



IN BRIEF

# LANDSCAPE OF CARE WORK IN ETHIOPIA



Photo: UNICEF Ethiopia/Getachew

## Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Care work is disproportionately carried out by women and girls in Ethiopia just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically focuses on the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.'

## 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.<sup>1</sup> It includes direct caregiving activities related to caring for children, the elderly, people with illnesses and persons with disability, as well as indirect or domestic work such as cooking, cleaning, and collecting water, food and firewood.<sup>2</sup> 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.<sup>3</sup>

**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 take place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours and community members).<sup>4</sup>

**Paid care work** provides 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.<sup>5</sup>

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."<sup>6</sup>

Ethiopia is a low-income sub-Saharan country with the second-largest population in Africa.<sup>7</sup> Although its per capita Gross Domestic Product (GDP) places it in the poorest 10 per cent of countries globally, it has seen rapid economic growth in the 21<sup>st</sup> century. With gender equality as a top priority of the Ethiopian government's development agenda, the nation has made significant strides in advancing women's empowerment, such as increasing women's political participation and improving their access to land. The World Economic Forum's Global Gender Gap Report (GGGR) indicated Ethiopia's gender gap index improved from 0.65 in 2018 to 0.71 in 2023, placing it with a ranking of 25 out of 146 countries in terms of political empowerment. However, structural inequalities are deeply rooted in the Ethiopian society. This is evident by the high rates of gender-based violence, women's dominance in informal work and general exclusion from peace processes.<sup>8</sup> Such inequalities also manifest in the distribution of care work and to what extent care needs are met in the country.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work and gender equality.

The overall purpose of this brief is to present an overview of Ethiopia's existing care services, systems and infrastructure. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach was used, which consisted of a desk review of existing publications and academic records, combining both quantitative and qualitative data sources. The review was light-touch and did not allow for in-depth exploration of all legislation and policies. To this end, section 2 discusses Ethiopia's historic and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

## Country background

Ethiopia is a landlocked country located in the Horn of Africa, bordered by Eritrea to the north, Djibouti and Somalia to the east, Sudan and South Sudan to the west and Kenya to the south. In 2023, it had a population of 126.5 million.<sup>9</sup> In 2022, its GDP per capita grew by 5.3 per cent.<sup>10</sup> Most of the country's population live in rural areas (77 per cent in 2022). Poverty decreased from 30 per cent in 2011 to 24 per cent in 2016.<sup>11</sup>

Agriculture is a critical sector in the economy, accounting for 34.5 per cent of the GDP in 2020. Small holder employment made up 85 per cent of total employment.<sup>12</sup> The agricultural sector is extremely vulnerable to climate change due to high dependence on natural resources and low preparedness for extreme weather events. Extreme weather events – which have become more frequent due to climate change – conflict and global events have undermined food security and agricultural livelihood. The 2022 drought was the worst in the last 40 years and affected millions in the eastern and southern parts of the country.<sup>13</sup> Over 20 million people face severe food insecurity as of 2023.<sup>14</sup>

Progress has been made in improving access to education for boys and girls at all levels, increasing net primary enrolment rates from 51 per cent in 2003/04 to 95 per cent in 2016/17 and 86.4 per cent in 2020/21. However, there are significant gender disparities in secondary, tertiary and upper technical and vocational training.<sup>15</sup>

The Government of Ethiopia is a federal parliamentary republic, and the country is divided into 11 ethnically based regions and two administrative cities. Ethiopia is characterised by a diverse population with numerous ethnic groups. In 2020, conflict broke out between the Ethiopian central government and the northernmost region of Tigray and tensions were high. It led to a severe humanitarian crisis, with reports of widespread displacement, food shortages, and allegations of human rights abuses, including mass killings and gender-based violence.<sup>16</sup> The conflict officially ended in November 2023, but fighting and unrest continue in some parts of Ethiopia.<sup>17</sup>

Ethiopia has deeply entrenched patriarchal norms and structures that give women low status in society.<sup>18</sup> It reinforces gendered segregation in work, with women responsible for work at home. Although Ethiopia's legal and policy framework

has significantly promoted women’s political, social and economic empowerment, women still face structural barriers. Social, cultural and religious norms result in high rates of harmful traditional practices for women. About 40 per cent of girls were married before age 18 between 2006 and 2022.<sup>19</sup> Female genital mutilation prevalence rate for girls between 15-19 years was 65 per cent between 2004 and 2021.<sup>20</sup>

