

The Care Agenda: A Regional Perspective for East and Southern Africa



Introduction and Context

For the East and Southern Africa (ESA) region, care is an integral part of the social fabric of entire societies, embodying the ethos of *Ubuntu* or togetherness, a way of life. *Ubuntu* comes from South Africa but has commonalities across sub-Saharan Africa. It highlights “issues of community, collectivism, reconciliation, and restoration of relationships.”¹

Although care can be shaped by patriarchal ideologies in practice, at its core, the concept is egalitarian.² In this way, care encompasses more than mere childcare, healthcare, and domestic work. It incorporates extended values of *Ubuntu* to include care provisioning for other adults in the household, extended family and friends, including the informal networks within the community. It exists alongside deep-rooted cultures and traditions that center well-being practices such as formal religious practices, indigenous healing practices, food production, and environmental protection. Accordingly, care must be understood as contextual and rooted in people’s rights and needs.

The overall objective of this framework is to establish a shared vision and understanding of the care agenda in East and Southern Africa among different stakeholders and to promote a collective vision of a caring society and gender equality across the region. This framework results from the Regional Knowledge Sharefair on Advancing the Care Agenda,³ organised by the UN Women’s East and Southern Africa Regional Office in collaboration with the African Women’s Development and Communication Network (FEMNET) with support from Global Affairs Canada. The Knowledge Sharefair was attended by government representatives, policymakers, civil society organisations, academia, the private sector, UN Agencies, and development partners from 14 countries.⁴ These stakeholders developed this blueprint at Sharefair through consultations. This framework intends to promote a holistic approach to the East and Southern African care agenda by considering individuals’ and communities’ physical, emotional, social, and physiological needs.

¹ Mangena, F. (2009). The Search for an African Feminist Ethic: A Zimbabwean Perspective. *Journal of International Women's Studies*, 11(2), pp. 18-30.

² Gouws, A., and Van, M. (2015). Towards a feminist ethics of ubuntu: Bridging rights and ubuntu. In *Care ethics and political theory*, pp. 165-186.

³ The Regional Knowledge Sharefair on the Care Agenda took place between 1-3rd November 2022 in Nairobi, Kenya, hosted by UN Women’s East and Southern Africa Regional Office (ESARO) in partnership with African Women’s Development and Communication Network (FEMNET). The event brought together 125 representatives from 17 countries in East and Southern Africa, from governments, development partners, civil society, academia and research institutions and private sector with the aim to strengthen the capacity on the care agenda and the 5Rs – (Recognize, Reduce, Redistribute, Reward, Represent) from an East and Southern African perspective. It also provided a platform to discuss and consult on the key issues, opportunities, and barriers in promoting gender equality within the care agenda.

⁴ Angola, Burundi, Comoros, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Senegal, South Africa, South Sudan, Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

Definitions



Care work consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.⁵ It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning, and collecting water, food and firewood.⁶ It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global South.⁷



Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).⁸



Paid care work refers to providing direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.⁹



Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A comprehensive care system is defined as “a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach.”¹⁰

⁵ Feminist scholars have argued that care for the environment, including women’s care for animals, plants and shared spaces, should also be considered care work. For further reading, refer to Oxfam (2016), *Caring in a changing climate: Centering care work in climate action*. <https://policy-practice.oxfam.org/resources/caring-in-a-changing-climate-centering-care-work-in-climate-action-621353/>

This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.

⁶ UN System Policy Paper on Care – Forthcoming, 2023, UN Women, UNDP, ILO, ECLAC, OHCHR

⁷ FEMNET (2022). *The Africa Care Economy Index*. https://www.undp.org/sites/g/files/zskgke326/files/2022-09/The%20Africa%20Care%20Index%202022_E-version_14%20Sept%202022.pdf

⁸ Ibid, note 6

⁹ Ibid, note 6

¹⁰ UN Women and ECLAC (2021). *Towards the construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for implementation*, p. 22. https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20vo4.pdf

The landscape of care work in East and Southern Africa

ESA region¹¹ is a diverse area both geographically and culturally, and it is home to nearly 60 per cent of Africa's population, totalling over 623 million people in 2021. It is projected to reach 1.2 billion people by 2050.¹² In terms of economic output, the region had an estimated Gross Domestic Product (GDP) of \$1.9 trillion in 2022,¹³ South Africa being the largest economy, followed by Kenya and Ethiopia. There are several low-income countries within the ESA region, including Burundi, Somalia, and Mozambique. Additionally, the region has the highest extreme poverty rate globally and is facing significant challenges in terms of economic and social vulnerabilities, including unemployment, malnutrition, and food insecurity. In 2022, 41 per cent of the population was below the age of 15 years, and 3.2 per cent was above the age of 65.¹⁴ This shows the extensive care, especially childcare needs in the region.

