers' Network of the North (REFAN), to enrol in national health insurance for the first time, accessing coverage for themselves and their family members – thereby reaching nearly 7,000 people.

What is interesting about this case study?

Tailoring existing public services. The programme leverages an ambitious programme of the Government of Senegal to address women specific needs in the care sphere. Understanding the impact of family health burden in women's income generating ability has been crucial to motivate the public sector to adapt their services offering financing mechanisms and payment options to facilitate women's access.

Replicability in West and Central Africa

The programme promotes sustainable community-based mechanisms to facilitate financing of the insurance premium, such as via savings groups, to ensure that all members enjoy continued coverage and that the most vulnerable members and their families can be enrolled. This model could be replicated in most of the countries in the region, particularly in rural settings, where women are organised in networks or associations.

References

UN Women, January 2023, Case study - a bottom-up approach to care policy and programming: the case of the 3R programme addressing unpaid care needs of rural women in Senegal.

UN Women, February 2023, Policy brief: Innovative Solutions to Recognize, Reduce, and Redistribute the unpaid care work of rural women in Senegal.

GENDER-RESPONSIVE LOCAL DEVELOPMENT PLANS FOR RECOGNIZING, REDUCING AND REDISTRIBUTING RURAL WOMEN'S UNPAID CARE WORK

#rural women #programme/service delivery

The challenge

In Senegal, women spend, on average, 4 hours 9 minutes on housework and childcare every day, compared to 30 minutes for men. In rural areas, the time spent on unpaid care and domestic work by women and girls is higher in large part due to limited access to basic services and infrastructure. More than two-thirds of women in Senegal work in the agricultural sector in rural areas where productive and reproductive activities overlap and compound their time poverty. A survey carried out by UN Women shows that rural women devote up to 12 hours daily to unpaid work including caring for family members, domestic work, and community activities. Women organize their income-generating activities around their unpaid care work duties.

The solution

The programme 'Transformative approaches to recognize, reduce, and redistribute unpaid care work in women's economic empowerment' ('3R Programme') is working on improved solutions for unpaid care at the local level through increased investment in care services in Local Development Plans (LDPs). The programme is supporting six municipalities in Senegal to integrate women's unpaid care work needs and solutions in their new LDPs. Through a participatory process that includes capacity strengthening of local stakeholders (women farmer cooperatives, elected officials, male leaders, etc.) and discussions of social norms and behaviour change, communities have identified critical investments to address women's unpaid care needs in their communities following the methodology developed by UN Women and the Rural Development Agency of Saint Louis. The capacities of the Regional Development Agency staff have been strengthened to adopt the approach, and the methodology has been shared with majors and local officers from 13 municipalities in Senegal. A summary of the methodology is presented on the next page.

EXAMPLES OF UNPAID CARE PROVISIONS INCLUDED IN THE LOCAL DEVELOPMENT PLANS THAT REDUCE UNPAID CARE WORK

- Rehabilitation/construction of mini-drilling water points, improved wells and/or standpipes.
- Provision of household time-saving equipment and infrastructure (efficient stoves, millet mills, huskers)
- Extension of solar panel networks
- Construction of rural roads or bridges connecting to water access points
- Expanding high-speed internet access
- Construction/rehabilitation of health centres (cases de santé)
- Expansion of community childcare infrastructure (day care centres in markets or near farms, mobile crèches, etc.)
- Provision of school feeding programmes in local schools
- Specific investments in rehabilitating/expanding health infrastructure.

What is interesting about this case?

Closer to men and women, focus on the local. Local policies and investment plans are the closest to men and women and can have a large impact on their well-being. This initiative builds on the strong process of local development planning in Senegal, to address care needs at the commune level.

Replicability in West and Central Africa

The approach can easily be incorporated into local or regional development planning processes in the region. The diagnostic phase, with an analysis of care needs is a pre-condition for the success of this initiative.

Phase 1: Diagnostic



Data collection at the individual, household, and community level via interviews or focus groups to obtain information about:

- Unpaid care needs disaggregated by sex and age;
- Time spent on care work by sex and age and type of care work;
- Men's and women's access to and control of resources that can be used to meet care needs (e.g. income, assets, public services and infrastructure, insurance, social protection and saving mechanisms, digital technology, etc.)
- Influencing factors leading to unpaid care work distribution between family members (by sex and age)
- Existing and potential solutions to address unpaid care needs

Phase 2: Planning



From the needs, constraints and solutions identified in the diagnostic, a gender-responsive priority action plan (in the form of a matrix) is elaborated, including the:

- Identification of priority needs for men and women (differentiating by age when relevant and possible)
- Identification of priority actions needed to meet the differentiated and common needs of men and women
- Formulation of expected results
- Budget of the priority actions selected

If the necessary data have been collected and analysed during the diagnostic, and women and their representatives have participated in planning discussions, a gender-responsive identification of priorities and investments should follow.