## Overview of the extent of care work and care needs

The Ethiopian government has sustained efforts towards advancing gender equality, as reflected in the Constitution, Growth and Transformation Plan I and II and the subsequent strategies, the 10-year plan (2021-2030) and the National Women’s Policy. The draft national policy on Gender Equality and Women’s Empowerment (GEWE), which is under the revision of the 1993 women’s policy addresses issues related to the care economy that emphasise the importance of addressing women’s unpaid care and domestic work) for advancing gender equality and economic growth. It stresses the need to promote investment in public infrastructure and social care services. An assessment of the National Statistical System by UN Women in 2020<sup>21</sup> showed significant progress in producing gender responsive statistics, including a time use survey in 2013 that shines a light on unpaid care work in the country. However, gender data is still incomplete in the country and the Statistical Act is gender-blind. For instance, data on the gender pay gap is missing. Although the gender pay gap

is not a direct measure of care work, it indirectly showcases the impact of unpaid care work responsibilities on women. For instance, women’s responsibilities for unpaid care work contribute to the gender pay gap.<sup>22</sup> With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources and smaller studies to present an overview of the extent of care work and care needs in the country.

## Demographic trends and care work

With 40 per cent of the population under 15 years old and 3 per cent aged 65 years or older according<sup>23</sup> number of dependents with high care needs in the country are substantial. In 2015, about 12.1 per cent of the general population also had at least one type of disability, going up to as high as 48.6 per cent in the population aged 65 years and above.<sup>24</sup> Ethiopia’s population is transitioning as fertility rates have dropped from about 7.2 children/woman in 1991 to 4.2 children/woman in 2021.<sup>25</sup> On the other hand, the estimated life expectancy was 46 years to 65 years in the same period.<sup>26</sup> Based on these demographic statistics, the number of dependents is set to decrease in the coming years. However, this does not mean that care needs in the country will decrease with time. For instance, more than two-thirds of older people in low-income countries live with their children, according to a 2017 UN study.<sup>27</sup> However, with rapid urbanisation (annual urban population growth rate of 4.5 per cent in 2021)<sup>28</sup> and changing family structures, meeting the care needs of the elderly and persons with disability will get more challenging.



40%

of the population under 15 years



3%

of the population are 65 years and above



12.1%

of the general population also had at least one type of disability



48.6%

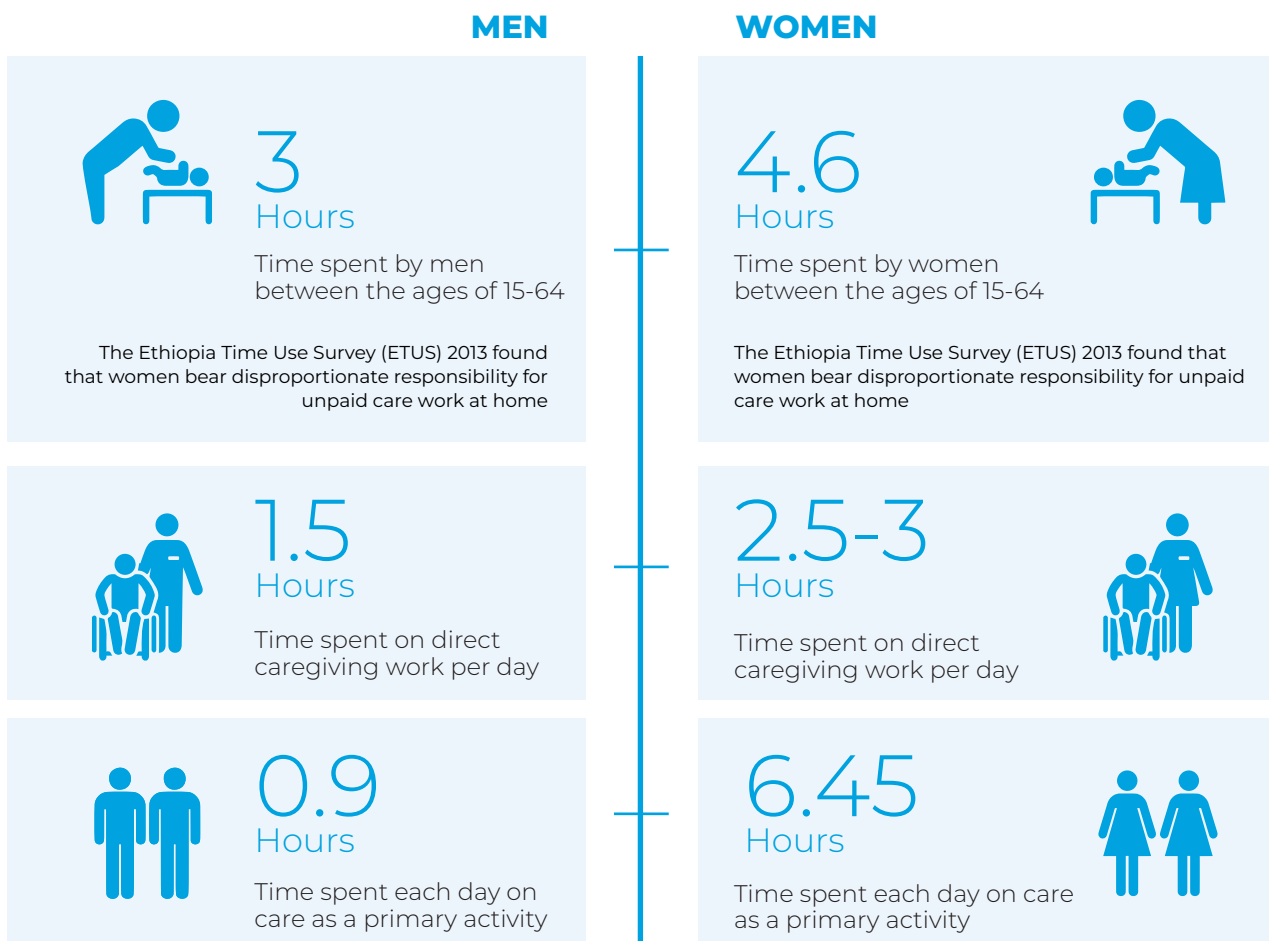
of the population aged 65 years and above live with disability