Despite the limitations of available data, several key trends can be observed in the region. Firstly, most of the unpaid care is conducted by women and girls. In sub-Saharan Africa, women devote 3.4 times more to unpaid care work than men.¹⁵ Secondly, the responsibilities of women in providing unpaid care work are a barrier to their economic, social, educational, and leadership opportunities. Women in households with dependents, such as children or elderly individuals, tend to work fewer hours in paid employment compared to those in households without dependents. Thirdly, although women do the same paid work as men, they still bear the brunt of unpaid care work due to societal expectations regarding gender roles in

caregiving responsibilities. When combining caregiving responsibilities and paid employment, women put in more hours than men. The ratio of total work paid and unpaid between women and men in the region is 1.2.¹⁶ This leads to time poverty amongst employed women, especially in situations where women cannot outsource care work and can contribute to or worsen income poverty.¹⁷ Time poverty affects women's overall well-being, the quality of care provided to caregivers and recipients, and their productivity in paid and unpaid work. Fourthly, a significant portion (above 40 per cent) of individuals aged 20 to 24 in East and Southern Africa are not engaged in employment, education, or training (NEET).¹⁸ Unpaid care responsibilities are one of the main factors contributing to the NEET status of young women in the region. Finally, although the paid care sector is tiny in the region, it is a crucial source of employment for women.

Agriculture contributes to approximately one-third of Africa's GDP, and women account for up to half of the rural workforce.¹⁹ Gender inequalities in the agriculture sector have resulted in some countries in the region losing over 100 million USD in GDP per year.²⁰ Although women play a vital role in agricultural production and ensuring **food security**, their unpaid care work responsibilities, including gendered expectations that women will work as unpaid family farm workers, are one of the biggest drivers of the gender gap in agricultural productivity. Women's work in agriculture is often unstable, low-skilled, and focused on subsistence farming which further challenges women's responsibility to provide food for the household. Despite commitments to gender equality, little has been done to support the economic empowerment of rural women in agriculture in the region. Along with gender discrimination in accessing productive resources, an

¹¹ According to UN Women, ESA region consists of 25 countries - Angola, Botswana, Burundi, Comoros, Djibouti, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Sudan, Tanzania, Uganda, Zambia, Zimbabwe. Note that the World Bank's list of ESA countries is slightly different.

¹² United Nations Department of Economic and Social Affairs, Population Division (2022). *World Population Prospects 2022: Summary of Results*. UN DESA/POP/2022/TR/NO. 3.

¹³ World Development Indicators, World Bank

¹⁴ Health Nutrition and Population Statistics: Population estimates and projections.

¹⁵ Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva: International Labour Organisation.

¹⁶ Charmes, Jacques. (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." ILO Working Paper, International Labour Organisation, Geneva.

¹⁷ Zacharias, Ajit, Rania Antonopoulos, and Thomas Masterson (2012). *Why Time Deficits Matter: Implications for the Measurement of Poverty*. New York: United Nations Development Programme and Levy Economics Institute of Bard College.

¹⁸ UN Women (2022). *Youth Not in Employment, Education or Training (NEET) in East and Southern Africa - Summary of Key Findings and Policy Recommendations*. https://data.unwomen.org/sites/default/files/documents/Publications/Africa/Four-Pager_NEET_Regional-report.pdf

¹⁹ Action Aid and the Ministry of Foreign Affairs Netherlands (2017). *Policy Brief: Incorporation of Women's Economic Empowerment and Unpaid Care Work into regional policies*. <https://actionaid.org/publications/2017/policy-brief-incorporation-womens-economic-empowerment-and-unpaid-care-work#downloads>

²⁰ UN Women (2019). *The Gender Gap in Agricultural Productivity in Sub-Saharan Africa: Causes, Costs And Solutions*. https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2019/Policy%20Brief_The%20Gender%20Gap%20In%20Agricultural%20Productivity%20in%20Sub-Saharan%20Africa_WEB.pdf

important root cause is the lack of attention given to the unpaid care work that women bear.