Phase 3: Priorities validation



Women farmers' groups and other women's organizations are included in the consultation and validation of the matrix.

Phase 4: Monitoring and evaluation process



- Establish specific indicators and mechanisms to monitor of execution of unpaid care-related actions and investments included in the LDP.
- Ensure women's participation in LDP review, monitoring and evaluation processes.

References

UN Women, January 2023, Case study - a bottom-up approach to care policy and programming: the case of the 3R programme addressing unpaid care needs of rural women in Senegal.

UN Women, February 2023, Guidance note: Integrating unpaid care needs in Local Development Plans in Senegal.

WOMEN-OPERATED CARE SERVICES: KENYA'S MAMAPRENEURS

#women-led business #care for the informal sector #programme/service delivery

The challenge

In Kenya, lack of access to childcare is a major barrier for women to participate in paid work. There are few jobs that provide childcare. Working mothers from low-income households in particular, whether in the slums of Nairobi or other large urban areas, lack quality, affordable childcare, and use informal care facilities. Estimates suggest there are more than 3,500 such day-cares in settlements across the city, which largely operate informally and therefore without regulation. Concerns over the quality of care, and safety can make parents hesitant to enrol their children in these informal day cares, or anxious if they decide to do so. This impacts women's participation in the labour market and forces some to take on casual work.



The solution

Various organisations have emerged in direct response to this problem, supporting women-owned or -led enterprises to provide quality childcare services for low-income families. One of these initiatives is **Kidogo**, a social franchise model for childcare services founded in 2014 to develop a network of affordable, quality-assured childcare enterprises. In this franchise model, women entrepreneurs who wish to join the franchise attend a three-month 'accelerator' programme which provides them with training, mentoring and skills necessary to set up a franchise and become a *Mamapreneur*.

90 per cent of Kidogo's funding comes from grants with the remainder coming from franchise fees - between USD 5 and USD 20 per month per *Mamapreneur*, depending on the size of the business. As of the end of 2021, Kidogo has helped establish 538 franchisees across Kenya, serving over 11,000 children and their families through 10-12 hours of high-quality care each day. The 400+ *Mamapreneurs*

are seeing their job quality improve overall, with business outcomes such as monthly profit generally increasing by 20-50 per cent (self-reported by *Mamapreneurs*). There have already been numerous examples of *Mamapreneurs* growing their business from a small home-based childcare service to a larger, centre-based one, with some even going on to open school-based operations - and serving over 40 children.

Another organisation founded to facilitate quality childcare is **Uthabiti Africa**. In 2021, Uthabiti launched its Childcare Enterprises Network-initiative for childcare service providers, starting in three large cities: Nairobi, Mombasa, and Kisumu. Uthabiti provides its network of members with free access to resources to help strengthen and grow their enterprises, while improving the quality of their childcare services (aged 0-8 years) in urban Kenya. This comprises financial and other business management skills, as well as technical skills specific to the management of childcare enterprises.

What's interesting about this case?

- Suitable for contexts with high informality. The social franchising model is geared towards low-income populations.
- Boosting women's employment. An added value of these models is the increase in women's employment and formalization and valorisation of the unpaid care work of women. The models promote women's employment via entrepreneurship and support the establishment of the business with training and starting kits.
- Scalability and public-private partnerships. Kidogo is collaborating with the government, schools and employers to set up childcare centres and advising the government on childcare policy. Similarly, Uthabiti Africa is working with three county governments to develop minimum standards, guidelines, and certification for the childcare workforce.



Replicability in West and Central Africa

These initiatives would be replicable in many of the big urban areas in Sub-Saharan Africa where childcare provision is informal and lacking quality. The models provide critical entrepreneurship opportunities, resources, and training for women in the childcare sector, leading to improvements in their business and in the quality of care they provide. A necessary condition for this initiative is a mixed financing method combining public resources and users' fees.

References

Donor Committee for Enterprise Development (DCED), May 2022, research paper, 'Childcare Solutions for Women Micro and Small Enterprises'.

Kidogo presentation, November 2022, Regional Knowledge Sharefair: Advancing the Care Agenda in East and Southern Africa, Nairobi -Kenya.

Kidogo's website, <https://www.kidogo.co/impact>.

Uthabiti's website, <https://www.uthabiti africa.org/>.

Oxfam, 2021, Briefing note: Addressing Unpaid Care and Domestic Work for a Gender-Equal and Inclusive Kenya.

GHANA MAKOLA MARKET - VENDORS AND TRADERS COOPERATE TO DELIVER CHILDCARE SERVICES

#care for the informal sector #programme/service delivery #community-based childcare

The challenge

The Makola Market in Accra, Ghana is the workplace for thousands of women informal traders, many of whom have no viable alternative but to bring their children to work with them each day. Until 2001, women relied on a public childcare centre which operated in the market. However, quality of the childcare services deteriorated significantly after this date.