## Distribution of unpaid care work

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes).<sup>29</sup> The Ethiopia Time Use Survey (ETUS) 2013<sup>30</sup> also found that women bear disproportionate responsibility for unpaid care work at home – both direct caregiving for dependents and indirect or domestic work. Women between the ages of 15-64 spent 4.6 hours on average on unpaid domestic work, while their male counterparts spent only 3 hours per day on the same activities. Women in the same age group spend 2.5 to 3 hours on direct caregiving work per day compared to men, who spend only 1.5 hours per day. Women spend 6.45 hours each day on care as a primary activity (the only activity in which a person is engaged for an hour), compared to 0.29 hours by men. Women also spend more time than men on care as a secondary activity (i.e. alongside another activity). In general, the total number of

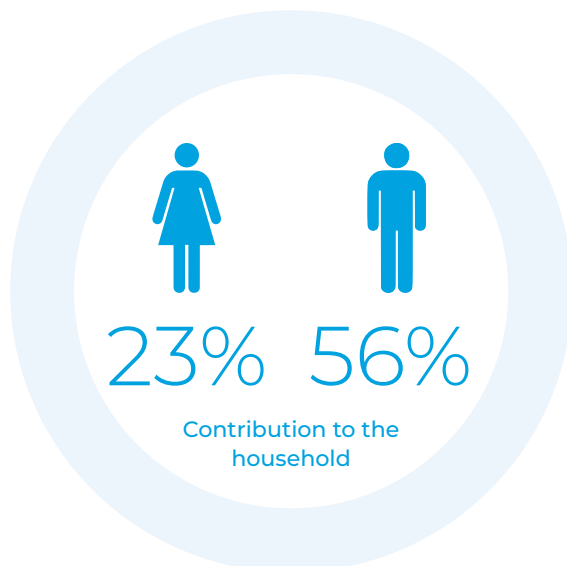
hours that women spend on care as a primary or secondary activity is significantly higher (9.03 hours) than for men 0.72 hours.<sup>31</sup> Interestingly, unpaid community services are the only type of unpaid care work where men work more intensively involved than women; men spend about 1 hour more in unpaid community services than women. Overall, women spend 2.3 times more time on unpaid care work than men in the country. On the other hand, women spend about 20 minutes less on socialisation activities than men every day. Studies have shown that such a gendered division of unpaid care work responsibilities is also true among older populations<sup>32</sup> and children<sup>33</sup> in Ethiopia. In general, unpaid care work, while essential to the functioning of the economy, disproportionately falls on women and often goes uncounted and unrecognised. Unpaid care work responsibilities often lead to time poverty and carry a physical and emotional toll on older women from marginalised communities in Ethiopia.