Excluding agriculture, 75 per cent of employed workers in Eastern Africa and 36.6 per cent in Southern Africa work in the **informal sector**. Informal employment is a more significant source of employment for women than men across the region.²¹ Informal sector jobs are often not covered by labour laws and social benefits such as maternity or paternity leave, health insurance, or pension. They routinely come with low wages, long working hours, unsafe working conditions, and a high risk of sexual violence. Most care workers, especially at the lower end of the pay distribution, are women in the informal sector, e.g., community health workers and domestic workers. There is substantial vertical segregation within care occupations, which maintains women's lower status and pay. On the other hand, informal women workers are also potential users of care services. According to ILO, sub-Saharan Africa has one of the smallest paid care sectors across all regions globally.²² In the absence of adequate, affordable and accessible care services, women often choose informal working arrangements due to the flexibility it provides to meet their unpaid care responsibilities.

Women comprise most of the paid care workforce, both within their home countries and abroad, as **migrant workers**. When women migrate internationally, they frequently find employment in the care sector, working in roles that involve caring for children, older adults, or individuals with disabilities within households. They

also take up positions as nurses in healthcare systems.²³ In East Africa, and particularly in Ethiopia, there is a notable proportion of women migrants compared to the continent as a whole. This trend can partly be attributed to lucrative job opportunities within Africa, the Middle East, and Eastern Asia, primarily in the care sectors such as domestic work and healthcare.²⁴ Migrant women's working conditions are often physically and emotionally demanding, compounded by barriers to accessing social protection programs such as healthcare, maternity leave, and childcare support. Furthermore, women in these positions are at a higher risk of exploitation and abuse. They may endure low wages, extended work hours, unsafe conditions, and limited legal protections.

ESA is exceptionally vulnerable to the harsh impacts of **climate change**; 20 out of 25 countries in the region rank in the top one-third of most climate-vulnerable countries in the world as of 2021.²⁵ This vulnerability amplifies the challenges faced in rural areas, particularly among women and girls, who grapple with a **lack of essential physical infrastructure**. Only 55 per cent of households in sub-Saharan Africa have access to a water source within a 15-minute radius, leading to women dedicating a combined total of over 15 million hours daily to collect water.²⁶ Spending on average 3 to 6 hours per day fetching water,²⁷ women have less time available for paid employment, taking on leadership roles, or personal growth opportunities. As essential contributors to agriculture and primary suppliers, women are affected during droughts as they strive to secure income and vital resources like water, fuel, and food for their families. In 2022, UNICEF reported that 2.7 million children were not attending school, and an estimated 4 million children in Ethiopia, Kenya, and Somalia were at risk of dropping out due to the mounting pressures on households caused by persistent drought. Girls, in particular, bore the brunt of these challenges as they provided crucial support to their mothers in managing the increased unpaid caregiving responsibilities.

21 Bonnet, F., Vanek, J., & Chen, M. (2019). Women and men in the informal economy: A statistical brief. International Labour Office, Geneva, 20.

22 Ibid, note 15

23 United Nations. (29 July 2021). *Unemployed Kenyan nurses given chance to work in the UK under new Kenya-UK health agreements* [Press release]. <https://www.gov.uk/government/news/unemployed-kenyan-nurses-given-chance-to-work-in-the-uk-under-new-kenya-uk-health-agreements>

24 Global Alliance Against Traffic in Women (GAATW). (2023). *A Job at Any Cost' Experiences of African Women Migrant Domestic Workers in the Middle East*. https://idwfd.org/wp-content/uploads/2022/07/experiences_of_african_migrant_domestic_workers_in_the_middle_east_en.pdf

25 Based on data from Note Dame University. Data can be found here: <https://gain.nd.edu/our-work/country-index/rankings/>