The solution

In response to this situation, market women came together with workers from the centre and representatives from the Ghana Association of Traders (GATA) to form a Parent-Teacher Association and take joint responsibility for operating the centre. The centre allows women to concentrate on their business by leaving their children to be taken care off by trained teachers. During the day, mothers can stop by the centre to breastfeed. The centre opens at 6am and runs until the last child is picked up at the end of the day. Children benefit from the government approved education curriculum in the local language and English, and are given a healthy meal at lunch time. Financing of the centre is an ongoing challenge as parents must cover all the operating costs including teacher's salaries through a monthly fee and a daily fee for meals. A flexible payment system is in place, with subsidies provided by GATA and free spaces for those who cannot afford the monthly fee. Some vendors also contribute fresh vegetables and fruit from their own stalls for the children's daily meals.

References

Donor Committee for Enterprise Development, May 2022, 'Childcare Solutions for Women Micro and Small Enterprises', research paper.

UN Women, 2019, news article, Accra's female market traders blaze a trail on childcare.

Women in Informal Employment: Globalizing and Organizing (WIEGO), 2017, Women Informal Workers Mobilizing for Child Care.

What's interesting about this case?

- Community-based solution, for low-income families. This is an example of cooperative operated childcare, suitable for low income and informal workers that can be replicated in similar settings. Subsidies, in this case from the government/GATA, are however essential for the financial sustainability of the initiative, and affordability for low-income populations.
- Advocacy for childcare services. Parents at the Makola Market Childcare Centre continue to campaign for support from the government, and to push more broadly for public childcare centres to be established at every market in Ghana.

Replicability in West and Central Africa

This example can be replicated in many similar settings across West and Central Africa. Subsidies, in this case from the government/GATA, are essential for the financial sustainability of the initiative, and affordability. The role played by the workers association (GATA) in this case, can be played by local governments/State in other cases.

EMPLOYER-SUPPORTED CHILDCARE IN AGRIBUSINESS IN AFRICA

#private sector #programme/service delivery

The challenge

In sub-Saharan Africa, agriculture accounts for one-third of the continent's GDP. In 2019, 53% of employed women in the region work in agriculture (World Bank). In some sub-sectors, women represent an even larger percentage of the workforce. For example, in Rwanda, women aged between 18 and 35 comprise between 50% and 70% of the tea plucking workforce. In these situation, female employees are or will most likely become mothers, assume primary responsibility for childcaring and have to craft arrangements that reconcile their childcare duties with those of the workplace. Therefore, childcare has become a business concern where its absence affects women's productivity.

The solution

To address this issue, employer-supported childcare initiatives have been rolled out in several countries in the agricultural sector over the last decade. Most of these are day-care/crèche facilities in company work sites, registered by local authorities and operated by either trained workers or external providers.

One example is the **Rwanda** Mountain Tea Group (RMT) which decided in 2013 to set up a childcare facility in Mata in response to the call by production managers for a formal space where mothers could leave their children and focus on their work. Following its success, RMT has been setting up modern day-care centres at all its factories in Rubaya, Nyabihu, Rutsiro, Kitabi and Gatere. Each centre accommodates about 50 children of the age between 0 to 6 years and is operated by trained caregivers and staff. Parents can drop off their children before work starts and pick them up when the working day finishes. The cost of employer-supported childcare centres in Rwanda is 35,000

USD per year for one childcare facility with the capacity of 50 children. The initiative is largely financed by RMT. The company meets OPEX costs, such as salaries and materials, with some parents contributing USD 1–2 a month for food costs.

In **South Africa**, the company Afrifresh is active in large-scale fruit farming. Afrifresh employs both permanent and seasonal female workers (which represent a third and half of the workers respectively). Afrifresh supports workers with children through i) crèches on farms, ii) transport for children to/from school, iii) flexible work arrangements for office-based staff, and iv) accommodation at the farm for workers and their families. Childcare is fully subsidized by the company, and crèches are provided free of charge or at low cost to cover food expenses.

What's interesting about this case?

Private sector led, self-financed model. In the Rwandan case, while the childcare centres initially started as a corporate social responsibility initiative, it became clear that providing childcare was making a huge difference to the company's bottom line via increased productivity - via lower absenteeism of mothers. Increases in productivity very soon offset the cost of childcare provision¹.

Replicability in West and Central Africa

These private sector-financed models are replicable in other countries in the region where there are medium to large companies in sectors whose workforce comprises a large share of women. There are start-up costs to setting up a childcare facility, but these are recovered by the return on investment in the short to medium term.

¹ For each worker using childcare, tea companies Mata and Rutsiro's revenues increased respectively by USD 233.15 and USD 619.65 in 2019. In addition, research suggests that even without any subsidy, and factoring in time to achieve a high level of occupancy within the childcare centre, a return on investment of 20.71% can be achieved within five years.