## TIME SPENT ON UNPAID CARE WORK





ETUS also found that marital status and the presence of young children who are less than six years old in the household are associated with different effects on women's and men's time allocation in both direct and indirect care work. With age and marriage, time spent on domestic work rises for women but falls for men. This suggests that marriage reinforces women's role as caregivers and men's roles as breadwinners in the household. In addition, women and men with at least one young child at home spent about 45-50 minutes more on domestic work than women and men without young children. On the other hand, married women and men spend more time on direct caregiving services. The presence of young children in the household increased women's time on direct care work by about 2 hours per day but did not significantly affect men's time allocation to caregiving work.



About 56 per cent of men said they contribute more to the household, while only 23 per cent of women said their contribution is more valuable.

Norms and perceptions play an important role in determining care responsibilities. Oxfam conducted a Household Care Survey (HCS)<sup>34</sup> to understand and generate evidence on care work provision in Ethiopia. It found that despite women's higher care work responsibilities, the majority of women and men think that men contribute more significantly to the household. About 56 per cent of men said they contribute more to the household, while only 23 per cent of women said their contribution is more valuable. Besides, the Ethiopia Demographic and Health Survey 2016 indicated that about one-third (37 per cent) of husbands occasionally provide

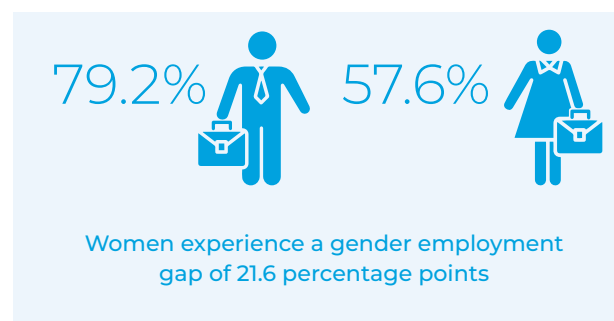
any help with household chores.<sup>35</sup> Interestingly, if a monetary value were given to hours devoted to unpaid care work based on the hourly minimum wage or opportunity cost approach, an ILO study<sup>36</sup> found that the value of unpaid care work would approximate 7.2 per cent of the GDP in Ethiopia. Women's work represents 5.1 per cent, and men's work represents 2.1 per cent of GDP.

The humanitarian crisis in Ethiopia due to the ongoing drought emergency in the Horn of Africa particularly affects women and girls. The drought has displaced 4.2 million people across the country and is affecting livelihoods, food security and the provision of safe drinking water and sanitation.<sup>37</sup> Amongst displaced populations, women usually strive to meet the needs of children, the elderly and other vulnerable family members in unfamiliar and challenging environments.<sup>38</sup> The situation is affecting people's health, worsening access to critical care services such as health care and increasing the time taken to complete domestic work.<sup>39</sup> Livestock mortality is worsening women's responsibilities for care work because donkeys are often used to carry water.<sup>40</sup> Global research shows that climate change disproportionately increases women's and girls' responsibilities for providing care work.<sup>41</sup> Unfortunately, sources of information related to the drought, such as rapid drought assessments, have limited focus on care work and gender issues.<sup>42</sup>

### Labour force and paid care sector

Collating data from labour force and household surveys from 27<sup>43</sup> African countries shows that the most important reason cited by women for being out of the labour force was unpaid care work (34.4 per cent of women cited this).<sup>44</sup> Women's employment rate in Ethiopia is lower than men's (57.6 per cent vs 79.2 per cent in 2021), and thus, women experience a gender employment gap of 21.6 percentage points.<sup>45</sup>

#### Employment rate in Ethiopia, 2021



Moreover, nearly 53 per cent of females are engaged in the informal sector compared to men (41 per cent),<sup>46</sup> as women prefer jobs that offer some flexibility to accommodate their domestic care roles, which prevents them from accessing decent work and higher pay. ETUS 2013<sup>47</sup> found that employed women spend only 4.8 hours daily on employment activities, whereas men spend 6.8 hours daily. Women start working for fewer hours a day from an early age, which persists over time. While there is a myriad of reasons for women's lower participation in economic activities, women's disproportionate responsibilities for unpaid care work are an essential contributor in sub-Saharan Africa. HCS found that women in Ethiopia spend 12 minutes less on primary unpaid care work for every extra hour spent on paid work.<sup>48</sup> A UN Women study found a raw gender wage gap of 35.1 per cent at the monthly level and 30.3 per cent at the hourly level.<sup>49</sup> Such a gender pay gap is found to be associated with girls' responsibilities for unpaid care work in their adolescence in Ethiopia.<sup>50</sup> Thus, to address this gap, it is necessary to alleviate the time constraints on women's and girls' labour supply, which can be done through investing in care.