26 UN Women (2015). *Progress of the worlds' women 2015-2016: Transforming economies, realizing rights*. <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/poww-2015-2016-en.pdf?la=en&vs=0>

27 UNDP and UN Women. From Commodity To Common Good: A Feminist Agenda to Tackle the World's Water Crisis <https://www.unwomen.org/sites/default/files/2023-07/from-commodity-to-common-good-a-feminist-agenda-to-tackle-the-worlds-water-crisis-en.pdf> pg 7

Countries most vulnerable to the *climate crisis are also at risk of a debt crisis*. ActionAid’s analysis found that all countries in the ESA region that rank in the top third countries most vulnerable to the climate crisis, where data was available (17 out of 20 countries), are also in debt distress or at significant risk of debt distress.²⁸ *Austerity measures* and cutting public spending and services are popular policy responses to service external debt. Debt servicing in sub-Saharan Africa has been estimated to be as much as 236 climate adaptation spending, 22 times social spending, six times education spending, and three times education spending in 2021.²⁹ Women and girls are disproportionately affected by austerity policies in three ways. First, they are the first to lose access to public services. Second, they are the first to lose frontline public service jobs, primarily precarious, irregular and low-paying care jobs such as nurses, teachers and social workers. These jobs are a significant source of employment for women. For instance, 68 per cent of community health workers in sub-Saharan Africa are women.³⁰ Third, women are the first to bear the added responsibility of unpaid care work, which becomes more demanding when public services fail or climate-induced disasters strike.

The current social structure of caregiving highlights significant inequalities in status and power, often exploiting the labour of marginalised women, such as low-income and migrant women, as well as those working in informal settings. Comprehensive care systems must use a rights-based perspective to ensure everyone can fully participate in society and have autonomy in determining and accessing the care they require. Care should be viewed not exclusively as a “women’s issue” but still acknowledge and center women’s responsibilities for care. ESA region’s unique geopolitical and socio-economic context must be considered while making policies and building a care system that adequately meets the region’s care needs.

The 5R Framework

The global discussion regarding the care economy has been challenged by various regional actors, including government actors, feminist groups, and other civil society organisations, for being a Western concept and centring a Western perspective. It has been criticised because it disregards African societies’ unique historical, cultural, and socio-economic contexts. The region has its distinct traditions and practices of care, which may not align perfectly with the Western conceptual framework. It is essential to acknowledge the intricate dynamics of power, class, and inequality that produce the prevalent social organisation of care. In addition, beyond acknowledging the ‘care economy’ and the contribution of care at the macro level, there is a need to develop societies that are centred around care, recognising that human and ecological wellbeing is what constitutes growth.

International Labour Organization’s 5R framework is based on social justice principles that holistically focus on care policies, macroeconomic conditions, social protection, labour, and migration policies. These policies work cohesively to provide a conducive policy environment to advance decent care work, enabling the recognition, redistribution, and reduction of unpaid care work while rewarding and promoting the representation of care workers.³¹ As the ESA region continually faces global crises through conflicts, climate change disasters, environmental degradation, and health crises such as the COVID-19 pandemic, it is vital to consider resilience in the 5R framework. This includes strengthening care systems to handle better and respond to the increasing care needs and demands in the face of these crises while addressing the compounding effects, such as food and energy shortages, forced migration, etc.

²⁸ ActionAid. (2023). *The Vicious Cycle: Connections between The Debt Crisis and Climate Crisis*. https://www.actionaidusa.org/wp-content/uploads/2023/04/The_vicious_cycle.pdf

²⁹ Walker, J., Martin, M., Seery, E., Abdo, N., Kamande, A., & Lawson, M. (2022). *The commitment to reducing inequality index 2022*.

³⁰ Ibid, note 15

³¹ Ibid, note 6

Recognise unpaid care work



Care work should be recognised as work, as skilled, and as a public (as opposed to private) issue. This includes acknowledging that this is a form of work amounting to an enormous number of hours, often causing time poverty and limiting engagement in paid work, leadership roles and education. Care must be recognised as a universal right and an essential building block for economic and social well-being and sustainable development. As well as recognising caring labour in both its unpaid and paid dimensions as entailing an economic sphere in its own right; such recognition will open the way for treating the care provision as a crucial economic and social policy issue. In addition, the substantial contribution of caring labour to well-being at the micro level of the household and the macro level of the economy and the community must be recognised.

