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Empowerment of Women and Girls

A Feminist Political Economy Analysis of Public Policies Related to Care: A Thematic Review

Deepta Chopra
(with Alexandra Wanjiku Kelbert and Padmini Iyer)

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Abbreviations

AIDS   Acquired immunodeficiency syndrome
ANSES   National Social Security Administration (Argentina)
AUE   Universal Pregnancy Allowance (Argentina)
AUH   Universal Child Allowance (Argentina)
BFCI   Baby-Friendly Community Initiative
CAI   Comprehensive care centres (Colombia)
CCT   Conditional cash transfer
CPRC   Chronic Poverty Research Centre
CT-OVC   Cash Transfer to Orphans and Vulnerable Children (Kenya)
DFID   Department for International Development (United Kingdom)
ECD   Early childhood development
ECCD   Early childhood care and development
ECCD   Early childhood care and education
ENIA   National Strategy for Children and Adolescents (Uruguay)
HIV   Human immunodeficiency virus
IAFFE   International Association for Feminist Economics
IDB   Inter-American Development Bank
ISSA   International Social Security Association
MDG   Millennium Development Goal
MEGS   Maharashtra Employment Guarantee Scheme (India)
MGNREGA   Mahatma Gandhi National Rural Employment Guarantee Act (India)
MIS   Management information system
NGO   Non-governmental organisation
NSPS   National Social Protection Strategy for the Poor and Vulnerable (Cambodia)
OVC   Orphans and vulnerable children
PANES   National Social Emergency Response Plan (Uruguay)
PEDP   Primary Education Development Programme (Bangladesh)
PROANDES   Basic Services Programme for the Andean Sub-region
REOPA   Rural Employment Opportunities for Public Assets (Bangladesh)
SAGE   Social Assistance Grants for Empowerment (Uganda)
UCT   Unconditional cash transfer
UN   United Nations
UNDP   United Nations Development Programme
UNESCO   United Nations Educational, Scientific and Cultural Organization
UNICEF   United Nations Children's Fund
VUP   Vision Umerenge (Rwanda)
WCECCE   World Conference on Early Childhood Care and Education

Executive summary

Unpaid care work is directly linked to the economic empowerment of women and girls. There is a large and robust body of evidence about the extent of unpaid care work that women and girls do, and its contributions to both the economy and human development outcomes. But is this evidence being used to inform public policy? Doing so would include recognising the role of women and girls in the provision of unpaid care; the need to reduce the drudgery of unpaid care; and the need to redistribute unpaid care work (from women to men, and from the family to communities and the state), thus laying the basis for true gender equality. This review of secondary material aims to identify the political economy conditions of where, why, when and how unpaid care concerns become more visible on domestic policy agendas.

The review is informed by the theoretical and empirical insights of feminist political economy analysis to understand the processes and factors involved in gaining greater visibility for unpaid care concerns in national policy agendas. This requires looking not just at institutions, interests and incentives, but also at the interactions between gendered ideas, discourses and actors involved in the construction, implementation and evaluation of policy within specific contexts to produce 'success'. 'Success' in incorporating unpaid care into the national public policy agenda is understood to mean that public policies (1) signal recognition of women's contributions through unpaid care work; (2) reduce the drudgery associated with performing care; and (3) redistribute responsibilities for care (e.g. towards the state, community, men. Policies are examined at three junctures: intent (aims and design provisions); implementation (how intent is translated into action); and outcomes (consequences).

The review examines public policies in two sectors where the provision of unpaid care is indisputably a factor in determining both uptake and outcome of services, namely Social Protection and early childhood development (ECD). The review considers the extent to which policies and programmes in these sectors are being designed and implemented in ways that address unpaid care concerns and give the issue greater visibility. A literature search was undertaken for these two sectors in all low- and middle-income countries for the past 20 years, with reference to documentation also available on the internet.

The main findings of the review point to significant invisibility of unpaid care concerns in public policy in the two sectors examined. A very small proportion of policies – 25 out of 107 social protection policies and 41 out of 270 ECD policies – expressed an intent to address unpaid care concerns; and among those that did recognise care, the main focus was on redistributing care responsibilities from the family to the state. There are no social protection policies that aim to redistribute unpaid care work from women to men, and only two consider either providing support or reducing the drudgery of care. Among the ECD policies, support for carers in terms of better parenting is widespread, often acknowledging men's role as fathers. Redistribution of care from the family to the state is based on recognition that women need to work outside the home in paid jobs. No policies have been identified that are oriented towards reducing the drudgery of unpaid care.

Overall, the review found little information about how or why policies had incorporated these intents relating to unpaid care. Evidence (on the benefits of incorporating concerns about unpaid care) seems to be a relatively insignificant factor, with context and the presence of 'champions' seeming to play a more significant role. The findings suggest that the regional spread of ideas, changing demographics, and shared discourses about gender roles most likely influence how unpaid care is incorporated into policy. But the lack of detailed information on contexts, actors and discourses makes it difficult to draw any more substantive conclusions. This also reflects the fact that unpaid care concerns remain largely invisible among researchers examining policy processes. Literature on the political economy of implementation and the evaluation of successes is equally scant, with only a couple of

studies capturing the benefits of redistribution of unpaid care work in terms of relieving pressures on working mothers and allowing women to study or otherwise invest in their human and social capital. Empirical material on beneficiary perceptions of policy benefits has also not been analysed through the lens of unpaid care. This reinforces a perpetual cycle whereby unpaid care concerns remain invisible at all stages and levels – within policy implementation, monitoring and evaluation, and among the main actors involved, including donors, government officials and researchers.

The review finds that unpaid care work is invisible across public policy in the two sectors studied – whether in relation to intent, implementation or outcomes. The ECD and social protection sectors were chosen because they were most likely to include unpaid care concerns; desk-based reviews of other key sectors – notably agriculture, water and sanitation – are required in order to establish the full extent to which unpaid care concerns are invisible in public policies more generally.

Finally, the review has found that little is known about the political economy conditions under which unpaid care concerns are more likely to become institutionalised in policy agendas and translated into implementation and outcomes, which points to the multi-layered, nuanced and thus enduring invisibility of unpaid care in these two sectors. The review identifies a need for more empirical research to explore the interactions between gendered ideas and discourses, actors, social norms and values, interests and motivations, and the institutions that shape the visibility (or invisibility) of unpaid care within public policies on social protection and early childhood development. Adopting a feminist political economy lens for this kind of analysis can highlight the gender-specific success factors and obstacles to public policies that recognise unpaid care work, reduce the drudgery associated with it, and redistribute it in a systematic manner.

1 Introduction: the importance of unpaid care

There is a growing acknowledgement of the links between unpaid care and the economic empowerment of women and girls (DFID 2009). Unpaid care occupies large amounts of women and girls' time, thereby restricting their participation in civil, economic and social spheres, and also in public life. The negative implications of the lack of leisure time reduce women and girls' wellbeing (Eyben and Fontana 2011), while the drudgery associated with care may lead to adverse health outcomes. Women in the paid labour market may also not be able to adequately substitute for their care responsibilities, and therefore the care and human development outcomes of those being cared for may also suffer. Finally, women and girls' income from paid work may be eroded by the need for substitute care, which defeats the objective of economic empowerment. This signals the imperative for public policies to recognise and redistribute unpaid care work, and reduce the drudgery it entails (Elson 2000) in ways that acknowledge the contribution made by women and girls who undertake such work (Eyben *et al.* 2008).

1.1 Rationale for the thematic review

The unpaid work of care underpins all development progress. It is a social good that sustains and reproduces society and on which markets depend for their functioning. Prevailing gender norms mean that women and girls undertake the bulk of unpaid care work such as looking after and educating children, looking after older family members, caring for the sick, preparing food, cleaning, and collecting water and fuel (Birdsall and McGreevey 1983; Budlender 2010). Furthermore, the stickiness of gender roles is especially pervasive in relation to care, which is seen as largely arising from women's 'maternal' and 'caring' instincts.

These socially prescribed and entrenched gender roles that denote women and girls as care providers can undermine their rights, limit their opportunities, capabilities and choices, and so impede their empowerment. This is especially pertinent in times of changing family structures and increasing numbers of women entering the market economy, which places huge demands on women's time, and often results in compromises in either their paid activities (for example, taking up low-paid, part-time, less secure employment that may be hazardous to their health) or their care work – often with serious implications for their own health and wellbeing, and that of others in their care. Globally, increases in girls' education and women's paid work also mean that the supply of unpaid care is diminishing at a time when demand is increasing (due to a range of factors including a rapidly ageing population, migration, and the impact of HIV). In times of economic crisis, the drudgery of unpaid care work increases at the same time as the demand and need for both unpaid care work and paid work increases. But even as care underpins development, progress on development equally shapes the work of care. For example, improving access to fuel and water reduces the heavy labour of fetching and carrying, improves women and girls' health, and frees up time for them to participate in political and community life, as well as in the labour market. Early childhood development (ECD) programmes provide childcare as well as early learning; they can also improve sanitation, and provide vaccines and oral rehydration salts (ORS), which reduce childhood illnesses. These multiple and universal connections with development mean that unpaid care work constitutes a development super-sector: it cuts across all major economic and social sectors, adding value (albeit as yet unmeasured) throughout the economy and development process.

There is a large and robust evidence base about the extent to which women and girls perform unpaid care work, and its contributions to both the economy and human development outcomes. Members of the International Association for Feminist Economics

(IAFFE) have produced a substantial and credible body of evidence on this (Budlender 2010; Peterson 2005, Eyben 2007, Elson 2000). While this evidence has not fully penetrated mainstream development research, it has not been totally overlooked: two major development journals (*World Development* and *Development and Change*) have featured special issues on the subject. The World Bank has been exploring time-use data, and World Bank outputs increasingly acknowledge the significance of care (Eyben 2010). United Nations (UN) agencies and international non-government organisations (NGOs) have also produced important recent contributions to the evidence base on unpaid care, as well as evidence of changing realities. There have been recent highly regarded reviews of the literature (Razavi 2007; Eyben and Fontana 2011) supporting the view that strengthening care provision in ways that empower women leads to better development outcomes. Some studies have also begun to recognise the importance of care and its implications for the empowerment of women and girls. Veras Soares and Silva (2010), for example, recognise the 'double work shift' (unpaid domestic chores and paid work outside the household) that most women are engaged in, which increases their time poverty and their likelihood of accepting informal jobs that are more flexible. Girls are also likely to be required to share domestic tasks with women in the household, thereby negatively impacting their education and future life chances.

There are some encouraging signs that the effects of the unequal distribution of unpaid care work and its detrimental effects on women, girls and the quality of care outcomes are becoming more visible within public policy. The routes through which unpaid care work is gaining more attention include: (1) new laws that recognise the rights of paid or unpaid care workers (Gonçalves 2010); (2) pro-reproductive sector tax reforms; (3) gender-responsive public financial management reforms (gender budgets); and (4) official statistical systems that are more sensitive to the care economy (e.g. through collection of time-use data).[1] Yet the core concerns around unpaid care work outlined by Diane Elson – the need to recognise women and girls' contributions to it, to reduce the drudgery associated with it, and to redistribute it (to men, local communities, and the state) as a basis for true gender equality – remain substantially off the mainstream policy agenda. It is important to note that the invisibility of unpaid care work is evident at many levels, principally in global development policy thinking, and at national level. This makes recognition of unpaid care work a subject for global political economy (Rai *et al.* 2010; Bedford and Rai 2013; Bedford 2010; Bakker 2007).