EMPLOYER PROVIDED CHILDCARE, A WIN-WIN ACROSS THE SUPPLY CHAIN

MOTHERS AND PRIMARY CAREGIVERS



- Safe and enabling environment for their children to prosper, enabling parents to focus at work
- No need for ad hoc childcare arrangements
- Ability to work longer hours and occasionally lower attendance rate due to a reduction of days that employees work.
- Increase in income
- Greater prospects for women to participate in the workplace and advance their careers, rather than making trade-offs between their earnings and obligations as mothers.

EMPLOYERS



- Boost in female workforce productivity
- Improvement of worker loyalty and retention, resulting in savings on new employee training and recruitment costs
- Generating significant financial benefits to companies' bottom line
- Providing a positive return on investment
- Positive image and reputational branding benefits (corporate social responsibility)
- Workforce diversity
- Improved community relations
- Certifications: while not specific to employer supported childcare, they cover aspects related to it

BUYERS



- A more stable supply of produce
- Corporate social responsibility optics
- Products with certifications can be sold at a premium price.

Adapted from: UNICEF, UKAID, Palladium and NAEB, October 2021, 'Business case for employer-supported childcare: lessons from the tea sector in Rwanda and recommendations for scale and sustainability'.

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Rwanda Mountain Tea company's webpage on Child Care Centers.

UNICEF, 27 October 2021, Article 'Child care services at tea plantations - a win for everyone'.

UNICEF, 20 February 2019, Article 'New champions of early childhood development emerge in Rwanda'.

International Finance Cooperation, September 2017, 'Tackling Childcare, the business case for employer-supported childcare.'

World Bank, accessed January 2023, Employment in agriculture, female (% of female employment) (modeled ILO estimate) - Sub-Saharan Africa'. <https://data.worldbank.org/indicator/SL.AGR.EMPL.FE.ZS?locations=ZG>



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URUGUAY'S NATIONAL INTEGRATED CARE SYSTEM

#comprehensive care system #financing for care #care policy

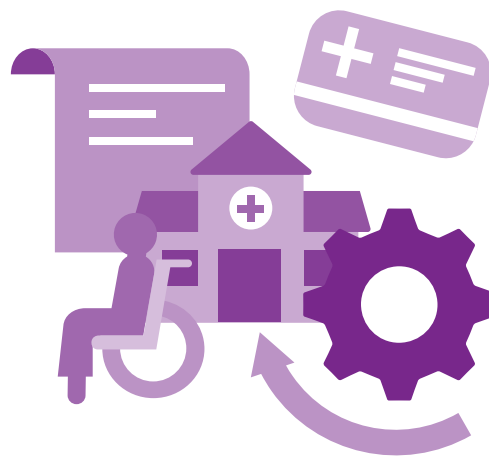
The challenge

At 55 percent, Uruguay has one of the highest female labour force participation in Latin America. Female employment increased significantly in the 1990s, reaching a plateau in the second half of the 2000s. Studies showed that women, especially women in the lower socio-economic strata, were experiencing significant challenges to juggle domestic and paid work activities. The burden of care and lack of care provision services (for childcare and domestic services) was affecting the quality of women's employment, as they tended to take up informal jobs. Women were working intermittently because they lacked social safety nets. And to progress in their career, they had to adapt to an ideal worker model of a worker with no family responsibilities.

The solution

In 2015, the Uruguayan National Integrated Care System (NICS) was created. This comprehensive care system includes existing policies on health, education and social security, and new public policies for meeting the needs of priority populations. The system's objective is " ... to generate a co-responsible model of care, shared by families, government, community and market; highlighting that it should be especially shared by men and women, so that Uruguayan men and women may share care responsibilities in an equitable manner as an attempt to do away with the unjust gender-based division of work that has historically characterized our society, and which still does." (Plan Nacional de Cuidados 2016-2020). The NICS is human rights-based and solidarity-based in terms of its financing and, universal both in coverage and in terms of its minimum quality standards (with gradual implementation). The National Care Plan 2016-2020 presents a map for implementing the system.

The NICS also provides training for employees of childcare centres, health care personal, people working with the elderly or people with a disability, and employees managing tele-assistance. Moreover, several awareness-raising campaigns were conducted to bring attention to the importance of care as a human right and the concept of gender and social co-responsibility.



Institutional architecture. A National Board of Care, a National Care Secretariat and an Advisory Committee have been established. The National Care Board, among other things, defines guidelines, objectives and policies. It includes representatives of the Ministries of Social Development, Education and Culture, Labor and Social Security, Health, Economics and Finance, as well as the Office for Planning and Budget, the National Administration for Public Education, the Social Security Bank, the Uruguayan Institute for Children and Adolescents (INAU), the National Care Secretariat and the National Women's Institute (INMUJERES). In addition, the National Care Secretariat was created as the Board's executive body; it is responsible for the System's inter-agency linkages and coordination. The Board has an Advisory Committee (AC) with 16 representatives of civil society organizations, academia, workers and the private sector. The AC was created as a result of the ongoing demand of civil society to have a formal space to discuss with the Government about care-related issues. This demand was considered in the law that created the NICS. The AC plays a key role overseeing compliance with the principles enacted in the law that created the NICS, as well as monitoring the incorporation of the gender perspective into the implementation of the system.