There needs to be an understanding of what constitutes care and who is performing and receiving care work, distinguished by the context in which care work is performed, including considerations on the sector (informal and formal), location (rural, urban, peri-urban), social and economic class, and access to essential services. This will yield a more comprehensive basis for recognising care as critical to the development agenda and promote a more equitable and democratic distribution of care work.

The invisibility of unpaid care work within households and disproportionate responsibilities on women contribute to unjust care systems. Unpaid care work has been valued to be as high as 7.2 per cent of GDP in Ethiopia, 7.9 per cent in Tanzania, and 8.8 per cent of GDP in South Africa.³² Without the inclusion of unpaid care work, GDP, a commonly used measure of development, underestimates total economic activity and social well-being. The real value of unpaid care work must thus be recognised by individuals, society and the State and accounted for in satellite accounts complimenting the GDP estimates.

The following points are recommended to be considered when Recognising care work in ESA:

Unpaid care work is shaped by multiple factors such as gender, age, socio-economic status, disability, and geographical location. Policies and initiatives must be tailored to address the specific needs and challenges caregivers from diverse backgrounds face within the region.

The limited data and research in the region stress the importance of improving data on care. Conducting regular and updated time-use surveys is a crucial priority in measuring and quantifying unpaid care work. While time-use surveys have quantified time investment in unpaid care work, a deeper understanding of the caring labour, its value, and the impacts of unequal division of care can only be understood in entirety through lived experiences in the region, for instance, exploring what constitutes a household, who heads the household and the amount of care work performed in any given one. There is a need to document authentic and relatable stories to illustrate a case for care.

Further research is needed to understand the care-crisis nexus, especially the region's linkages between care and climate change. Research must consider synergies between various development efforts and addressing unpaid care work responsibilities.

Countries need to move beyond GDP to accurately quantify and appreciate the time dedicated to unpaid care work and its equitable distribution. Instead, satellite accounts that are integrated into the national accounting system should be created and include care activities.

Austerity measures have notable effects on women and the social care infrastructure. In many countries in the region, the prevalence of debt crises or the looming risk of such crises raises substantial worries about servicing debt and austerity measures. These measures often involve reductions in essential public services such as healthcare, education, and social protection, shifting care responsibilities to informal caregivers, and impacting vulnerable populations. It is crucial to evaluate and analyse the effects of these policies on care services and the welfare of both caregivers and care recipients during the development and implementation of the policy.

The legacy of colonialism in ESA has also contributed to the unequal division of care. Historical inequalities in access to education, employment, and healthcare have persisted, leading to women being disproportionately responsible for care work. These legacies have perpetuated gender norms and expectations around caregiving, hindering women's overall development and equality.

³² Ibid, note 15

Reduce unpaid care work



Reducing time, effort, and intensity of unpaid domestic or indirect work involves making it safer and more convenient and reducing the drudgery involved for households.

Improving physical infrastructure is crucial in reducing the amount of unpaid domestic work undertaken by all, especially in rural areas. However, this should not come at the expense of ensuring that high-quality, universally accessible care remains available and affordable to

care receivers. Furthermore, well-developed physical infrastructure, such as transportation facilities, ensures that care recipients have easy access to care services. Lack of adequate infrastructure often exacerbates gender, class, and inter-generational inequalities, resulting in a heightened dependence on informal labour and migrant domestic workers.

Public investment in physical infrastructure is crucial for reducing women's time poverty and increasing women's labour force participation. Importantly, it also allows time for women's participation in other activities such as education, leadership, and decision-making and for their overall well-being.

For unpaid care work to be Reduced in ESA, the following is recommended:

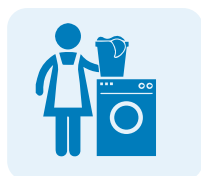
Invest in affordable, accessible, and quality disability-inclusive physical infrastructure in rural and urban informal settlements to ensure marginalised communities have access to essential services that reduce time spent on unpaid domestic work. This includes but is not limited to easy access to clean water, clean energy, sanitation facilities, time and labour-saving technologies such as washing-related equipment, roads and transport infrastructure, digital technology, and the internet. These are also important for meeting challenges presented by climate change impacts.