There may be many reasons why unpaid care remains invisible within policy agendas. These include: a genuine technical incapacity to gather, absorb or use data on the care economy, and specific concerns about the quality of time-use data; male and middle-class bias in the development and policymaking process; and a strategic blindness to the large private contribution made by individuals (mainly women) to public social goals.[2] Yet around the developing world, policies and programmes that directly influence care practices and the quality of care outcomes have been emerging as prominent tools of social policy. Two notable areas are social protection and early childhood development (ECD), where the provision of unpaid care is a clear factor in determining both uptake and outcome of services. So has the proliferation of programmes targeted at the care economy led to greater recognition or visibility of unpaid care work? Do state policies that address care, whether intentionally or not, seek to reduce the drudgery of unpaid care work or redistribute it to others (whether individuals or organisations)?[3] If so, are these policies being institutionalised

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[1] A number of rich synthesis studies of these processes exist. See Floro (1995), Budlender *et al.* (2002), Budlender and Hewitt (2002), Budlender (2008), Budlender (2007), Elson (2000), Razavi (2007) and Eyben and Fontana (2011) for more discussion of the ways in which unpaid care work has (or has not) been integrated into public policy concerns.

[2] These points are developed in Eyben (2012).

[3] It is well established that social protection and early childhood development interventions often rely on additional unpaid care labour by women, which is not recognised or compensated for. See Chant (2008), Molyneux (2006) and Bradshaw (2008).

or do they remain at the level of discrete projects or actions? Where responsiveness to the needs of unpaid care workers has been integrated within social policy, how has that process happened? Which actors, institutions, contexts and political opportunities were involved and what did they do? What lessons can their experiences provide to inform other efforts to promote greater recognition of unpaid care in public policy?

A key part of the theoretical framework for this review recognises two key underlying factors: (1) the current context of ongoing global economic crisis and economic volatility directly affects women and girls on low incomes; and (2) there is a conclusive body of evidence on previous economic crises in Africa and Latin America which shows that women often act as shock absorbers at such times, by working even harder in the care and subsistence economies – a pattern repeated during the recent crisis.[4]

1.2 Objectives and main research questions

These considerations about how unpaid care work has been addressed in public policy and development thinking give rise to a series of research questions. The objective of this review is to develop a working understanding of the political economy conditions that may explain where, why, when and how unpaid care becomes more visible on the policy agenda. It is also important to understand the extent to which a recognition of unpaid care has been incorporated into public policy, and where this has happened, to understand how it happened. 'Success' in incorporating care into the public policy agenda would mean that public policies: (1) signal recognition of women's contributions through unpaid care work; (2) reduce the drudgery associated with performing unpaid care; and (3) redistribute responsibilities for care (e.g. towards men, the local community, or the state) (Elson 2000).

Following on from this, it is also important to understand how public policies that recognise and support unpaid care become institutionalised in some contexts but not others. Which political economy factors – combinations of actors, institutions and incentives – shape whether care becomes a significant consideration in economic policymaking? Answering these questions will help to identify smarter entry points for civil society activism or aid, based on a robust analysis of the conditions that are more likely to result in public policy tackling this key structural determinant of women and girls' empowerment. The review was also designed to contribute to understanding the conditions under which the evidence on unpaid care informs policymaking and practice.

The main research questions for the review were operationalised as follows:

Where, why, when and how has unpaid care become visible in public policies (specifically early childhood development and social protection) in the past 20 years? Under what political economy conditions (combinations of actors, institutions, ideas and incentives, and policy moments) has unpaid care gained visibility in the policy agenda?

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[4] There is a growing body of evidence on the gendered dimensions of the economic shocks and volatilities since the onset of the current global economic crisis, in 2008. See Espey et al. (2010), Elson (2010) ; Jones (2009), Stavropoulou and Jones (2013), Horn (2010); Hossain and McGregor (2011), Harper and Jones (2011). On previous crises and the role of women as 'shock absorbers', see Floro (1995), Moghadam (2000), Elson (1993), and Seguino (2010).

2 Approach: theoretical perspectives and review methods

2.1 Theoretical framework

The review is informed by the theoretical and empirical insights of feminist political economy, including the literature cited in the introductory section. Traditional political economy focuses attention on three aspects: institutions, interests and incentives, and norms and values (DFID 2009). A significant empirical and theoretical literature shows that actors and discourses are an important aspect of understanding policy processes (Keeley and Scoones 1999). However, there is a need for a gendered political economy analysis in order to understand the processes and reasons why women's concerns are interpreted and negotiated in particular ways (Bedford and Rai 2013), and the role that ideas and ideologies play in shaping how women's needs and interests are interpreted. A recent review of the gendered nature of political settlements found that gender-inclusive development was influenced by gender-sensitive actors (femocrats, elites supporting gender concerns, male allies) and coalitions and networks advocating around gender equality issues (Nazneen and Mahmud 2012). The dynamics between these factors depend on the political opportunity structures (McAdam *et al.* 2001) and supportive contextual factors.

For the purposes of the review, this means:

- a focus on women and girls' unpaid care as a form of labour which is essential to the reproduction of society and the economy, but neither fully recognised in nor supported by public policy
- a recognition that the actors, incentives and institutions that comprise the political economy conditions in which policies are made are themselves gendered, and de facto guided by patriarchal norms (Nazneen and Mahmud 2012)
- an assumption that patterns of global economic inequality emerge out of gendered inequalities at the household, community and societal levels.

This thematic review draws on Fernandez's feminist framework for policy analysis, which views policy as 'an iteratively linked set of representations, set of practices and a set of consequences, situated in and bounded by constitutive contexts' (Fernandez 2012: 14). For the purposes of this review, policy is thus defined as including:

- statements of intent – the actual documents from which the aims and objectives of policy statements can be discerned
- policy design – the specific provisions which state how the aims and objectives of the policy will be realised through implementation
- policy implementation – what actually happens, focusing on implementation of the specific design features
- policy outcomes – the consequences of how the policy is implemented, evaluated against the stated intent.

Taking into account these four aspects implies that the scope of this thematic review will not be restricted just to policy as intent and design, but will also examine how policy as practice and outcome are sensitive to unpaid care work and its gendered implications. As such, it was decided to examine two policy areas that seemed most likely to feature recognition and integration of unpaid care concerns – social protection and early childhood development (ECD, also referred to sometimes as early childhood care and development, or ECCD). The choice of these two sectors reflected three observations: (1) that care is likely to be highly

visible in both sectors, thus increasing the likelihood that it would be explicitly incorporated into public policy; (2) both sectors are more directly relevant to the wellbeing of people living in poverty than some other sectors; and (3) there is a relatively rich literature on policy processes in both sectors. Earlier plans to include a review of care within labour legislation as a third sector were abandoned, as it became apparent that labour-related reforms mainly concerned formal sector workers, and as such did not primarily address the concerns of people living in poverty.

The review is restricted to state-owned public policies and programmes. This is because it seeks to assess the importance that governments have placed on the evidence on unpaid care and its links with women and girls' economic empowerment, and reflected this within their public policies. The review does not cover the many smaller short-term, donor-funded projects in these sectors, unless they have played a role in promoting recognition of the significance of unpaid care and incorporating it in larger and more sustained government policy.

2.2   Methodology

Literature around identifying the politics of policy and political economy approaches abounds (Hickey 2006; Hickey 2008; Booth 2005; Parks and Cole 2010; Di John and Putzel 2009). However, it was not possible to identify any clear example of a review methodology that could take into account the nature of the problem, including these political economy dimensions. After consideration of potentially relevant methodologies such as thematic syntheses and systematic reviews, the method chosen was to review evidence on policy cases that emerged from a structured search of the published and grey literature (Barnett-Page and Thomas 2009; Thomas and Harden 2008).

The methodology for the thematic review was tailored towards the research question and the emphasis on gendered political economy analysis, and took into account the following features of the literature:

- Choice of sources: it was likely that the quantity of academically peer-reviewed literature would be limited compared to the extensive evaluation reports, policy papers, conference papers, and government policy documents.
- Choice of perspectives: it was likely that the literature would encompass a range of epistemological, ontological, disciplinary, ideological and normative perspectives. The methodology was designed to include all these perspectives, and make them explicit in the analysis.
- The empirical studies are likely to be distributed unevenly among the wide range of policies in which care could be recognised and addressed, and caution will be needed to avoid biasing our conclusions on the basis of more material from one policy than another.

The kinds of literature included in such a review were likely to be qualitative or mixed-method studies or case studies of initiatives (Greenhalgh *et al.* 2005; Thomas and Harden 2008). The approach involved a meta-analysis of the political economy elements of policy changes as cases, as suitable to addressing questions about why different arrangements of interests, discourses and institutions combine to produce different outcomes.

The review methodology involved a three-stage approach. The first stage focused on identifying all public policies within social protection and ECD in low- and middle-income countries. The second stage used inclusion criteria to narrow this down to a set of 'successful' policies. The third stage involved identification and selection of documents pertaining to the formulation, implementation and evaluation of these cases. An analysis of

the political economy conditions that had led to the institutionalisation of unpaid care concerns in each of these successful cases was subsequently conducted, focusing on five key aspects: actors; institutions; interests and motivations; social norms and values; and key policy moments. Details of this methodological approach are provided in Annexe A.

3   Results

This section presents the result of the analysis, starting with some summary statistics on the main findings in each sector, then focusing on four findings: intent and design, policy process, implementation and outcomes. For each sector, the main findings and gaps in information are highlighted.

3.1   Social protection

For the social protection programmes, we used a recent database compiled by the Chronic Poverty Research Centre (CPRC), which covers 52 countries and 109 policies. These programmes were selected on the basis of their size, scope and significance, and hence excluded all small, short-term pilots (Barrientos *et al.* 2010). With further purposive hand searches and existing knowledge, another 40 policies (and one additional country) were added, taking the total number of policies examined to 149. Table 3.1 gives the geographic spread of countries by region, and the number of policies found in each, broken down into the five main policy types.

Table 3.1 Number of social protection policies by region and type[5]

Region	No. of countries	No. of policies	No. of CCTs	No. of PWs	No. of STs	No. of UCTs	Integrated/ other
Europe and Central Asia	1	1	0	0	0	0	1
East Asia and the Pacific	7	10	2	0	3	1	3
Latin America and the Caribbean	18	50	30	0	13	2	4
Middle East and North Africa	1	1	1	0	0	0	0
South Asia	5	33	7	9	7	1	9
Sub-Saharan Africa	21	54	9	5	10	18	12
Total	**53**	**149**	**49**	**14**	**33**	**22**	**29**

The largest number of programmes found (49) were conditional cash transfers followed by social transfers (33), unconditional cash transfers (22), and public works (14), with integrated/ other types of programmes accounting for 29. Two programmes had no information about them. Annexe B lists each of these policies by country.