Financing. The annual spending in 2019 of the services provided under the SNIC was 206 million USD, which represented 0.36% of GDP¹. Around 60% of the budget is spent on early childhood services, 35% on dependency care and the rest on training. In 2016, Uruguay received a 50 million USD loan from the Inter-American Development Bank to support setting up the system.

The Personal Assistants (PAs) Programme offers families a subsidy to hire a NICS-enabled personal assistant (PA) 80 hours a month. As for the Home TeleCare, the benefit consists of a subsidy that may go from non-existent to 33%, 67% or 100% of the cost of a TC service by NICS-enabled companies. When looking at the universalisation of childcare,

new Child and Family Care Centres that are publicly funded but managed by non-governmental organisations have been created and existing centers have been expanded. By 2020, 68 additional million USD were added for building Child and Family Care Centres and kindergartens of the national public administration of education, for children 0 to 3 years of age. With an investment of 771 million USD over 4 years (2015-2019) direct support for more than 80,000 thousand families was accomplished. This does not include other families that were also beneficiaries of the changes in social protection and tax deductions that created jobs and brought many of the care jobs out of informality.

Priority populations and the type of care offered:

1. Elderly people over 65 years of age in a situation of dependency

Elderly people can receive two forms of assistance:

- 1) a personal assistant to provide necessary care or
- 2) a tele-assistance service, whereby elderly people receive a device that allows them to call a telephone service 24/7 in case of an emergency or if they request an (urgent) type of care.



2. People with (severe) disabilities in a situation of dependency

This group can apply to receive a personal assistant.



3. Children from 0 to 3 years of age

The goal is universal coverage for children under 3 years old, via the expansion and quality improvement of childcare facilities.



¹ Total health spending in the country represented 10.5% of the Gross Domestic Product (GDP) in 2019.

What's interesting about this case?

- Comprehensive care system. This is an example of comprehensive, systemic intervention to address care needs of a country/society with the purpose of recognising, reducing and redistributing care. The design of the National Integrated System of Care started by identifying the existing services and gaps that needed to be filled. It also revised and aligned the relevant legislation and policies to ensure that all the care needs were included, and set out a strategy to strengthen the care system and provided a sustainable financing model. This has required massive social and political support, and coordination and coalition building across different parts of society (see next).
- Institutional ownership and coordination. Such a comprehensive system requires of the consensus to pass reform and coordination of critical parts of the State and society. Important stakeholders in this reform have been the ministries of Social Development, Education and Culture, Labour and Social Security, Public Health, and Economy and Finance; the Office of Planning and Budget, the National Administration of Public Education, the Social Security Bank and the Institute for Children and Adolescents of Uruguay, as well as local governments, private sector and CSOs.
- Employment generation for women. The Plan promotes the professionalisation and valorisation of care work through training of caregivers. The system generates a triple dividend by directly and indirectly creating jobs, the majority of which are occupied by women, and facilitating women's participation in the labour market.

Replicability in West and Central Africa

When looking at both the process of setting-up as well as the implementation of the care system, there are elements that can be replicated in other countries. The mapping of existing services and gaps to achieve the desired coverage is a useful first step in designing policies. Improving the quality and accessibility of care facilities by training service providers, such as early childhood centres, facilitates time parents can spend on paid work. The objective of a systemic approach and national care system framework can serve as an aspirational goal for long term development of care policies in the region.

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SOLIDARITY FUND FOR CARE

#comprehensive care system #financing for care #care policy

The challenge

Comprehensive care systems are being developed in a number of countries to provide an integral response to care needs. However, financing such systems is challenging and financial sustainability is essential for their success.

Definition of comprehensive care systems

A set of policies aimed at implementing a new social organization of care with the purpose of caring for, assisting, and supporting people who require it, as well as recognizing, reducing and redistributing care work – which today is mainly performed by women – from a human rights, gender, intersectional and intercultural perspective. These policies must be implemented based on the interinstitutional coordination from a people-centered approach. The State is the guarantor of access to the right to care, based on a model of social co-responsibility – with civil society, the private sector, and families – and gender equality. (UN Women, 2022)

The solution

A Solidarity Care Fund represents a sustainable financing mechanism for comprehensive care systems. Existing models which are either insurance-based or based on general revenue, have their limitations. Therefore, a solidary fund should rely on mixed financing systems, with resources coming from different sources: direct contributions from formal workers, their employers, retirees, and pensioners - which should be mandatory, and a percentage of personal income, preferably with differential contribution rates by age; and complementary contributions from general revenue.