An intersectional policy effort to reduce the hours spent on unpaid care work should explicitly consider the care needs of marginalised and vulnerable communities, including older adults, people with disabilities, internally displaced communities, and climate migrants, to allow the provision of appropriate and accessible infrastructure.

Caregivers and communities should be involved and consider contextual factors before introducing labour-saving technologies and care services. This includes pairing such efforts with campaigns for social norms changes to avoid unintended consequences (such as efficient stoves leading to women cooking three times a day instead of two).³³ More broadly, carers must be involved in all decision-making levels, including funding for women's rights organisations.

Ensure the protection of resources, such as land, water, etc., that are a core part of providing care in a way that preserves green spaces.

Redistribute unpaid care work



Providing care services is a shared responsibility in society and should be treated as such. Four institutions can provide society with care – the state, the private sector, households,

and communities – and care responsibility must be redistributed amongst these. Together, these institutions are called *the care diamond*³⁴ and represent the social architecture of care within the society. **Households** are essential hubs for unpaid care work, often taking on the primary responsibility for meeting care needs. The **State** assumes care responsibilities through public care services

and infrastructure, such as enforcing care-friendly policies, care-supportive labour regulations, and access to resources such as water and energy. The **Private Sector** plays a pivotal role in the market provision of care services, providing employment, innovation, and investments across various caregiving sectors and ensuring care workers are protected and have adequate benefits. **Community** involvement is crucial, but challenges remain in supporting it without perpetuating gender disparities.

Publicly provided care services are complementary to the unpaid care that family members give rather than being perfect substitutes. Due to its personal and relational nature, a significant amount of care work will remain as unpaid domestic work, and there is a limit to how much unpaid care work can be redistributed to paid market

³³ Aranas, M., S. Hall, and A. Parkes. (2020). Making care count: An overview of the women's economic empowerment and care initiative. Annual report. Oxfam.

³⁴ Razavi, S. (2007). The political and social economy of care in a development context: Conceptual issues, research questions and policy options. Trabajo y empleo.

work. Policies directed at redistributing unpaid care work from women to men in the domestic sphere, therefore, constitute a necessary component of the 5R strategy for gender equality. Complex socio-economic norms perpetuate gender-based inequalities in unpaid care work and feminisation of paid care work. People's attitudes,

community expectations, and real and perceived opportunities significantly shape labour division and inhibit men's engagement in care work. Although research shows positive attitudes toward women's paid work in the region,³⁵ the "men as breadwinners" and "women as caregivers" model persists.

For effective Redistribution of unpaid care work in ESA, the following is recommended:

Create an enabling environment for care services to thrive and ensure adequate public sector investment in care services to meet the region's care needs.

Support universal social protection to make all public care services and infrastructure available. The focus should be on comprehensive and versatile social protection measures instead of narrowly targeted schemes since the latter are prone to leakages. For instance, large percentages of the allocated funds reaching the non-poor, and women's access to such programmes can be particularly challenging in corrupt and patriarchal societies.³⁶

Emphasise the role of public and private sector employers in instituting care-friendly workplace policies. This would support all caregivers, especially women, to manage their work and care responsibilities and encourage men to take a more active role in unpaid care work responsibilities. Such policies include maternity and paternity leave, flexible working hours, work-life balance, and anti-discriminatory regulations.

The informal sector dominates the ESA labour force, especially the paid care labour force. The contribution of the informal economies should be valued and documented. Social protection systems should cover informal workers, and policy efforts must focus on creating decent work opportunities in the care sector.

Transformation of mindsets, including of traditional and religious leaders, to promote men's increased involvement in unpaid care work and paid care employment. While gender norms surrounding unpaid care and domestic work are strong and changing them can meet resistance, increased exposure to new ideas and practices through formal avenues like legislation and informal means such as conversations, role models, and media can drive meaningful change. It is crucial to adopt culturally sensitive approaches, for instance, that centre community bonds and family units.