Of the policies or programmes examined, Table 3.2 indicates how many had incorporated unpaid care concerns into their stated aims and provisions, by geographic region and by type of policy.

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[5] There were four types of social protection policies: conditional cash transfers (CCTs), public works, social transfers, and unconditional cash transfers (UCTs).

Table 3.2 Number of social protection policies that address unpaid care concerns

Region	No. of countries	No. of policies	No. of successful policies	No. of policies with 'women as mothers'	No. of policies ignoring care	No. of policies with no care narrative	No. of policies with no information
Europe and Central Asia	1	1	1	0	0	0	0
East Asia and the Pacific	7	10	1	1	2	4	2
Latin America and the Caribbean	18	50	6	19	6	19	0
Middle East and North Africa	1	1	1	0	0	0	0
South Asia	5	33	4	1	7	21	0
Sub-Saharan Africa	21	54	10	7	10	26	0
Total	**53**	**149**	**23**	**28**	**25**	**70**	**2**

Of the 149 policies assessed, only 2 addressed unpaid care concerns and were therefore deemed 'successful'. However, a methodological caveat is in order here, which pertains to the temporal nature of these policies. Of these 2 policies, three had already been discontinued,[6] one had stopped registering new beneficiaries in 2002,[7] and two were pilot programmes.[8]

The 23 policies identified were spread across 16 countries (see Annexe C). Of these, the largest number of programmes was in sub-Saharan Africa (11), followed by Latin America (7). Almost 50 per cent of the total number of CCTs reviewed (24 out of 49) addressed women's role as mothers, while only 10 per cent (5 out of 49) addressed unpaid care concerns. Among the others, 78 per cent of public works programmes ignored care (11 out of 14), 90 per cent of social transfers had no care narrative (30 out of 33), 45 per cent of UCTs had care narratives (10 out of 22), and 93 per cent of integrated/other policies had no care narrative (27 out of 29).

Before presenting the analysis of the successful cases, Table 3.3 shows the number of documents and policies found and used in the three different stages of the review, pertaining to the social protection policies.

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[6] PANES, Uruguay (discontinued in 2007); Positive Children Project, Ukraine (discontinued in 2008).

[7] Argentina's *Plan Jefes y Jefas de Hogar Desocupados*; National Plan of Action for Orphans and Vulnerable Children, Namibia (discontinued in 2010).

[8] Ain El-Sira Pilot Conditional Cash Transfer Programme, Egypt; Pilot Cash Transfer Scheme, Liberia.

Table 3.3 Stage-wise tabulation of policies and relevant documents

Stage of review	Number of policies	Number of countries	Number of documents found	Number of documents reviewed
Stage 1	149	53	176,616,180	252
Stage 2	23	16	15,574,613	42
Stage 3	23	16	87,910	107

Table 3.3 shows that a large number of documents were found while searching for these policies in stage 1. However, quite a few of these were repetitive and therefore not useful. Also, given the focus on government policies, we specifically searched for actual policy documents in order to identify and classify intent; only if such documents were not found did we look for other documents to find information on the aims and design of each policy. Thus 252 such documents were reviewed.

In stage 2, 23 social protection policies were judged to have an intent to address unpaid care concerns, based on 42 documents pertaining to these 23 policies. Finally, in stage 3, searches gathered 87,910 documents pertaining to implementation, monitoring and outcomes of the specific care provisions of the 23 policies, of which 107 documents were reviewed (and used if there was relevant information) as follows:

- 53 documents pertained to the process through which policies had arisen, but only 10 referred to the political economy of institutionalising care (excluding those that spoke about contextual changes).
- 46 documents referred to implementation of policies, of which only 17 mentioned the specific implementation of care provisions. None of these referred to the political economy of implementation of these provisions.
- 17 documents mentioned the outcomes of recognition (in terms of implementation of the care outcomes). Only 11 documents had any description of support and redistributive outcomes. Four documents also noted other outcomes such as empowerment and increased self-esteem.

The numbers above are not mutually exclusive; the literature pertaining to the policy process was often the same literature that referred to implementation and outcomes of these 23 policies. In addition, these numbers do not reflect the extent of the information provided; even a one-line mention (such as in Ukraine's programme) of an outcome meant that the document was included.

Finally, in Table 3.4, the documents are disaggregated by the type of literature that was examined, which may shed light on the type of literature available.

Table 3.4 Analysis of data sources for social protection policies

Type of literature	Number of documents for policy process			Number of documents for implementation		Number of documents for care outcome
	Information about context only	Why policy	Why care	Of policy	Of care provision	(except recognition)
Academic	5	17	10	16	16	9
Government/official	3	5	1	4	0	1
International development agencies	5	3	4	9	1	1
Total number of documents	13	25	15	29	17	11
Total			**53**		**46**	**11**

It is important to note that the spread of information was not equal among these documents. Finally, these documents were clustered around specific policies. For example, the Ukrainian policy had one document covering the policy process, the implementation literature and the care outcome literature, with a one-line mention of care-related information. Argentina's Universal Child Allowance (*Asignación Universal por Hijo* or AUH) had five documents pertaining to the policy process, but all of them spoke only about the particular regime under which the policy was enacted. Information for the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and the Maharashtra Employment Guarantee Scheme (MEGS) in India formed the bulk of the care-related implementation (7) and outcome documents (5), with extensive information in all of these.

The information gathered from these documents is presented below.

3.1.1 Types of intent on unpaid care – social protection

Most of the 23 policies that were assessed as 'successful' (that is, recognised unpaid care concerns) had an over-riding concern with redistribution of care from the family to the state. Table 3.5 presents the geographical distribution of policies according to how they framed their stated aims: redistributing care between the family and the state; providing support for those doing unpaid care; and reducing the drudgery associated with unpaid care.

Table 3.5 Social protection policies with stated intent on unpaid care

Geographic distribution	No. of countries	No. of successful policies – recognition	No. of policies aiming to redistribute care (between family and state)	No. of policies aiming to provide support	No. of policies aiming to reduce drudgery
Europe and Central Asia	1	1	1	0	0
East Asia and the Pacific	1	1	1	0	0
Latin America and the Caribbean	4	6	5	1	0
Middle East and North Africa	1	1	1	0	0
South Asia	3	4	4	0	2
Sub-Saharan Africa	6	10	10	1	0
Total	**16**	**23**	**22**	**2**	**2**

Only two of the policies had a strong element of support in terms of advice and training programmes. Uganda's National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children (2011/12 – 2015/16) sought to strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children. For El Salvador's *Pensión Básica Universal* (Basic Universal Pension Programme), support was provided through training and capacity-building of family members responsible for the care of dependent elderly people. In fact, this was the only old age pension programme that had a specific care narrative supplemented by support for those caring for elderly people (in this case through training programmes). None of the other old age pension schemes had incorporated unpaid care concerns as a specific intent, even though some of them (5 out of 17) recognised that many elderly people (and especially older women) were responsible for the full-time care of grandchildren, either because of migration or AIDS-related death of parents.[9]

The two policies that aimed to reduce the drudgery associated with unpaid care were both in India: the MEGA and MGNREGA. This was mainly implemented through building community assets such as wells, roads and ponds, which would increase women and girls' livelihood security and wellbeing.

In terms of redistribution, it was surprising to note that there were no policies that addressed redistribution of unpaid care from women to men. Instead, all the 'successful' policies (except the El Salvador policy, which only included recognition and support, as explained above) aimed to redistribute unpaid care from the family to the state. The types of narratives they espoused regarding care included the following:

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[9] Indira Gandhi National Old Age Pension Scheme, India; Old Age Allowance Programme, Nepal; Old Age Pension, Lesotho; Old Age Grant, South Africa; Old Age Grant, Swaziland.

a) *Support to parents/ mothers working on public works*: five programmes were identified.[10]

Of these five, the MEGA (India) and the Rural Employment Opportunities for Public Assets (REOPA) programme (Bangladesh) specifically provided for maternity leave for women workers. The REOPA also had requirements for gender-disaggregated data in all baseline studies, gender perspectives in project planning, and involving both women and men in any needs assessments. The care narrative was specifically mentioned, in terms of 'Promoting women's participation in project activities considering their many other household and reproductive responsibilities' (UNDP Bangladesh 2011). The MGNREGA stipulates that equal wages will be paid to men and women for equal work, and operates a quota that reserves one-third of all work placements for women. In the MEGA and MGNREGA schemes, work opportunities were to be provided for women within 5km of their house to ensure that they were able to undertake both their household and work responsibilities. In addition, the MGNREGA scheme includes provision for worksite crèches, with an elder woman being employed specifically to take care of children at the worksite while their mothers worked. The Cambodian National Social Protection Strategy (NSPS) for the Poor and Vulnerable, and the Rwandan VUP Social Transfer programme similarly aim to cater for the needs of working parents and their children by providing crèches (Royal Government of Cambodia 2011; Government of Rwanda 2007). The Cambodian programme is also gender sensitive in that it pays special attention to employment, especially equitable treatment of women, equal pay for equal work, and encouraging women to take part in worksite supervision (Royal Government of Cambodia 2011).

b) *Support to working parents*: The only programme which provided day care services to poor working parents in the formal sector was Mexico's federal day care programme for working mothers, which covered working mothers and single fathers in the formal sector.[11] To be eligible, the mother of a child must be working, looking for a job or studying, and the household income must be below the threshold of six minimum wages per month. Fathers must be able to prove they are single parents in order to apply for the service and subsidy for their children.

c) *Child support grants*: There were six programmes which provided grants to vulnerable and poor parents and carers to support them with childcare costs. Argentina alone had three of these programmes, alongside South Africa, Nepal and Uruguay.

Argentina's AUH provides a monthly family allowance for parents who are unemployed or work in the informal economy (recognising that the vast majority of most women do not work in the formal sector) (Roca 2011). Another Argentinian programme, the Universal Pregnancy Allowance (*Asignación Universal por Embarazo* or AUE), provides a monthly salary to pregnant women who are unemployed (including informal workers, domestic workers, and small business and self employed individuals). These two allowances can be received together if caring for children under the age of 18, or caring for a disabled child (without age limit) (ISSA 2011). The third policy from Argentina, *Plan Jefes y Jefas de Hogar Desocupados* (Unemployed Heads of Households Plan), provides an income transfer to unemployed heads of households with dependants under the age of 18 or with disabled household members of any age. Here again, there is an underlying recognition that women are less likely to participate in formal labour markets (Galasso and Ravallion 2004). The Plan acknowledges that some households are headed by women and that women are not only wives and mothers but also potential workers. In South Africa, the Child Care Grant is

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[10] Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), India; Maharashtra Employment Guarantee Act (MEGA), India; Rural Employment Opportunities for Public Assets (REOPA), Bangladesh; National Social Protection Strategy (NSPS) for the Poor and Vulnerable (2011–2015), Cambodia; Vision Umerenge Program (VUP Social Transfer Program), Rwanda.