The deployment of a comprehensive care system will require of investments in care infrastructure - the construction of childcare centres, day and long-term care facilities for dependent persons, classrooms for care training, etc. To this end, financing agreements with multilateral credit organizations can be used in part to finance infrastructure projects.

In addition, it may be necessary to complement this with mechanisms whereby persons absorb part of the cost of services via individual payments, also known as co-payments or out-of-pocket expenses. Co-payments are not only an additional source of resources, but they also moderate the demand for care, considering they limit the excess demand for services that could occur. Nevertheless, the implementation of an individual payment is a sensitive and complex issue because it can create negative effects as a result of the decision by consumers not to use the system.

THERE ARE SEVERAL CHARACTERISTICS TO CONSIDER FOR THE DESIGN OF A SOLIDARITY FUND:

1. The fund must be part of the system itself and absorb resources already being applied under the logic of a formal public system.
2. Incorporate resources already being invested in care.
3. Incorporate new sectors excluded from care services.
4. Be a pillar of support for service providers.
5. Create conditions to improve the quality-of-care provision and efficiency in the use of resources.
6. Allow for the spread of contributions and use of services over time.
7. Associate payments made to service providers with the likelihood or use of services.
8. Identify sources of public resources to ensure a minimum level of investment and sustainability.
9. Establish direct personal contributions based on people's ability to contribute
10. Implement mechanisms so out-of-pocket expenses do not become barriers to access to care.
11. Ensure the expansion of coverage of the system is closely linked to the expansion of the fund.

Adapted from report 'Financing of comprehensive care systems; Proposals for Latin America and the Caribbean.'
UN Women (2022).

What's interesting about this case study?

Financial sustainability. The solidarity fund presents a proposal for a mixed financing model, based on public financing and contributions by individuals, that would provide feasible and sustainable financing of the scale needed to finance comprehensive care systems.



Replicability in West and Central Africa

A Solidarity Care Fund might be difficult to replicate in West and African countries where public resources to finance a comprehensive care system are scarce. Nevertheless, the design and mixed financing strategy can serve as an aspirational goal to inform long-term strategies. Countries in West and Central Africa can adopt a staged approach to implementing a solidarity care fund: (i) The first step is the identification of the existing services and gaps. Countries need to revise relevant legislation and policies to ensure that all the care needs were included and set out a strategy to strengthen the care system. (ii) The second step is the increase of the fiscal space for care provisions. (Examples: reallocating existing public expenditures towards care, expanding the tax base by shifting more informal workers into formal employment, etc.). (iii) The last step is to leverage the existing universal healthcare coverage system by including a care component.

Reference

UN Women, October 2022, Financing of comprehensive care systems; Proposals for Latin America and the Caribbean.

UN WOMEN CARE ACCELERATOR

#women-led business #market-based solution #private sector
#programme/service delivery

The challenge

Women in the Asia-Pacific do on average 4 times as much unpaid care work as men did each day - in some countries up to 11 times more. This has widened the gender gap in earnings and prevented women from fully participating in the economy. In 2019, the labour force participation rate among men aged 15 and above was 76 per cent in East Asia and the Pacific, compared to 58.8 per cent among women of the same age group. It was the only region in the world where women's labour force participation had declined.

The solution

To respond to this, UN Women's WeEmpowerAsia programme launched the 'UN Women Care Accelerator' in early 2021. The Accelerator is a six-month online group training and incubating programme for female entrepreneurs and businesses led by or supporting women in the care industry in China, India, Indonesia, Malaysia, the Philippines, Nepal, Bangladesh, Singapore, Thailand, and Vietnam. The programme aims to create jobs and increase income for women by supporting new, creative solutions in the care sector. The program supports entrepreneurs who try to transform caregiving challenges into employment and business opportunities, that provide products, services, or tech solutions that can make care more accessible and affordable, and that improve the overall quality of care services on and offline. The programme is implemented in partnership with Seedstars, an investment holding company, and Innovation Centre Bopinc, a social enterprise, which co-lead the training, exchange, and mentorship of the participants. See next page for more details on the program.

What's interesting about this case study?

- Boosting women's employment. The programme contributes to create employment in the care sector via women-led businesses while expanding the offer of care services in a given country. The Care Accelerator brings female entrepreneurs together, to learn from each other, build a network, and scale entrepreneurial solutions together with the private sector.
- Market-based solutions. The initiative promotes market-based solutions, therefore contributing to their financial sustainability.

Replicability in West and Central Africa

West and Central Africa is one of the most dynamic regions of the world in entrepreneurship, including women entrepreneurship. There is high potential for adoption of a similar model to the Care Accelerator in several countries in the region where public policies are already supporting entrepreneurship strongly (e.g. Senegal, Democratic Republic of Congo and Nigeria). In those countries, the state can play a catalytic role to support private sector development in the care sector, which would have as an added benefit reduction of gender gaps in employment, as a large proportion of the jobs generated would be occupied by women and expansion of childcare services will boost female employment.