Care sectors— are a significant source of employment for women in the country. Domestic work, education and human health were the three biggest employment sectors for women, according to data from Ethiopia's National Labour Force Survey 2021. About 18.8 per cent, 18.7 per cent and 9.5 per cent of women are employed in domestic work, education and human health, respectively. However, overall, the care sector is small in the country and largely inadequate to meet the care needs of its population.<sup>51</sup> Many care occupations are wrongly perceived as unskilled or an extension of women's "natural" or "traditional" role as caregivers, which contributes to their low status, low pay and lack of representation, which implies the less valued and gendered nature of the care chain extends to paid care work.<sup>52</sup> Global research finds that care workers, especially frontline care workers such as community health workers and teachers, often face high incidences of violence and harassment, low pay, and poor working conditions.<sup>53</sup> Domestic workers, largely made up of young women in Ethiopia, have informal contracts, typically live with their employers, get poor wages and are vulnerable to exploitation.<sup>54</sup>

## Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive policies that support a care society contribute to gender equality, support women's safety and empowerment, and the overall wellbeing of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions and policies on care in the country against the four pillars of a purple economy – universal social infrastructure, labour market regulations, physical infrastructure and enabling macroeconomic environment.<sup>55</sup>

### Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. More provision of socialised care infrastructure and services can also reduce unpaid care work undertaken by households and communities. Adequately financed social care infrastructure that pays living wages to its workers is essential for valuing, rewarding and redistributing care work. Thus, this sub-section will focus on healthcare, childcare and care for persons with disability and the elderly.

#### Healthcare



Ethiopia's healthcare system is divided into primary, secondary and tertiary. In 2003, the country launched the Health Extension Program (HEP), a pioneering initiative designed to meet fundamental health service requirements by establishing community health posts offering primary-level preventive services. In addition to health posts, primary care includes health centres and primary hospitals. The Ministry of Health was in the process of developing a national primary healthcare strategic framework towards the end of 2023.<sup>56</sup> The secondary level comprises general hospitals and tertiary healthcare consists of specialised hospitals. The country has significantly advanced efforts to improve the health of its population, with healthcare institutions increasing from 1,645 in 2009 to 21,075

in 2017.<sup>57</sup> Alongside HEP, the introduction of paid Health Extension Workers (HEW) has positively impacted access to primary health services, with substantial progress recorded in maternal health, family planning and antenatal and postnatal care.<sup>58</sup> This indirectly improves the lives of people in the communities, positively impacting their ability to care for others. However, though health extension workers, mostly young women, are the backbone of the program, they work in an unconducive work environment, have no clear career structure, and non-uniformity of payment.<sup>59</sup>

Ethiopia has demonstrated progress in healthcare financing and expansion of healthcare infrastructure.<sup>60</sup> Healthcare expenditure increased from 5 per cent of GDP in 2013 to 11.7 per cent in 2017.<sup>61</sup> The country's healthcare workforce has also significantly increased in the 21<sup>st</sup> century. From 2009 to 2017, the number of healthcare professionals increased from 48,472 to 118,507, so in 2017, the country had nearly 1.26 healthcare workers per 1000 people.<sup>62</sup> However, the healthcare workforce has experienced persistent emigration to developed countries due to the attractiveness of high wages and better living conditions. Despite the progress, challenges in regional inequality and low access by vulnerable groups exist. The conflict in the Tigray region caused large-scale damage to the region's health system. By June 2021, just six months into the conflict, none of the 712 health posts and only 27.5 per cent of hospitals and 17.5 per cent of health centres were operational.<sup>63</sup>

The Community-based Health Insurance (CBHI) scheme launched in 2011 targets the community in the informal sector, especially the rural and low-income communities of Ethiopia. It serves the community with essential health service need packages at health centre levels. In 2020, almost 7 million households (i.e., about 32 million people) were enrolled in the scheme. However, the coverage is low; only 3 in 10 households are covered through this scheme. Currently, the country is preparing to implement a second type of health insurance system—Social Health Insurance (SHI), to give coverage to those in the informal sectors of the economy.<sup>64</sup>