[11] This programme was included because it was specifically targeted towards parents who were earning low incomes even if employed in the formal sector. All other formal sector provisions were excluded from this review.

provided to the primary caregiver of the child (even when not a biological parent), and this need not be a woman. Similarly, in Uruguay, the National Social Emergency Response Plan (PANES 2005–7) aimed to assist families with children up to age 18 with a monthly income transfer (Cecchini and Madariaga 2011). In Nepal, families are provided with a monthly grant for improving the nutritional status of children (Khatiwada and Köhler forthcoming).

d) *Support grants for dependants (including orphans and disabled children specifically)*: One programme addressed specific categories of dependants such as disabled children requiring extra care,[12] while another had a more comprehensive definition of dependants that included people with disabilities, the elderly and the chronically ill.[13] In addition, five programmes recognised and provided extra support for carers of orphans and vulnerable children.[14] There were also differences in the definitions of carers used in these programmes, which ranged from biological parents only[15] to foster parents[16] and general family as carers.

While most of these programmes provided cash to carers, Namibia's National Plan of Action for Orphans and Vulnerable Children (2006–10), and Uganda's National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children (2011/12–2015/16) provided caregivers with external care support services and access to legal services. Kenya's Cash Transfer to Orphans and Vulnerable Children (CT-OVC) programme recognised women heads of households as the main carers of these children, in addition to grandparents, as well as acknowledging the needs of children in the poorest households who took on unpaid work (Ward *et al.* 2010). The only programme targeting carers of HIV-positive children was found in Ukraine, where day care centres set up under the Positive Children's Project (2005–08) aimed to benefit parents by providing them with 'free time to visit doctors and labs, pay bills, attend training courses, etc'.

e) *CCTs recognising the care burden of fulfilling conditionalities*

Among the large number of CCTs operating in various countries (most of them on a large scale), the review found only two that addressed unpaid care concerns,[17] with the remainder being centred around a very maternalist notion of women as carers, therefore reinforcing traditional gender hierarchies and divisions of labour within the household. The only two programmes that made a serious attempt to incorporate unpaid care concerns approached this from the perspective of the additional burden that conditionalities put on women's time, and sought to respond to this.

Chile's Solidario programme targets families and people in extreme poverty through cash transfers (preferably given to a female head of household) and training programmes. Significantly, in the case of training for female heads of household, the programme makes provision for childcare during training sessions – for example, through preschool provision.

The Ain El-Sira Pilot Conditional Cash Transfer Programme in Egypt provides compensation to mothers and female heads of households for any time spent fulfilling programme conditions, and parents receive more money for keeping girls in school than keeping boys in

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[12] Care Dependency Grant, South Africa

[13] Social Cash Transfers (Special Maintenance Grant), Namibia

[14] Cash Transfer to Orphans and Vulnerable Children (CT-OVC), Kenya; National Plan of Action 2006–2010 for Orphans and Vulnerable Children, Namibia; Foster Care Grant, South Africa; National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children, Uganda.

[15] National Plan of Action for Orphans and Vulnerable Children, Namibia.

[16] National Plan of Action for Orphans and Vulnerable Children, Namibia; Foster Care Grant, South Africa,

[17] Chile Solidario, Chile; Ain El-Sira Pilot Conditional Cash Transfer Programme, Egypt.

school (DFID 2011). Furthermore, both male and female heads of household are encouraged to visit health clinics and attend nutrition talks.

f) *Anti-poverty or social assistance grants providing extra resources for care, or targeting carers*: The review found two programmes (in Liberia and Uganda) that were broader anti-poverty programmes but had specific provisions that recognised the additional burden of care, especially on poor households.

The Social Assistance Grants for Empowerment (SAGE) programme in Uganda provides additional grants for each child or elderly person being cared for within the household (Government of Uganda 2012). In Liberia, the Pilot Cash Transfer Scheme gives a bonus for families to spend on children. This programme also recognises child-headed households and 'economically poor households who are labour constrained, such as a grandmother taking care of an orphan, or a handicapped single father who needs to support his family' (Ministry of Gender and Development 2009).

3.1.2 The political economy of incorporating unpaid care into statements of intent – social protection

In this review we set out to explore the larger context which had been conducive to the incorporation of unpaid care concerns into statements of intent, the specific political processes, actors involved, and their interests and motivations, as well as the values and norms underlying these interests and processes in cases of 'success'. We have seen in Section 3.1 that only a small proportion of policies can be deemed 'successes'. Even more striking is how little evidence was available on the reasons for this 'success', either in terms of the conduciveness of the overall context or the specific drivers pushing for the incorporation of unpaid care concerns into policy agendas. Evidence was limited to some Masters or PhD theses, impact evaluation documents, and media articles.

Of the 23 social protection policies deemed to be successes (see Table 3.2), 20 had some information about why they emerged. However, this number is a misnomer, as it hides the extent, quality and type of information available – much of which concerned the formulation of the policy itself rather than why unpaid care was stated as an intent.[18] For example, while there was detailed literature on how and why the two Indian programmes came into being (the Maharashtra Employment Guarantee Scheme (MEGS) and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)), there was no information on how and why the specific care provisions were included, or who was advocating for their inclusion. In another case (Uganda), the only information available about how the policy came into being is that it was 'inspired by a field trip organised by Ministers and Key government officials to Malawi and Zambia in 2007' (Onapa 2010).

In five of the cases,[19] recognition of the importance of unpaid care was a direct response to changing national demographics, with the HIV epidemic and rising numbers of AIDS-related deaths resulting in a large number of orphans and vulnerable children in need of care. As a result, governments were forced to accept that they had to respond to this 'emerging crisis' (Feranil *et al.* 2010); most adopted a strategy of family and community-based care for orphans and vulnerable children, while recognising the need for additional resources to help them care for these children.

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[18] For instance, NSPS for the Poor and Vulnerable, Cambodia; VUP, Rwanda.

[19] CT-OVC, Kenya; National Plan of Action for Orphans and Vulnerable Children, Namibia; Foster Care Grant, South Africa; National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children, Uganda; Positive Children Project, Ukraine.

This discourse of external contextual factors being responsible for bringing care concerns to the fore in policy agendas was also echoed by literature in two other cases. Liberia's civil war left a large section of the population in poverty, with almost 50 per cent of children in Bomi County (where the Pilot Cash Transfer Scheme was introduced) suffering from under-nutrition, and therefore requiring government intervention. While this brought care concerns to the fore, what is unclear from the literature is why parents were given an additional bonus to spend on children, and who was pushing for this provision. In Uruguay, following a severe economic crisis in the 2001, and a subsequent change in government which had come to power on the promise of extensive pro-poor redistribution led to the development of PANES and its implementation as a temporary social relief programme (from 2005–2007) but there is no information as to why this took the specific form of child support grants to families.

It is interesting to note the significant involvement of international actors such as UNICEF, UNESCO and the World Bank in 10 of the 20 policies containing any information on the policy process; it is similarly interesting to note government adherence to international goals or rights frameworks such as the Millennium Development Goals (MDGs) and the UN Convention on the Rights of the Child (in 4 of the 20 policies). This strong involvement of international actors may reflect the affiliations of sources of the literature (most of which was drawn from donor reports or reports by actors affiliated to international organisations) rather than offering a more balanced perspective.

In six cases,[20] there was some more information on the policy process specifically pertaining to the unpaid care provisions. The main factors that accounted for unpaid care concerns being incorporated into these policies are summarised below:

a) *Institutional and ideological history* of the country concerned: combined with windows of opportunity/moments in time ('policy moments') that necessitated appropriate responses (external and internal). The three Argentinian policies that had incorporated unpaid care concerns were rooted in the country's rich history of providing social security, longstanding demands by political parties, and citizens' demands to improve the situation of vulnerable households and children. Additionally, there were specific external factors leading to the introduction of these programmes. While the *Plan Jefes* programme was launched (in 2002) at a time of extreme social tensions triggered by high unemployment and loss of income because of the 2001 economic crisis (Tabbush 2008), the AUH (launched in 2009) was introduced to respond to the effects of the global financial crisis, and to allow consolidation of various non-contributory programmes (including *Jefes*) (Roca 2011). The AUE, however, was launched in 2011 as an extension of the AUH. The literature also reflected strong ideological underpinnings and a particular image presented by the Nestor Kirchner-led National Social Security Administration (ANSES) as a government committed to social inclusion, which these programmes were trying to deliver (Bertranou and Maurizio 2012; ANSES 2011).

In India, the specific care provisions within the MGNREGA were primarily the same ones that had been in place under the MEGS. While there is no information on why these were incorporated in the Maharashtra scheme to begin with, this highlights a certain historical trajectory of getting unpaid care concerns onto national policy agendas. There was some information about why gender concerns (such as the one-third quota for women's participation) were taken on board (Chopra 2010; Chopra 2013), but there was no information about how and why the pro-care provisions (specifically crèches) had been included within the policy.

b) *Champions of unpaid care*: In the case of Egypt, the actions and advocacy of specific 'champions' (individuals who in this case were part of a larger international group of

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[20] MGNREGA, India; AUH, Argentina; *Plan Jefes y Jefas de Hogar Desocupados*, Argentina; AUE, Argentina; Ain El-Sira Pilot Conditional Cash Transfer Programme, Egypt; Child Support Grant, South Africa.

academics recognising and adhering to gender critiques of CCTs) led to the provision of women being compensated for fulfilling conditionalities attached to the country's pilot cash transfer scheme. This group was led by senior and well-respected academics who held workshops involving a range of experts from Latin America and the UK to aid in the design of the pilot scheme. While the literature is not explicit about this, this group had links with high levels of the Egyptian government, and they were able to get funds from the Egyptian Ministry of Social Solidarity to launch a CCT pilot scheme.

From this discussion, it appears that while ideology and institutional experience were critical factors in making unpaid care concerns more visible in the policy agenda, these factors alone were not sufficient to ensure that such concerns were translated into policy aims and statements of intent. Other factors played an important role, such as the presence of champions who not only believed in the issue, but were also placed in positions of power and were able to effectively advocate for unpaid care concerns to be addressed through concrete provisions. Finally, it is interesting to note that evidence on the benefits of incorporating unpaid care concerns into social protection policies was not found to be a big motivation in any of these cases. Additionally, changes in national and international trends and crises (such as the rapidly ageing population and financial crises provided a big push for recognising the need for care, thereby setting in motion policies that incorporated unpaid care concerns and began to address the needs of caregivers. Perhaps it is the case, therefore, that incorporating unpaid care concerns into policy agendas was an unintended (yet positive) consequence of a focus on the growing demand for unpaid care.

Overall, however, the picture of how the broader political economy relates to unpaid care concerns being incorporated into policy remains unclear. The secondary literature review has revealed very little information about the five key factors of interest in this exercise – the institutions, interests and motivations, norms and values, actors, and key policy moments. It is therefore difficult to draw even tentative conclusions about the reasons why unpaid care concerns have been incorporated into and kept high up the domestic policy agenda. Moreover, most of the information that is available is not detailed or systematic, and includes only partial analyses for specific policies (e.g. of the 15 documents that mentioned the policy process, seven referred to the political context and orientation of the party in power in Argentina).