BOX: BENEFITS FOR THE PARTICIPANTS OF THE CARE ACCELERATOR

ACCELERATION



A 5-module acceleration training program to implement, improve and scale up of the solution and business-model.

MENTORSHIP



1:1 mentorship support on a weekly basis.

SUPPORT



Follow-on support after the program ends.

NETWORK



Access to the program partner's global network.

INVESTMENT



Exposure to potential investors in the industry.

VISIBILITY



Increased visibility and web presence via various media and social media channels.

DEMO DAY



An online event where participants had the opportunity to pitch and meet with investors, partners, and experts of the care industry 1 on 1. The two winners of the day were rewarded with a USD 5,000 grant.

TECH PERKS



Free credits to use tools provided by Seedstars partners.

References

UN Women, UN Women launches new programme to foster women's economic participation in the care industry, April 2021.

Seedstars' UN Women Care Accelerator webpage, <https://www.seedstars.com/community/entrepreneurs/programs/care-accelerator/>

UN Women, Our Programme WeEmpowerAsia.

CARE POLICY SCORECARD

#care policy #baseline #policy tool

The challenge

In West and Central Africa, the unequal redistribution of unpaid care is a critical obstacle to women's participation in the labour market and to their economic empowerment. For example, in Mali, women spend on average 21.6 hours per week on unpaid care compared to 5.7 hours for men. In Nigeria, women spent on average 2.6 hours daily on childcare compared to 1.6 hours for men. This is time that cannot be spent on income generating activities. Women's and girls' disproportionate responsibility for care work across their lifetimes perpetuates gender and economic inequalities. Across the world, and in West and Central Africa, despite large gender inequalities in the distribution of unpaid care work; and despite its negative impacts on women's participation in the economy, and on other development outcomes, unpaid care remains invisible in many societies and policy agendas. In West and Central Africa, only Cabo Verde has a care policy that recognise the centrality of unpaid care to achieve socio-economic development.

The solution

There are some policy tools that can help make unpaid care visible in the policy agenda and help countries conduct a baseline of where they stand with regards to their care policies/infrastructure/services and identify feasible actions and targets to address unpaid care needs in their societies. One of these tools is the **Care Policy Scorecard (CPS)**¹. The Scorecard provides policy makers with evidence and information to make informed decisions on these policies and provides care advocates with a practical tool to measure and track government progress and commitments on policies that have a direct impact on care (unpaid and paid). The CPS allows to carry out an assessment of the care public policy environment in a country to understand where there is positive progress, and where there are gaps and room for improvement. The CPS provides a practical tool to assess and track the extent to which government policies related to care are adopted, budgeted for and implemented, and the extent to which they have a transformative effect on care. It can be used at the national or sub-national level. The Scorecards assesses policies in the categories presented in the table below and rates them with outcomes ranging from 'policy doesn't exist' to 'policy exists and is transformative for care'.

POLICY AREA	INDICATOR
Section 1: Unpaid care work	
1.1. Care-supporting physical infrastructure	<ul style="list-style-type: none"> • Piped water • Household electricity • Sanitation services and facilities • Public transport • Time- and energy-saving equipment and technologies
1.2. Care services	<ul style="list-style-type: none"> • Public healthcare services • Early childhood care and education services • Care services for older people • Care services for people with additional care needs
1.3. Social protection benefits related to care	<ul style="list-style-type: none"> • Public pension • Cash transfer policies related to care • School-based meals or food vouchers • Care-sensitive public works programmes
1.4. Care-supporting workplaces	<ul style="list-style-type: none"> • Paid sick leave • Equal paid parental leave • Flexible working • Onsite childcare • Breastfeeding at work
Section 2: Paid care work	
2.1 Labour conditions and wage policies	<ul style="list-style-type: none"> • Minimum wage • Gender wage gap and equal pay for equal work • Working hours • Right to social security • Child rights and labour protection
2.2. Workplace environment regulations	<ul style="list-style-type: none"> • Occupational health and safety in the workplace • Protection against gender-based discrimination, harassment and violence in the workplace • Workplace inspections and grievance mechanisms
2.3. Migrant care workers' protections	<ul style="list-style-type: none"> • Equal rights and protections for migrant care workers

POLICY AREA	INDICATOR
Section 3: Cross-sectoral policies to address unpaid and paid care work	
3.1. Social norms interventions	<ul style="list-style-type: none"> Standards prohibiting gender stereotypes in advertising and media representations Government awareness-raising campaigns Education policies that address gender stereotypes
3.2. Measurement frameworks and data collection	<ul style="list-style-type: none"> Measurement frameworks Time-use data collection

Table adapted from publication 'Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care, Oxfam (2021).