## Childcare



Ethiopia's National Children's Policy, 2017,<sup>65</sup> provides a comprehensive framework to coordinate action towards children's rights and well-being. It

identifies several objectives, including supporting orphans and vulnerable children (estimated at 5 million in 2005)<sup>66</sup> through community-based adoptions, foster care and care programmes. The law also clearly establishes that wife and husband are responsible for childcare.<sup>67</sup>

National Early Childhood Development and Education Policy Framework (NECDEPF) 2022/23<sup>68</sup> looks at early childhood development and education (ECDE). This is a care intensive period of children's lives and thus particularly important to caregivers of children, particularly women and children themselves. HCS<sup>69</sup> found that childcare was considered the most problematic care activity for women. Ethiopia has started to provide public childcare services and limited protection of privately run childcare centres.<sup>70</sup> However, the NECDEPF aims to include early stimulation and responsive care services in maternal and child health nutrition programmes. Health professionals' capacity building is another planned activity. It also aims to institute a 3-year pre-primary education programme that is free and compulsory.

Ethiopia has made significant progress in universal primary education with a net enrolment rate of 88.7 per cent in 2021/22.<sup>71</sup> Regarding ECCE services, only 36.7 per cent of the child population in the age 4–6 (35.6 per cent for girls and 37.7 per cent for boys) are enrolled in pre-primary classes, which is below the sectoral target of 46 per cent and 47 per cent for girls and boys, respectively, with regional disparities.<sup>72</sup> This leaves 63.3 per cent of children to informal and/or family- and community-provided care services. This increases women's and girls' time constraints that prevent them from engaging in the labour market.

Ethiopia has free public provision of primary, secondary and tertiary education. However, schools are crowded, with pupil-to-teacher ratios as high as about 39:1 at the primary school levels, and women account for 39 per cent of all primary school teachers.<sup>73</sup> On the other hand, in pre-primary (ECCE), the majority (92 per cent) of teachers are females, indicating a potential for decent employment through investing in early childhood care and education (ECCE)<sup>74</sup>. However, ECCE services are constrained by the lack of adequately trained teachers, low salaries for teachers, the lack of a standard curriculum and the lack of accessibility and affordability on the part of rural communities and those with lower economic status.<sup>75</sup> The law also does not protect pregnant and lactating girls' right to education.<sup>76</sup>

UN Women conducted a study on estimating the care coverage gap of ECCE in Ethiopia (2023) which indicated the total ECCE coverage deficit is 8,330,347. This implies that over 8.3 million children below the age of 7 have no access to formal ECCE services. The ECCE gap is considerably higher in the case of day care services, accounting for 64 per cent. The total cost of eliminating the ECCE deficit is nearly 2.1 per cent of the country's gross domestic product (GDP). The estimates from this assessment demonstrate that investments to eliminate the ECCE deficit would have sizeable returns, with an additional 4,963,140 new jobs, and women (67 per cent) would be the prime beneficiaries of these investments.

### Care for Persons with disability and the elderly



An estimated 15 million children, adults, and elderly persons with disabilities live in Ethiopia, and 95 per cent of all persons with disabilities are estimated to live in poverty, where the majority are in rural areas where basic services are limited.<sup>77</sup> The prevalence of severe disability is higher among older people aged 60 years and older. This shows the proportion of the population that may potentially have specific care needs.

The Ethiopian constitution recognises the rights of the elderly and persons with disability. Ethiopia ratified the United Nations Convention on the Rights of Persons with Disabilities in 2010. However, there is no comprehensive legal framework on the rights of persons with disability and the elderly. Ministries and local bodies are responsible for managing issues of persons with disability and the elderly at various levels. However, the Ministries of Social Affairs and Health are the most important. The elderly and persons with disability are found to face challenges in terms of reduced access to healthcare services, employment opportunities and education services.<sup>78,79</sup> Qualitative interviews find that marginalisation, challenges in access and participation in broader social roles and responsibilities are common experiences of persons with disability in Ethiopia.<sup>80</sup>

The Nation Plan of Action for Persons with disability<sup>81</sup> aims to address barriers and challenges faced by persons with disability. The law explicitly prohibits discrimination, harassment and violence against persons with disability. However, implementation has been limited.<sup>82</sup> Ethiopia also accepted the African

Union Protocol on the Rights of the Elderly on July 9, 2020.<sup>83</sup> No care support for caregivers could be found for the elderly or persons with disability.