3.1.3 Evaluating implementation and outcomes of intent on unpaid care – social protection

Given that it was difficult to find literature on the political economy of how unpaid care concerns have been incorporated into policy intents (pre-intent), it is perhaps not surprising that the review found that literature on evaluating implementation and outcomes of policy intent is next to negligible.

Assessing implementation

In assessing the implementation of the 23 successful statements of intent, the methodological constraint of a secondary literature review meant that we could not trace any budget allocations or spending. Most of the policies appeared to have been implemented to some extent. There was also a temporal issue in finding any implementation or evaluation literature for three policies. The PANES programme in Uruguay had been closed, so there was no recent implementation literature available. Conversely, policies such as Argentina's AUE and Uganda's National Strategic Plan of Interventions for Orphans and other Vulnerable Children had only recently been initiated, which meant it was too early for any implementation or evaluation studies to have been carried out.

It proved even more difficult to examine how the specific care provisions in each policy (arising from the intent to address unpaid care concerns) were adhered to. The review found information on the implementation of the care intent for seven policies,[21] but mainly in terms of the numbers of grants made (often specifying the number of women beneficiaries), the number of orphans reached, and the number of training sessions held.

The only cases the review found that explicitly discussed the non-implementation of unpaid care provisions were the two Indian policies, MEGS and MGNREGA. The MEGS had been heavily critiqued on the basis of maternity benefits never reaching women because of design flaws, and the lack of crèche provision (Shah and Mehta 2008; Devaki 1979). The MGNREGA had been similarly criticised for lack of crèche provision on worksites, and the abysmal quality of childcare provided, if any was provided at all (Sudarshan 2011; Pankaj and Tankha 2010; Narayanan 2008; Bhatty 2006). All these sources come from small studies in specific localities by individual academics, and point to what Palriwala and Neetha (2009) have called 'gender familialism'[22] of the Indian state. This attitude towards not recognising women's double day and care work as the responsibility of the state (in addition to the family) is also reflected in the absence of government-led monitoring of worksite crèches, despite a robust monitoring and implementation system that tracks most other aspects of implementation.[23] This suggests a lack of interest in monitoring unpaid care outcomes, which can signal that this intent is not important to implementing actors.

The review found hardly any information about hindrances or problems in the implementation processes of policies and their unpaid care provisions either. *Chile Solidario* was an exception, with Galasso (2011) recording that despite the positive provision regarding flexible preschool hours to meet the needs of working mothers, the enrolment rate was just 4–6 per cent. Cultural perceptions that the child is either too young or better taken care of at home accounted for 90 per cent of self-reported reasons for non-enrolment (Galasso 2011). The review found only one instance in the literature of a policy being criticised for failing to address unpaid care concerns. South Africa's Foster Care Grant received this criticism: 'Caregivers... [are] treated simply as intermediaries, with scant attention paid to their rights, roles and responsibilities... This may be yet another illustration of the ways in which women's unpaid work continues to be unrecognized' (Hearle and Ruwanpura 2009).

This lack of evidence about how unpaid care-related social protection policy provisions are implemented corresponds with minimal information regarding the outcomes of such provisions, as described below.

Assessing outcomes

In terms of outcomes pertaining to unpaid care, we had planned to find and classify information regarding the four main intents the programmes had been classified under (recognition of unpaid care, redistribution of care, support for caregivers, and reduction of drudgery). In terms of recognition, we had said that the implementation of the policies would itself serve as an outcome – which has been described above. The most significant programme providing evidence of implementation was *Chile Solidario*, where 'pre-school programs have been adapted to reach the target population by providing free access as well as flexible hours to meet the needs of working mothers, even with temporary jobs of

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[21] AUH, Argentina; *Chile Solidario*, Chile; Ain El-Sira Pilot Conditional Cash Transfer Programme, Egypt; Pilot Cash Transfer Scheme, Liberia; Child Support Grant, South Africa; SAGE, Uganda; Positive Children Project, Ukraine.

[22] 'Gendered familialism' refers to two beliefs: that families were the prime security net, and welfare policies were only there in case of family failures; and that women were seen as primary carers and mothers, not as workers. Thus, any actions taken by the state refused to accept women's double day, or care as a collective concern of families and the state. Instead, it saw care work as the responsibility of women (embedded within family relations).

[23] See www.nrega.nic.in for the extent and type of information available on the MGNREGA's implementation.

households where the head of household is unemployed and the mother is looking for work' (Galasso 2011).

We had classified two policies as positive with respect to support for unpaid care concerns in their intent;[24] however, we could find no information about either the implementation or outcomes of their provisions. Of the two policies we assessed as having an intent to reduce drudgery, there was ample information for their outcomes (for example, asset creation in terms of ponds, wells and roads in MGRNEGA and MEGS) in both government and academic studies, but this was not explicitly expressed in terms of a reduction in women's time or drudgery.

A significant finding was that there was a huge gap in information on outcomes with regard to redistributing unpaid care. Of the 22 policies classified as having intent to redistribute unpaid care (from the family to the state), only seven had any information about the outcomes, six of those being positive redistributive impacts. In Uganda, families with elderly people who received the Social Assistance Grants for Empowerment (an additional component to take care of the elderly people) reported that elderly people ceased to 'feel like a burden' (Bukuluki and Watson 2012). In Ukraine, women were reported to be able to spend quality time with peers and reduce their isolation. In Chile, preschools operated flexible hours to meet the needs of working mothers (Galasso 2011). Focusing on Argentina's AUH, Kukurutz and Ruiz (2011) show that the extra income received under the programme allowed women to have more choice in terms of the jobs they took (including whether or not to take low-paid jobs). In the MEGS and MGNREGA policies, women's participation in the labour force had increased because of flexible working hours and work being provided close to home (Devaki 1979; Shah and Mehta 2008; Sudarshan 2011), allowing women to balance their care responsibilities with paid work. The only negative impact came from an evaluation of Uruguay's programme and its goals pertaining to workforce entry, which were deemed to be unsuccessful (Inter-American Development Bank 2011).

The amount of information on negative impacts of the non-implementation of the stated intent on unpaid care was significant for two policies. For both the MEGS and the MGNREGA, studies showed that women were either participating less or were more stressed, because they were worried about their children being left alone or with other people (Narayanan 2008). Sudarshan (2011) reports another negative impact of the non-provision of crèches, which resulted in older daughters looking after younger siblings while their mothers worked, thereby missing out on their own schooling. Furthermore, several studies warn that women's participation in MGNREGA has put more pressure on the amount of time women have for household duties, thereby exacerbating tensions within the household (Holmes *et al.* 2011; Pankaj and Tankha 2010). A study conducted in Rajasthan shows that in order to fulfill their various care responsibilities, women get up earlier to fetch water, prepare food and make arrangements for their children before going to work. Some women even go back home to take care of their children during the official lunch break, leaving no time for leisure (Pankaj and Tankha 2010).

Some studies did point to redistributive outcomes through ethnographic case studies, even when they were not explicitly described in this way. For example, in Liberia, a woman reported using the cash transfer to repair the thatch roof of her house (UNICEF 2011a), which might have led to a reduction in her chores of cleaning the house. In Bangladesh, women reported using the money they received to buy better food for their families (European Commission 2011), while Devereux (2012) found similar positive stories that had not been drawn out as such in the evaluations. This points to another type of invisibility –

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[24] Pensión Básica Universal, El Salvador; National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children, Uganda.

among researchers, leading to the framing of questions that do not explicitly ask about impacts that the policy may have had on unpaid care responsibilities. Subsequently, even if some ethnographic information is obtained, it is not analysed using the lens of unpaid care. Other non-care related outcomes included empowerment. In Uganda, women reported that the cash had improved their self-esteem, status and empowerment, and enabled them to be active members of their households and communities, rather than burdens (Bukuluki and Watson 2012). In India, the MGNREGA was reported to have increased women's self-confidence, independence and security (Sudarshan 2011; Sjoblom and Farrington 2008). A comprehensive study conducted by the government suggested that wider improvements in gender equality coupled with positive changes in self-perception resulted in the empowerment of women and lasting social change (Ministry of Rural Development Government of India 2012).

This discussion has shown that most of the standard impact evaluations and programme performance documents did not trace the outcomes with respect to the provision of care – which contributes to the invisibility of care concerns among implementing bodies and monitoring and evaluation teams as much as with policy actors. The relatively low importance attached to unpaid care concerns in policy can also be seen in which outcomes get monitored or reported on. In Bangladesh, for example, the focus was on the number of women employed on public works, and the number of workdays created for casual workers, but there was no information about the number of crèches opened at worksites. In Kenya, outcomes were measured in terms of HIV risk behavioural change and increase in school attendance by orphaned children, instead of outcomes relating to changes in the unpaid care situation within families.

There were some evaluations that referred to the gendered outcomes of these policies. However, most did not refer to unpaid care considerations explicitly. For example, the gender analyses of Argentina's *Plan Jefes* reflected a serious lack of concern with gender equity (Tabbush 2008), but the effects of the programme either on intra-household dynamics or other impacts of redistribution – such as women entering the job market or having more free time because of the state providing additional resources – have largely remained unexplored. In a recent evaluation of South Africa's Child Support Grant, Devereux *et al.* (2010) found that the female caregiver who receives the grant is usually the person who has most control over how it is used and distributed within the family. However, the study did not analyse whether this had led to any care-relevant outcomes. Similarly, the outcomes of the Ain El-Sira Pilot Conditional Cash Transfer Programme in Egypt were restricted to social workers being introduced to the ideas of women's rights and agency, but there was no information regarding the care outcomes of these changes.

The review found even less awareness that unpaid care concerns could prevent the full realisation of specific policy outcomes. Only in one case – Argentina's *Plan Jefes* – was it acknowledged that while more than 80 per cent of beneficiaries work in some type of project, health problems or having to care for a relative prevents the other 20 per cent from participating (Kostzer 2008).

This lack of literature and analysis can only point to another layer of invisibility of unpaid care concerns – among evaluators and funders. This results in both the implementation of unpaid care provisions and the outcomes on unpaid care not being monitored or evaluated. While the lack of monitoring and evaluation of unpaid care provisions is a symptom of the invisibility of unpaid care concerns, it is worrying because it could be interpreted by those responsible for implementation as meaning that unpaid care is not a significant issue, thereby turning a 'successful' policy (defined by intent to address unpaid care) into a paper tiger. Efforts to incorporate unpaid care concerns into statements of intent would thus be simply a waste of time unless carried out through implementation and monitoring of policy provisions on unpaid care sensitive outcomes.

3.2 Early childhood development (ECD)

A total of 263 ECD policies were found (see Annexe D). Of these, 17 lacked information and could not be assessed. Only 40 policies addressed unpaid care concerns. These 40 policies were spread across 33 countries (see Annexe E). As Table 3.6 shows, Latin America and the Caribbean had the largest number of 'successful' policies (15), followed by sub-Saharan Africa (SSA) (13). Whereas the SSA region had a much higher ratio of 'successful' social protection policies (13 policies across 49 countries), the LAC region has the highest ratio of 'successful' ECD policies (15 policies across 28 countries).