Invest and encourage innovative care solutions such as care cooperatives and other community-based care solutions to support caregivers and share caregiving responsibilities within communities.

Reward care workers and provide decent work



The work done by paid care workers such as doctors, nurses, home health aides, teachers, domestic workers, and nannies is a vital source of employment for women in ESA.³⁷

Besides women, migrant workers and ethnic minorities are substantially overrepresented in low-paid and low-status care jobs. On average, care workers are more likely to be self-employed, work in the informal sector,

be underpaid, unprotected, and less likely to contribute to social security.³⁸ These characteristics relate to its perception as an extension of women's care roles, which lends low status and social recognition. Domestic workers make up the most significant share of the care workforce in the region, and informal working arrangements, long working hours, and higher risk of sexual harassment and physical violence characterise their work. The demand for domestic work is expected to grow in the coming decades with demographic change, changes in family structure, and urbanisation worldwide. Only Madagascar, Mauritius, Namibia, and South Africa have ratified ILO Convention 189 on Domestic Workers in the region.

³⁵ ILO; Gallup. (2017). *Towards a better future for women and work: Voices of women and men* (Geneva)

³⁶ Nabil Abdo (2019) *The gendered impact of IMF policies in MENA: The case of Egypt, Jordan and Tunisia*, Oxfam International. <https://www.oxfam.org/en/research/gendered-impact-imf-policies-mena>

³⁷ Alarakhia, M., Petreski, M., Ahmed, Z. S., & Tanima, T. (2023). *Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa*. UN Women.

³⁸ Ibid, note 15

Given existing care needs, care service provision in the region is seriously lacking. The paid care sector in sub-Saharan Africa, measured as a proportion of care employment in total employment, is the smallest in the world.³⁹ With technological innovation, climate change, and globalisation, the paid care sector is set to undergo substantial changes, especially in emerging economies. With suitable investments to close the extensive healthcare and education coverage gaps, the paid care sector has the potential to be a significant source of decent

employment in the future, especially if efforts are made to extend labour and social protection to care workers. For instance, the International Trade Union Confederation's modelling estimates that direct public investment in care infrastructure and services of just 2 per cent of national GDP can lead to as many as 400,000 jobs in South Africa.⁴⁰ UN Women modelling estimates show that investment of 8-14 percent of GDP to provide universal, high-quality, free early childhood care and education in Tanzania would increase employment by about 23 per cent.⁴¹

To ensure care workers are Rewarded in ESA, the following is recommended:

Efforts must be made to formalise care systems to provide comprehensive protection and adequate pay and recognition.

Labour policies should protect care workers and regulate working conditions, including fair remuneration. This would necessitate the regulation of formal and informal employment terms and conditions to align with principles of equal pay for equal work and decent work. Adequate minimum wages for all workers are also crucial.

Social protection schemes should extend to include informal and migrant workers. This includes care-friendly policies for informal care workers, including parental and other care leaves, breastfeeding support, childcare facilities, universal child benefits, and adequate wages.

Care workers in the informal sector must be guaranteed access to their means of production, inputs, and financial support to ensure income security. Policies must primarily focus on providing safe working conditions for care workers, especially domestic workers working in the informal sector.

Representation of care workers through collective bargaining and social dialogue



Representation of care workers through collective bargaining and social dialogue is vital in the face of poor terms and employment conditions of paid care workers.

Except for Kenya and South Sudan, the other 23 countries in the ESA region have ratified ILO Convention 87 on Freedom of Association and Protection of the Right to Organise Convention. In addition, all 25 countries in the ESA region have ratified ILO Convention 98 on the Right to Organise and Collective Bargaining Convention. Yet, workers across

the region still face challenges in the right to organise and bargain effectively. Prolonged privatisation and austerity measures have eroded collective bargaining,⁴² although it continues to serve as a crucial platform for paid care workers, particularly women, to engage with employers and governments. It enables discussions and negotiations regarding working conditions and the introduction of grievance and accountability mechanisms. Significantly, it facilitates women's participation in decision-making processes and the representation of women's voices in all negotiations related to care. Thus, care workers should be allowed and actively encouraged to join unions and organisations representing their interests. Furthermore, alliances between such trade unions and civil society organisations allow for better coordination across sectors and result in policies more responsive to the needs of a wide variety of care workers and recipients.