References

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Endnotes

- The Scorecard (2021) has been developed by the International Center for Research on Women (ICRW) Asia, International Domestic Workers Federation, Africa Leadership Forum, UK Women's Budget Group, Ciudadania Bolivia, Padare Men's Forum Zimbabwe, the Ugandan Women's Network, Youth Alive! Kenya (YAK) and Oxfam. The Scorecard can be found on this webpage: <https://policy-practice.oxfam.org/resources/care-policy-scorecard-a-tool-for-assessing-country-progress-towards-an-enabling-621287/>

What's interesting about this case?

This tool can be used by governments and civil society advocates. It provides them with hands-on guidance to identify possible gaps and improvements in their country's care related policies. The tool also stresses the interconnectedness between policy areas that might fall under different departments on the national or sub-national level, allowing for a comprehensive mapping of care policies.

Replicability in West and Central Africa

The scorecard can be applied in countries in West and Central Africa. The indicators and assessment criteria have been designed to consider different socio-economic contexts and to be used globally. Countries can decide to apply the Scorecard partially, focusing on priority areas, e.g. unpaid care work first, before looking at paid care work.

STRATEGIES AND MECHANISMS TO FINANCE CARE SERVICES AND INFRASTRUCTURE

#care policy #financing for care

The challenge

The vital work of caring for the household, community, children, and sick and elderly people is essential for maintaining healthy, productive households and functioning economies. In West and Central Africa, women spend a significant amount of time on unpaid care. For example, in Nigeria, women spend on average 2 hours and 15 minutes daily on childcare alone. This is time that cannot be spent on income generating activities, education or personal development opportunities. Investments in care can be challenging to finance in countries with low fiscal space and/or high levels of informality. This case study presents three strategies to finance investments and expansion of care services.

The solution

Generating financial resources to finance care systems and services can start by measuring current allocations.

Gender responsive budgeting (GRB) can be used to do a baseline of a country's current public expenditure in care related infrastructure and services, and to establish realistic targets for increasing allocation of public resources to care. GRB is the process of assessing the implications for women and men of any planned action, including legislation, policies and programmes, in all areas and at all levels. GRB does not necessarily require allocating more funds or separating budgets by sex but rather assessing existing budget policies to understand their impacts on gender equality. In 2014, the African Union issued the Addis Ababa declaration that calls upon all member countries to adopt gender-sensitive planning and budgeting schemes. International commitments under the Gender Equality Forum and its Action Coalition on Economic Justice and Rights call on governments and other stakeholders to promote the mainstreaming of gender-responsive national budgeting, taxation and stimulus packages to guarantee that a recommended 3 to 10 percent of national income is committed to public investments for equitable, quality public care and health jobs and services.

Gender bonds. The sustainable finance market has grown significantly in recent years and investors' appetite is high for products that derive social impact. A gender bond is a bond that supports the advancement, empowerment and equality of women. These bonds are used to finance or re-finance projects focused on gender equality, in a sustainable manner. Like other bonds, Gender Bonds can be purchased by public, private, domestic or international investors. For government issuers, Gender Bonds can be used as a way of raising finance to address national gender priorities, including expanding childcare or any other care services and infrastructure. In 2022, sub-Saharan Africa's first Gender Bond was listed by Tanzania's NMB Bank. The bond shows commitment to Gender Equality (SDG 5) and Reduced Inequalities (SDG 10) and raised 32 million USD. Proceeds from the NMB Bank Gender Bond (Jasiri Bond) will finance more than 2,000 women-owned small and medium-sized businesses in Tanzania to grow and create jobs. At its launch, the bond was 297% over-subscribed which shows great appetite for gender bond issuances and financial instruments specifically targeting gender empowerment.

Solidarity Care Funds. A Solidarity Care Fund is a financing mechanism for comprehensive care systems. The Fund uses resources coming from i) direct contributions from formal sector workers, their employers, pensioners and retirees - which should be mandatory and a percentage of personal income, and ii) contributions from public revenues. It effects a better reallocation of existing resources in the care sector. Direct personal contributions are based on people's ability to contribute; and the fund identifies other viable and durable sources of public resources to ensure a minimum level of investment and sustainability. It aims to implement out-of-pocket expenses levels which do not become barriers to access to care. Solidarity Care Funds have emerged in Latin America, where UN Women originated their design, in order to offer strategies to finance the region's comprehensive care system in the future.

Replicability in West and Central Africa

- Many countries across West and Central Africa have gender responsive budgeting process underway. Leveraging GRB for baseline and target setting for increasing public resources allocation to expand care services can be a quick win and natural first step in many countries in the region.
- Gender bonds as a mechanism to fund care investments can be explored in countries in West and Central Africa with developed capital markets such as Nigeria, Cote d'Ivoire or Senegal for example.
- Solidarity Care Funds are designed to finance comprehensive care systems. Cabo Verde is the only country in West Africa with a care policy and plan, which could be the foundations of a future comprehensive care system. A Solidarity Fund, or elements of it, can be used to finance future expansion of the care framework there. In other countries, the financing strategy behind the Solidarity Care Fund can serve as an aspirational goal to inform long-term strategies.

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