Table 3.6 ECD policies with stated intent on unpaid care

Region	No. of countries	No. of policies	No. of successful policies	No. of policies with 'women as mothers'	No. of policies ignoring care	No. of policies with no care narrative	No. of policies with no informa-tion
Europe and Central Asia	23	38	5	8	6	17	2
East Asia and the Pacific	23	39	2	9	6	22	0
Latin America and the Caribbean	28	75	15	7	13	34	6
Middle East and North Africa	12	17	2	3	2	9	1
South Asia	7	12	3	3	0	6	0
Sub-Saharan Africa	49	82	13	12	8	42	8
Total	**142**	**263**	**40**	**42**	**35**	**130**	**17**

Similar to the social protection section, a methodological caveat is in order here pertaining to the temporal nature of these policies. While none of the successful policies had been discontinued, some of them had been in existence for more than 40 years, while some had only been initiated less than a year ago.

Before presenting the analysis of the successful policies, Table 3.7 presents the requisite number of ECD documents and policies found and used in the three different stages of the review.

Table 3.7 Stage-wise tabulation of policies and relevant documents for ECD

Stage of review	Number of policies	Number of countries	Number of documents found	Number of documents reviewed
Stage 1	266	142	1,234,503,554	377
Stage 2	40	33	153,551,911	59
Stage 3	40	33	185,545	88

As Table 3.7 shows, the review found a very large number of documents during stage 1. But quite a few of these were repetitive and therefore not useful. Also, given the focus on government policies, the review searched (in stage 1) specifically for the actual policy

documents in order to identify and classify policy intent, and only looked for other documents if this information were not found. Thus 252 such documents were reviewed.

In stage 2, 40 ECD policies were judged to have a care intent, based on 59 documents. Finally, in stage 3, searches collected 185,545 documents pertaining to implementation, monitoring and outcomes of the specific care provisions of these 40 policies, of which 107 documents were reviewed and used as follows:

- 10 of the 40 policies had no information at all about the policy process. For the remaining 30, the review found 37 documents pertaining to the reasons why these policies emerged. Only eight of those referred to the political economy of why care provisions were included (excluding those that spoke about contextual changes).
- No information could be found about the implementation of 14 policies. Of the remainder, 32 documents were found on the implementation of policies, of which only nine mentioned the specific implementation of care provisions. None of these discussed the political economy of implementation of these provisions.
- Nine documents mentioned the outcomes of recognition (in terms of implementation of the care outcomes). An additional nine documents were recorded as having any description of support and redistributive outcomes. Three documents also discussed other outcomes such as women's empowerment.

As in the review of social protection documents, the numbers given above are not mutually exclusive – that is, the same document may have had information on implementation and outcomes, and sometimes also on the policy process. These numbers also hide the extent and depth of information available. On ECD, there was only one document (for Mexico) that had extensive information about the policy process and outcomes, but even this had no information about implementation. In Table 3.8, these numbers are also disaggregated by the source of the document, shedding light on the type of literature available.

Table 3.8 Analysis of data sources for ECD policies

Type of literature	Number of documents for policy process			Number of documents for implementation		Number of documents for care outcome
	Context only	Why policy	Why care	Of policy	Of care provision	(except recognition)
Academic	0	6	2	7	1	4
Government/official	2	10	2	5	2	2
International development agencies	3	8	4	11	6	3
Total number of documents	5	24	8	23	9	9
Total			**37**		**32**	**9**

In the ECD documents, there was no clustering of documents around specific policies.

The information from these documents is presented below.

3.2.1 Types of intent on unpaid care – ECD

Similarly to the social protection policies, the majority of the 40 'successful' ECD policies had an over-riding concern with redistributing care. While none of the social protection policies aimed to redistribute care within the family, out of the 40 ECD policies, 37 aimed to redistribute care either within the family (from women to men) or from the family to the state.

Table 3.9 presents the 40 successful policies classified according to geographic region and the type of stated care intent (redistribution, support, and reduction of drudgery).

Table 3.9 ECD policies with stated intent on unpaid care [25]

Geographic distribution	No. of countries	No. of successful policies – recognition	No. of policies aiming to redistribute care (within the family)	No. of policies aiming to redistribute care (between family and state)	No. of policies aiming to provide support for carers	No. of policies aiming to reduce drudgery
Europe and Central Asia	5	5	3	3	1	0
East Asia and the Pacific	2	2	0	2	0	0
Latin America and the Caribbean	10	15	9	12	5	0
Middle East and North Africa	2	2	1	1	0	0
South Asia	3	3	2	2	2	0
Sub-Saharan Africa	11	13	1	10	2	1
Total	**33**	**40**	**16**	**30**	**10**	**1**

An examination of the intent of these policies reveals that some were quite comprehensive – five provided support to parents, and also had redistributive intents (both from the family to the state, and within the household).[26] Nigeria's Food and Nutrition Policy was the most comprehensive, covering support and redistribution, and was notable for being the only ECD policy found that stated an intent to reduce the drudgery associated with unpaid care. However, the (almost) complete absence of ECD policies with an intent to reduce drudgery may be because the nature of the sector does not lend itself to this type of intent.[27] However, within this policy, it was interesting to see the contrasting discourses regarding different elements of unpaid care; the policy aimed to develop labour-saving technologies to reduce women's workload and create more time for childcare (see Annexe G for details).

The main aims that the review found among the 40 successful cases can be summarised as follows:

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[25] The categories within this table (support, redistribution and reduction) are not mutually exclusive. Therefore, there are 10 policies in total which do both types of redistribution (1 ECA; 5 LAC; 1 SA; 2 SSA); 6 which exclusively do redistribution within the family (1 ECA, 3 LAC, 1 MENA and 1 SSA) and one exclusively doing support (LAC – Guatemala 1).

[26] Gardens of Mothers and Children, Albania; Parents counselling centres and centres for young children development, Ukraine; National Policy on Food and Nutrition, Nigeria; National Strategy for Children and Adolescents (ENIA) - Action Plan, Uruguay; and *Programa Ventanas en el Mundo Infantil* (Windows to Children's World Programme), Costa Rica.

[27] The choice of sectors is a broader methodological point. If we chose rural development policies, for example, we would expect a much broader spread of the aims, including reduction of drudgery – such as installing water pumps closer to women's houses to ensure both drinking water and water for livestock; or introduction of kerosene stoves instead of firewood-based stoves.

a) *Support*

10 of the 40 policies had a strong focus on providing support through providing training for parents and families to enable caregivers to provide better care for children.[28] Five policies were from Latin American countries, which reflects a growing regional trend of providing 'better parenting' training to parents.[29] More broadly, while some of these (the Albania policy, for example) specified a particular model of running ECD centres while parents attended training sessions, others were more generic in their aims of providing information to the parents. In Peru, carers (mothers and fathers) were provided with parenting skills through regular coaching sessions. Some of the innovative policies like *Chile Crece Contigo* (Chile Grows With You) used TV programmes, telephone hotlines, websites and various other resources to help parents (mothers and fathers) in their childrearing tasks. A similar programme was developed in Ecuador, *Creciendo con Nuestros Hijos* (Growing with our Children), involving both individual attention to families with children aged 0–2, and group care for families with children aged 2–5 within the community.

b) *Redistribution within the family*

16 of the 40 policies specifically acknowledged the role of men or fathers in childcare, thereby signalling their intent for redistribution.[30] Of these, the biggest clustering was again from Latin America (eight policies), while three were from Eastern Europe. A caveat is in order here about the quality of intent of redistribution within the family; while in some cases, details of why and how men could be more involved in caring for their children reflected a much deeper and serious engagement with the issue, in a few (Congo, Guatemala and Uruguay), there was a mere mention of men as fathers, perhaps reflecting a rhetorical intent only. An example of a well thought through intent can be seen in the case of Jordan, where the policy lists several concrete ways in which fathers can help, including preparing children's meals, spending time playing with children, etc. Similarly, the Seychelles policy envisages that 'special efforts will be made to welcome, value and support fathers in their parenting roles' by developing 'comprehensive media programs on positive parenting highlighting role of fathers' and ensuring 'that all programs are father friendly'.

In some of the programmes (Colombia, for example), the policy documents discussed the growing role of fathers (and others such as siblings and grandparents) in providing childcare, reflecting changes in traditional models of care as more and more women join the labour force (Ministerio de la Protección Social, Ministerio de Educación Nacional, Instituto Colombiano de Bienestar Familiar 2007). The community nurseries in *Chile Crece Contigo* and Ecuador's *Creciendo con Nuestros Hijos* both have an 'active fatherhood' component, aiming to achieve better conditions for children's development. Nepal's parent education component in ECD centres specifically mentions fathers, while in Nigeria, men and women are referred to as equal caregivers.

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[28] Gardens of Mothers and Children, Albania; National Policy on Early Childhood Care and Development, Bhutan; *Chile Crece Contigo,* Chile; *Política Pública Nacional de Primera Infancia*: *Colombia por la Primera Infancia*, Colombia; *Plan National d'Action de l'Education pour Tous*, Congo (Republic of); *Creciendo con Nuestros Hijos*, Ecuador; Community-Based Child-Care Programmes in the Suburbios of Guayaquil, Ecuador; *Politica Publica Desarrollo Integral de la Primera Infancia*, Guatemala; National Policy on Food and Nutrition, Nigeria; and ENIA, Uruguay.

[29] In fact, as our searches revealed, the Educate Your Child programme was developed in Cuba and was subsequently replicated in several other LAC countries.

[30] Gardens of Mothers and Children, Albania; Andean Subregional Project for Basic Services and Policies for Children in Bolivia (PROANDES), Bolivia; CCC, Chile; Política Pública Nacional de Primera Infancia: Colombia por la Primera Infancia, Colombia; Plan National d'Action de l'Education pour Tous, Congo (Republic of); Programa Ventanas en el Mundo Infantil, Costa Rica; Creciendo con Nuestros Hijos, Ecuador; Jordan's Early Childhood Development Initiative: Making Jordan Fit for Children, Jordan; Federal Daycare Programme for Working Mothers, Mexico; Strategy Paper for Early Childhood Development, Nepal; National Policy on Food and Nutrition, Nigeria; National Plan of Action for Childhood and Adolescence (PANAIA), Peru; Seychelles Framework for Early Childhood Care and Education, Seychelles; Parents Counselling Centres and Centres for Young Children Development, Ukraine; ENIA, Uruguay; and Family Education Project, Uzbekistan.

Some of the policies were more proactive in involving men and fathers. In the LAC region, the Basic Services Programme for the Andean Sub-region (PROANDES) – targeting the poorest areas of Bolivia, Colombia, Ecuador, Peru and Venezuela – includes participation of men in parenting classes, where they are also sensitised about the rights of women and children.