³⁹ Ibid, note 15

⁴⁰ De Henau, J.; Himmelweit, S.; Perrons, D. (2017). Investing in the care economy: Simulating employment effects by gender in countries in emerging economies (Brussels, International Trade Union Confederation, UK Women's Budget Group, UN Women); Himmelweit, S.; Lapniewska, Z.; Perrons, D. (2016). Investing in the care economy: A gender analysis of employment stimulus in seven OECD countries (Brussels, International Trade Union Confederation, UK Women's Budget Group)

⁴¹ UN Women (2021). *Investing In Free Universal Childcare In Sub-Saharan Africa: Côte D'ivoire, Nigeria, Rwanda, Senegal And The United Republic Of Tanzania: Estimating spending requirements, gendered employment effects and fiscal revenue.* https://www.unwomen.org/sites/default/files/2021-12/Issue-paper-Investing-in-free-universal-childcare-in-sub-Saharan-Africa-en_0.pdf.

⁴² Public Services International. (2022). *Rebuilding the Social Organisation of Care: An Advocacy Guide.*

To Represent care workers in ESA, the following should be taken into consideration:

Labour policies should promote freedom of association and collective bargaining of care workers, including workers in informal jobs.

Social protection systems must be strengthened through the involvement of workers, employers, and the government, social dialogue, and informal workers' unions. All social protection, employment, and care policies must consider the gender and equity dimensions of informal and unpaid care workers.

Efforts must be made to build the capacity of informal workers, especially domestic workers, to bargain collectively.

Ensure caregivers', especially caregivers who are women, participation in leadership and decision-making at all levels.

Conclusion

Care work in the ESA region is deeply ingrained in the social fabric, reflecting the philosophy of *Ubuntu* that emphasises togetherness, community, and reconciliation. This holistic concept extends beyond traditional definitions, encompassing various support mechanisms within households, extended families, and communities. It is interlinked with cultural practices, traditional values, and the vital roles of women in multiple sectors, particularly agriculture. The region's patriarchal society also significantly influences care work in several ways, often reinforcing gender inequalities and disparities. With this backdrop, the present framework establishes a shared vision and understanding of the care agenda in ESA. It promotes a collective vision of a caring society, taking the region's unique set of challenges into consideration.

Most unpaid care work is shouldered by women and girls, with women in sub-Saharan Africa devoting 3.4 times more time to unpaid care work than men. This gendered division of labour hampers women's economic, social, educational, and leadership opportunities and contributes to the high number of young women not engaged in employment, education, or training. In agriculture, where women comprise a substantial portion of the workforce, gender inequalities and unpaid care duties hinder productivity, resulting in significant economic losses. Additionally, informal employment is prevalent in the region, disproportionately affecting women who work without labour protections, low wages, and poor conditions. Women comprise most of the paid care workforce, often facing challenging situations. The

region's vulnerability to climate change exacerbates these issues, particularly affecting women and girls who bear the burden of collecting water and coping with droughts. The region's exposure to debt crises further challenges the provision of care as a public good, with austerity measures disproportionately impacting vulnerable groups, including women and girls, and leading to the loss of public services and frontline care jobs.

The 5R Framework, rooted in social justice principles, emphasises recognising, reducing, redistributing, rewarding, and representing care work. It underscores the need to value and recognise care work as a significant economic and social contributor, moving beyond the GDP-centric approach. Moreover, it calls for a deeper understanding of care work, acknowledging that it varies based on context, sector, and demographic factors. Efforts to reduce unpaid care involve investing in physical infrastructure, particularly in rural and urban areas, to lessen the time and effort required for care. Redistributing care responsibilities involves a collective approach, engaging the state, private sector, households, and communities. Initiatives to reward care workers and provide decent work encompass labour policies, formalising the care sector, and extending social protection to informal and migrant workers. Moreover, the representation of care workers through collective bargaining and social dialogue is crucial to improving their working conditions and ensuring their voices are heard in policy discussions. ESA can move toward a more caring, equitable, and inclusive society by implementing the 5R Framework context-specific and recognising care as a fundamental building block for sustainable development.

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