Proclamation 568/2008 Concerning the Rights of Disabled Persons to Employment aims to protect and promote the rights of persons with disabilities to appropriate training, employment opportunities, and salaries and to prevent workplace discrimination. Furthermore, the Ethiopian Building Proclamation of 2009 makes it mandatory for public buildings to be physically accessible for persons with disabilities. The ten-year plan (2021-2030) also focuses on people living with disabilities and others exposed to various social problems to access social safety net support and basic social services.

### Labour Market Regulation



Labour market regulations can promote work life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in countries like Ethiopia, where a very small percentage of the population is employed in the formal sector as wage employees. Ethiopia adopted the International Labour Organization (ILO) Convention No. 156, which requires governments to introduce measures to ease women's household responsibilities. It applies to working women and men whose caregiving responsibilities might hinder their economic participation.

The Federal Civil Servants Proclamation 2017 and Labour Proclamation 2019 regulate labour laws in the country and recognise the principles of equal pay for work of equal value, and outlaw discrimination based on gender in the workforce.<sup>84</sup> The latter provides for 30 days of pre-birth and 90-post birth paid maternity leave for women. Parental leave is important for redistributing



care work since it does not limit early infant care responsibilities to the mothers. However, no laws and policies related to parental leave exist. There is a provision for paternity leave for three days. Federal Civil Servants Proclamation provides for paid maternity leave for four months and paternity leave for 10 days for public sector employees. These laws do not meet the ILO standards for 14 weeks of maternity benefits. Domestic workers are not protected under these laws.<sup>85</sup>

The National Employment Policy and Strategy pays particular attention to persons with disability and women, adopting practical and supportive strategies that ensure equal participation in the labour market and income-generation activities. Addressing women's time poverty, it states the need for "providing the necessary support to establish day care centres in or around working premises where working mothers can safely leave their infants during working hours".

Legislative protection for paid care workers can be in the form of the right to collective bargaining, minimum wage laws and laws regulating working conditions. Frontline care workers, such as domestic workers, can particularly benefit from such protection due to prevalent informal and poor working conditions. Ethiopia has no legislative measures to explicitly protect domestic workers. The Labour Proclamation No. 377/2003 and new Labour Proclamation No.1156/2019 do not include domestic workers' rights as workers' rights.<sup>86</sup> The country also has no minimum wage law, although the Ministry of Labor and Skills is considering an assessment to decide in this regard.<sup>87</sup>

## Enabling Macroeconomic Environment



Although macroeconomic policies are a large area of concern regarding care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic situation. Ethiopia has a strong social protection policy and legislative framework.<sup>88</sup> The Social Protection Policy was first developed

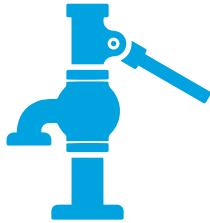
in 2014, and the strategy was launched in 2016. There are also specific strategies for job creation and urban food security.

The Ethiopia Productive Safety Nets Programme (PSNP) is the country's most significant safety net project. It was introduced in 2005 to increase food security and build resilience to economic shocks. It includes providing cash and food transfers as a 'cash-for-work' scheme or a direct transfer where public works programmes are impossible. Most vulnerable households, identified as labour constraint households (often targeting households with persons with disability or the elderly) and households with a female head and high dependency ratio, receive the direct transfer. The per person, per month transfer is indexed to 15kg in a local market from July 2017.<sup>89</sup>

The Ethiopia Productive Safety Nets Programme (PSNP) is a care responsive public works programme. It promotes women's labour force participation through quotas and provides flexible working hours and a cash transfer for pregnant and nursing women. The programme also works to improve care relevant infrastructure by including the creation of community assets such as improved access to water collection and fuel wood.<sup>90</sup> Moreover, it supports agricultural work to compensate for labour shortages on women owned land. The urban arm of the PSNP introduced a component for refugees and host communities as Ethiopia started implementing the Comprehensive Refugee Response Framework (CRRF). Recently, with explicit recognition of women's direct caregiving duties, the PSNP piloted the provision of childcare centre in the northern parts of the Amhara region.<sup>91</sup> The programme was run in collaboration with the Child Fund, the Africa Gender Innovation Lab and the Food Security Directorate of the Ministry of Agriculture. The centres were run by public works participants for children aged 1-5 years.

The Ethiopian Health Insurance Agency (EHIA) promotes health insurance through Proclamation 191/2010. It administers the Social Health Insurance (SHI) for public sector workers and the Community-Based Health Insurance (CBHI) scheme for informal sector workers and the general public. Due to operational challenges, SHI has a legislative framework but is not currently operational. CBHI was first piloted in 2010-2014 and now covers approximately 22 million people in rural and urban Ethiopia. Health Insurance Strategic Plan (2020-2025) aims to provide Universal Health Coverage (UHC).