The most progressive of these policies was in Ukraine, where 'Papa-Schools' focused on capacity development and increased roles of fathers in early child development, with an overall objective of changing stereotyped gender roles and helping men to achieve greater co-operation (in the private and professional spheres) with women.

This group-focused initiative was mirrored in Uzbekistan and Albania's policies too. In Albania, the Garden of Mothers and Children programme encouraged fathers to become more involved in parenting through 'Boards of Fathers' (a place for men to gather and talk about issues related to their roles as fathers).

c) *Redistribution of care from the family to the state through communities*

Seven policies[31] referred to care being a collective responsibility to be taken on board by local communities. In Albania, low-cost community-based centres provided children with preschool education, while also providing a space for the community to participate in training and discussions on child health and development. In Ecuador, this took the form of community centres in which care workers were chosen and trained from within the village itself. Similar models were developed in Colombia, Chad and Peru, where 'community mothers' with 'basic education and a large enough house' were chosen to take care of local children.

An interesting notion of the 'Baby-friendly community' was developed in The Gambia, with community members acknowledging the need to care *for mothers* through relieving them of heavy work for three months before delivery and six months after. To become 'baby-friendly', a community must appoint eight people (a village health worker, a traditional birth attendant and six elected members, three of them men) to serve as a village support group.

d) *Redistribution from the family to the state through recognising children's role as caregivers*

Despite a plethora of policies and programmes designed to increase the rate of school attendance, surprisingly few have taken into account that children are often primary caregivers as well as recipients. In the 40 ECD policies classed as successful, only two recognised children's care responsibilities. In Malawi, the Protection and Justice Bill makes reference to support to protect child-headed households, in which children as young as 11 are forced to take on adult responsibilities. In Bangladesh, the Primary Education Development Programme II is based on the recognition of care work provided by older children (mostly older girls) to their younger siblings, which prevents them going to school or taking up other learning opportunities. The programme aims to set up 'baby classes' for the younger siblings alongside primary schools to address this issue.

e) *Redistribution from the family to the state through addressing needs of working mothers*

It is interesting to note that a large number of the ECD policies – 22 of the 30 – framed their redistributive intent in terms of addressing the needs of working women. Some framed their

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[31] Gardens of Mothers and Children, Albania; The Rural and Periurban Community Education Centres (CECR/U), Chad; *Hogares Communitarios* (community nursery programme), Community-Based Child-Care Programmes in the Suburbios of Guayaquil, Ecuador; Baby-Friendly Community Initiative, The Gambia; National Early Childhood Care and Development (ECCD) Policy, Ghana; and National Wawa Wasi programme, Peru.

response as arising from changing socioeconomic patterns, principally more and more women entering the labour force. For example, the justification for Colombia's *Política Pública Nacional de Primera Infancia* (National Public Policy for Early Childhood, 2006) and Uruguay's National Strategy for Children and Adolescents (ENIA) (UNESCO and WCECCE 2010) cites recent changes to family structures (single parents) and women's greater participation in the labour force. Ethiopia's National Policy Framework for Early Childhood Care and Education (ECCE), launched in 2010, was responding to the belief that affordable and reliable early childhood education provides essential support for working parents, particularly mothers. This kind of discourse is built on and supported by studies such as Young Lives (2012), which found that ECCE has positive effects on women's labour force participation and schooling of older siblings. Our review found that beyond expressing support for women workers as a rationale for opening or extending childcare centres, many of the policies primarily focused on the interests of children.

However, there were some policies entirely focused on the needs of working mothers; for example, *Hogares Comunitarios* (community nurseries) in Colombia and the *Centros de Atencion Integral* (comprehensive care centres or CAI) in Guatemala aimed to support poor single mothers/parents in need of childcare services. Cuba's Children's Circles programme is the longest-standing ECD programme (established in 1961) that was set up specifically to help provide care for the children of working mothers. The term 'working mothers' (*madres trabajadoras*) is used repeatedly on the Cuban government's website for this programme. The Seychelles extended day care centres for under-3s in order to facilitate the dual role of motherhood and paid employment. In Botswana, the Early Childhood Care and Education Policy (2001) was spearheaded by the Women's Affairs Department in an effort to free women's time for other productive activities.

There were a few examples of detailed provisions such as flexible or long opening hours, or other supportive provisions that also reinforced the seriousness with which these policies considered their redistributive intent. Macedonia's Law on Child Protection provided for kindergartens that have the flexibility to extend their working hours in accordance with the working hours and needs of parents. Ghana provided a range of different services depending on the need: day care programmes based at centres or schools, in-home programmes (where caregivers go to the homes of children), nanny homes (where parents take children to homes of nannies), and afterschool-homecare (where children go after being at school or another centre until their parents pick them up after work). The aim of this programme was to enable working mothers, especially after maternity leave, to have a reliable place where their children could be cared for (Ministry of Women and Children's Affairs 2004). Of special interest were programmes that aimed to promote the involvement of the private sector. In Malaysia, the government was providing incentives to promote the setting up of childcare at the workplace. Syria and Jordan had made special provision for setting up day care centres in or near mothers' workplaces, and instituted breastfeeding breaks with the involvement of employers and workers' organisations (UNESCO 2012).

Some policies went beyond addressing the needs of working mothers to catering for women's other needs. The policy in Chad was a means to enable mothers' participation in literacy programmes. In Peru, a specific aim was to contribute to the personal development of women and improve their quality of life, facilitating their search for opportunities in education and work. In Vietnam, the objective was to provide mothers with a place to take care of their children while they work or participate in social activities (UNESCO 2006). Some policies saw ECCD centres as having two main objectives – serving the mother's needs at the same time as being in the child's best interests. In Namibia, for example, Early Childhood Programmes were seen as having the potential to benefit women and older siblings by freeing them from constant childcare responsibilities so that they can learn and seek better employment and earnings, at the same time as being beneficial to the child (UNICEF 2010). Montenegro specifically provided day care centres for children with

disabilities so that parents could work, have their children live with them at home, and include them in the life of the local community.

There were also policies built around the recognition that by providing childcare services, parents (specifically mothers) would be encouraged to go to work. Rwanda's ECD Policy specifically stated that increased safety and learning opportunities for children would encourage mothers to work outside the home.

3.2.2 The political economy of incorporating unpaid care into statements of intent – ECD

As with social protection, the review found very little information on the policy process for most of these successful ECD policies. There was some information on the development of particular policies, which highlighted aspects such as regional spread (especially across Latin American countries), donor-led initiatives, champions of ECD,[32] etc; however, we found no substantial analysis of why unpaid care had been incorporated into policy intent of these 40 successful ECD policies.[33] Most striking was the absence of any literature explaining why so many policies had mentioned a redistributive intent within the family through greater involvement of men in childcare.

A total of 13 policies had some information on the policy process, but most of this literature was both superficial and biased. For example, many cases spoke of UNICEF's involvement in developing or funding the programme, but that might be because the information emanated from official or UNICEF documents. Of these 13, there were only two academic sources discussing why care had been institutionalised, with the remainder being information from government portals, and international donor agency reports.

Here are the four main factors that the literature discussed as being important for the incorporation of unpaid care into policy intent:

a) *Ideological and institutional history*: Countries like Cuba and Vietnam have a strong history of recognising that the state should be responsible for the welfare of working mothers. A strong socialist commitment combined with visionary leaders (Fidel Castro in Cuba and President Ho Chi Minh in Vietnam) led to the recognition that it was necessary to liberate women from the restricted roles and lower status that limit their participation in social and economic life. The Cuban and Vietnamese programmes began with specific care provisions, and have continued until today (Vietnam in 1945 and Cuba in the 1960s). The third programme, Ecuador's *Creciendo con Nuestros Hijos,* was started in 2007 following the success of the programme methodology of Cuba's Educate your Child programme, which also had a component including fathers (Tinajero 2010).

b) *Spontaneous/ community-led response*: Bangladesh's Primary Education Development Programme (PEDP) II was the only programme found across social protection and ECD that emerged from a spontaneous community-led response and was scaled up. This involved a local need met by local people to cater for young children who accompanied their elder siblings to school. Without waiting for government approval, in 1972 some informal 'baby classes' were started in a few government-run primary schools in different places (Asad 2009). The Bangladesh National Plan of Action (1991–2000) proposed to

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[32] Where we found literature on the process through which the ECD policy had emerged, it pointed to the prominence of child development specialists. This may in fact explain the invisibility of care in this sector as a whole. However, since the scope of this research was limited to the positive cases of success rather than the counterfactual, we have not been able to systematically search for or review the appropriate literature to test this hypothesis.

[33] For example, it would be interesting to know why training of fathers had been included in the context of Nepal.

formalise these classes in a phased manner, with subsequent financial support from UNICEF for 'baby classes' in primary schools as part of PEDP I (1997–2003). The PEDP II has continued this support. What is unclear is who initiated these spontaneous 'baby classes' and, perhaps more importantly, how and why did the government agree to provide them in a systematic manner? Unfortunately, the literature does not provide answers to these questions.

c) *External context-driven recognition*: As noted in the previous section, there were a lot of policy responses that catered for the needs of working women. However, reviewing the literature on these cases does not explain why policy actors perceived this need to be important (except in the case of Rwanda, see below). Instead, most of it recounts that the socioeconomic transformations have led women to join the labour force (in Bhutan, Colombia, Guatemala and Uruguay), and therefore they need to be supported. Similarly, in Ecuador, the Guayaquil programme was based on a study that showed that women often resort to locking their children up in the house when they go to work, or older daughters end up looking after young children, thus missing school. The day care programme was started by UNICEF and the government of Ecuador as an integral part of an urban service provision project in the slums in 1979, but again, there is no explanation as to why the government decided to put this high on the domestic policy agenda. In Malaysia, the discourse on care is closely linked to the country's neoliberal policy, where 'children should not deprive their parents, and especially mothers from going to work' (Ministry of Education 2007). In Mexico, the federal day care programme forms part of a larger national strategy to reduce poverty and inequality, within which women's role as earners is seen as crucial (Staab and Gerhard 2010).[34]

The only literature that provides some hint of why the policy process might have led to greater awareness of the needs of working mothers comes from Rwanda. The 2010 ECD Policy was developed through consultative workshops, where mothers from all parts of the country expressed a desire for more community ECD centres, especially where there were large concentrations of working mothers (Ministry of Education 2011). The fact that more mothers were working was backed by a Demographic and Health Survey in 2005. Also, as stated in the official policy document, Rwanda is a signatory to the African Charter on the Rights and Welfare of the Child (1999), which has a special emphasis on childcare services for working parents (Ministry of Education 2011).

d) *Champions*: There were a few cases of consultative policymaking, with a large number of national and international actors involved in this process. In a couple of cases, there was also a hint of specific actors playing important roles, but without more primary knowledge about the agendas and motivations of these actors, it is difficult to trace what their role was in making unpaid care concerns more visible in policy intents. For example, did the then President of Chile (Dr Michelle Bachelet) have a special focus of including fathers in the ECD programme? In Ethiopia, was it the involvement of the Ministry of Women, Youth and Children's Affairs, or UNICEF, or Save the Children that persuaded the government to recognise that 'affordable and reliable early childhood education provides essential support for working parents'? Or was it Dr Isatou Jallow, Chief of the Gender, Mother and Child Health Service, Policy Strategy and Program Support Division at the UN World Food Programme (WFP) and who led the implementation and evaluation of the Baby-Friendly Community Initiative (BFCI) throughout The Gambia (Anon 2004), who was also responsible for deciding to include