## Physical Infrastructure



Care givers, particularly women, would benefit from essential care-supportive infrastructure. Traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. However, in 2021 only 0.5 per cent of rural Ethiopia and 26.6 per cent of urban Ethiopia had access to clean fuel and technology for cooking.<sup>92</sup> No existing policy directly addresses time and energy saving equipment and technology. However, one of the policy directions indicated by the National Science, Technology and Innovation Policy (2020) is environmental, social and cultural development, which emphasises the importance of addressing the needs of women and individuals with special support/care.

In rural areas, women and girls are central in fetching water, requiring them to cover long distances and encounter associated security risks. However, in 2022, about 42 per cent of the rural population had

access to basic drinking water services.<sup>93</sup> Climate change and extreme weather events further challenge access to clean water. Interestingly, women in households with water taps in the compound spend 3 hours and 6 minutes more on care responsibilities and 2 hours 33 minutes on care multi-tasking.<sup>94</sup> This suggests that women with better access to water infrastructure might use the time that they save on other care work, such as childcare.

Informational and communication technology can also reduce domestic care work responsibilities and offer various communication, information and organisational benefits that can help caregivers and care receivers. However, in 2021, only 42.8 per cent of the rural population had access to electricity.<sup>95</sup> About 54 per cent of Ethiopia had mobile cellular subscriptions and 17 per cent used the internet in 2021.<sup>96</sup>

To address the transportation challenge, a Public Service Employee's Transport Service Enterprise was established to provide free transportation to employees of Federal and City Administration public employees working in Addis Ababa city and surrounding Oromia region special zones during office opening and closing hours.<sup>97</sup> This contributes to addressing women worker's time and mobility constraints.

## Conclusion and recommendations

In conclusion, this snapshot of care systems in Ethiopia reveals a complex landscape shaped by various factors, including economic challenges, climate change, conflict and resource limitations. Households, specifically women and girls, bear

disproportionate responsibilities for care work. Care sectors are also an important source of employment for women but are quite small relative to care needs in the country. A few recommendations that emerge from this analysis are as follows:

The last time use surveys in the country were conducted in 2013, and it was an important step in recognising and valuing women's share of unpaid care work responsibilities. However, these must be conducted regularly, and their recommendations are included in policies and legislation. The country should also consider satellite accounts to the GDP that value care work.

Review and analyse policy initiatives in light of how they affect care givers and redistribute care work within and between the households, market, society and government. Programmatic interventions should also collect data to understand how they affect the distribution of care work.

Community-based rural childcare centres such as those piloted with PSNP may be expanded to benefit both children and their caregivers. However, particular care must be provided to ensure decent work for the paid care workers at the childcare centres.

The lack of formal provision of social care for the elderly and persons with disability suggests an important infrastructure gap in meeting the needs of these two population groups. Coordinated efforts by the relevant Ministries can provide such formal care services, using best practices from sub-Saharan African countries such as urban Kenya, South Africa and rural Tanzania for elderly care. Long term care within homes can also create job opportunities for young workers and increase the participation of older people and persons with disability in communities.

The social protection policy and legislative framework need further support in terms of implementation. This could include working with the Ministry of Labour and Social Affairs to support institutionalising a national social protection council and establishing a social protection fund.

Gender and disability should be mainstreamed in all infrastructure projects and climate change mitigation and adoption strategies. Infrastructure and other time-saving technologies are very important for reducing domestic work and allowing access to care services, especially as climate change, conflict and other regional crises have affected care services provision, food security and livelihoods.

Labour laws in the country should be amended to ensure that maternity benefits align with ILO standards since they are currently not completely funded by the government. Paternity leave should also be expanded. Flexible and other care friendly working arrangements may also be encouraged to promote the participation and retention of people with caring responsibilities. Legislation to protect domestic workers may be considered.

Comprehensive recognition of unpaid care work through laws and policies needs multi-stakeholder and inter-sectoral coordination in the care economy. Such national level coordinated action would transform fragmented legislative recognition of unpaid care work into coherent and effective recognition of unpaid care and domestic work and increase investments in the care sector.

The national policy on the care economy needs to be developed to ensure that quality care services are delivered and sustainable in the economy and to increase accountability among government and non-governmental organisations in addressing women's time poverty and mobility constraints.

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