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[34] The elected government of 2000 in Mexico had espoused a woman's position as being at the centre of the family, and held that work outside the home undermined this sacred duty (Magally 2001, cited in Staab and Gerhard). The new day care programme launched in 2007 reflected a shift of the government of Felipe Calderón (2006 onwards) towards the reality of most working women. As Staab and Gerhard (2010) write, 'the discourse of the "necessary evil" of women's work outside the home has been nuanced, and now appeals to cultural representations of the self-sacrificing "supermadre" who works, not for herself, but for her family, children and community'.

men as an essential component of the village support group model? In Ukraine, the project coordinator recognised that there was a disconnect between the rhetoric of fathers' joint responsibility for childcare and what was happening in practice, but that was after the policy had worked out details of how to involve fathers. There was no information on who had pushed for the redistribution intent to find a strong place in the policy. Jordan's charismatic Queen Rania Al-Abdullah played a critical role in pushing for the ECD policy, with UNICEF providing technical support (UNICEF 2009). In the lead-up to the drafting of the policy, preliminary research was conducted that gathered qualitative insight into Jordanian males' perceptions of ECD and their role in it (Abayad Research & Marketing Consultancy 2003), and the inclusion of men seemed to be a central element in UNICEF's thinking for a 'truly effective and comprehensive ECD approach'. Still, the review found no in-depth explanation for the dedicated section in the policy that listed the ways in which 'fathers' can contribute to nurturing their children.

Again, as with social protection, the above discussion reveals the paucity of information relating to the political economy conditions under which care was incorporated into policy, especially from credible and objective sources. The only information available is partial and incomplete, with external context-driven recognition once again emerging as the biggest factor captured in the literature. The role of individual ECD 'champions' is hinted at, but with no causal explanations as to specific interests or motivations. The institutional and ideological contexts do not provide in-depth explanations about values, norms and discourses surrounding unpaid care. Besides, there is nothing about the key policy moments that led to the institutionalisation of these discourses. This again underscores the invisibility of unpaid care concerns – not only among policy actors but also among academics studying the policy processes and politics of the inclusion/ exclusion of care concerns.

3.2.3 Evaluating implementation and outcomes of intent of unpaid care – ECD

Assessing implementation

The review was not able to find any information on 11 policies (including those that were too recent for any information to be available); two had not been implemented and one had been only partially implemented. Among the others, most information about implementation concerned the number of childcare centres that had been opened[35] and the number of children benefiting from these services. Of the others, most notable was information about the policies that specifically traced the implementation of the intent/ provision relating to unpaid care. These included Albania and Bolivia, which tracked the number of fathers that had taken part in training sessions, and Ukraine, with details of the number of 'papa' schools running. Similarly, tracking how many baby classes had been opened up in Bangladesh, how many families had participated in Ecuador, how many men had participated in Jordan, and how many working mothers had benefited in Guatemala provided details of the implementation of the unpaid care intent originally stated in the policy, and also signalled the seriousness of the relevant government or other monitoring bodies[36] towards the intent of addressing unpaid care issues.

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[35] In Mexico's programme, for example, many of the implementation statistics related to number of children, number of childcare centres, and even number of jobs created for carers (Staab and Gerhard 2010).The absence of focus on the number of mothers benefiting from the programme may imply that the implementing and monitoring agencies (and researchers) were more interested in the needs of the children and women as paid carers, of which working mothers were only indirect beneficiaries.

[36] Most of the implementation literature came from either official government sources, or from reports of international development agencies (such as UN bodies).

The motivation for opening up children's centres was more difficult to trace through the implementation literature alone, but this became clearer while assessing the evaluation literature for care-related outcomes, as discussed below.

Assessing outcomes of intent to address unpaid care

Again, as with social protection, information on the outcomes of policy intent on unpaid care was negligible. The above section has already outlined the outcomes of policy intent in terms of the implementation of the care-related provision – this was identified above for seven policies. In addition, another four policies[37] also reported recognition outcomes in terms of opening of childcare centres – the most impressive of which in terms of number of centres opened being Mexico's Federal Day Care Programme.

Of the 11 policies that purported to provide support to parents, only two recorded outcomes of support, one positive and one neutral. In Ecuador, parents attend periodic meetings through which they acquire a greater awareness about their children's development (Leonard and Landers *et al*. 1991). Ghana's ECD programme has not had any significant effects on parent's caregiving practices, as an evaluation found (UNICEF 2011b).

Corresponding to the absence of information on the policy process on this aspect, not one of the 15 policies with a redistributive intent within the family had any information on the outcomes of this intent. While 'papa' schools in Ukraine had proved to be excellent entry points for communication on men's role in the upbringing of children and in family life, there had been no evaluations to assess any subsequent behavioural changes or more equitable sharing of household responsibilities between men and women, including childcare. Similarly, while a recent evaluation of Jordan's Better Parenting Programme carried out by Al-Hassan (2008) for UNICEF found some evidence of learning gains and attitudinal changes, it was difficult to know what attitudinal change meant in practice.

There were some outcomes related specifically to the intent of enabling women to take up paid work or study. Attanasio and Vera-Hernandez (2004) found a strong positive relationship between access to childcare and female labour force participation in Colombia. In Guatemala, by providing reliable and affordable childcare facilities for extended hours, the *Hogares Comunitarios Program* (HCP) allows women (especially single women) to engage in formal employment (which is usually more stable and better remunerated), providing greater social and health benefits (Ruel *et al*. 2006). The outcomes of Ecuador's preschool childcare programme were similarly positive. It was found that mothers can go out to work or look for work outside the home with the assurance that their children are being adequately cared for, fed, and protected in community centres. The evaluation also showed that a half-day service does not effectively meet the needs of most working mothers (Leonard and Landers *et al*. 1991). In Peru, most working mothers felt that the ECD programme was enabling them to work or study as a consequence of sending their children to the Wawa Wasi, without worrying about their safety. There were also a few cases where women had started work or study after their children started to attend the Wawa Wasi (Cueto *et al*. 2009; *Ministerio de la Mujer y Desarrollo Social y Programa Nacional Wawa Wasi* 2011). Similarly, the Children's Circles in Cuba gave women a chance to go to work and study outside the home (López Vigil 1998).

Some outcomes were more comprehensive. In Bolivia, for example, a commonly felt impact was the extra time that women gained by having their children in the Wawa Wasi. This time

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[37] Children's Circles, Cuba; ECCD Policy, Ghana; Federal Day Care Programme for Working Mothers, Mexico; and National Wawa Wasi programme, Peru.

was put to good use, either by taking animals to the field to graze (frequently stated), cleaning the house, or simply relaxing (Dahl-Østergaard *et al.* 2003).

The literature also points to other benefits to women that were not necessarily related to care, but were still important. In Jordan, having a privileged space where women could discuss and share the problems of everyday life, as well as the joys and successes, has proved immensely empowering – especially for those living in remote, rural areas where the possibility for social intercourse is limited. In Al-Risha, for instance, some of the women who followed the Better Parenting course gained enough self-confidence and leadership skills to put themselves forward for municipal elections, leading to the first woman ever to be appointed an official on the basis of votes won, rather than due to preferential quotas for women (UNICEF 2009). Similarly, in Albania, women get together to talk about their daily problems and hopes for the future, and how to improve their lives (UNICEF Albania n.d.). The discussion in this section has shown the overall paucity of information on assessing implementation and outcomes of the policy provisions related to unpaid care. However, it is encouraging that the available information in the ECD section on outcomes is richer and more objective than information on outcomes pertaining to social protection policies. This implies perhaps a greater focus of academic evaluations on unpaid care in the ECD sector; the reasons for this may lie in the orientation of the authors but also in the way that redistributive intent (from the family to the state) was specifically framed for encouraging women as workers – thereby focusing attention on economic empowerment goals more explicitly than is possible with social protection policies.

4   Conclusions and future directions

This review aimed to undertake a political economy analysis to understand the conditions under which unpaid care concerns have been incorporated into social protection and early childhood development (ECD) policies. From the searches, it can be concluded that success – defined as women's unpaid care work being recognised and visible on the policy agenda – was not as widespread as had been initially expected when choosing these sectors. Only 25 out of 107 social protection policies and 41 out of 270 ECD policies expressed an intent to address unpaid care concerns. This review has provided the evidence that unpaid care is largely invisible to policy actors. Eyben (2013) has reflected at length about the reasons behind this invisibility. This thematic review was interested in the reverse question – i.e. the conditions under which unpaid care did become visible to policy actors, and the lessons that could be learnt from making unpaid care visible. The question necessitated a methodology informed by insights of feminist political economy, which sought to explore not just the institutions, incentives and norms, but also a focus on gendered ideas and ideologies, and actors involved in the construction of policy. The main findings of the review are summarised below.

4.1   Key findings

The thematic review found that:

- **Intent to address unpaid care concerns manifests itself in different ways in different settings**. In the social protection sector, this revolves mainly around redistribution of care from the family to the state. There is no intent to redistribute unpaid care work from women to men (within families); and only a couple of policies refer to provision of support (in terms of training and advice) or reducing the drudgery of unpaid care. In the ECD sector, many more policies acknowledge men's role as fathers for redistributing the care work involved in bringing up children. Support provision in terms of better parenting training is widespread, while redistribution of care from the family to the state has been justified on the grounds of freeing up women's time so that they can take on paid work. There is no mention of reducing the drudgery of unpaid care. There is no information on the reasons behind these differences between the two sectors. This highlights the need for an empirical political economy analysis exploring the reasons for different policy intents in different settings.

  A proposition that can be explored in primary research is that these different intents highlight the differing interests and orientations of actors who influenced the policy intent, thereby ensuring greater visibility of some issues more than others (for example, for middle-class champions driving the care agenda, redistribution of unpaid care work from women to men and the state through early childhood centres may be more preferable than reduction of the drudgery of care through constructing drinking water wells).

- **We still do not know why policies had incorporated the different intents relating to unpaid care**. Evidence (on the benefits of incorporating care concerns) was not found to be significant in influencing policy actors' decisions. There is one case (Mexico) in which the policy reflects changing discourses around women's roles, but there is no further information about why these discourses have changed. There is some propositional literature on the importance of changing socioeconomic contexts – demographic changes because of the HIV epidemic, the impacts of financial crises, and growing unemployment – in making unpaid care concerns more visible to policymakers. In the case of demographic changes, policy actors are probably aware of the increasing number of vulnerable people requiring care (orphans, sick people or the elderly) and the changing demographics of who is performing care work (older people/grandparents, and

children). Another proposition in the literature is that financial crises and growing pressures on families leads to an increase in the proportion of women working outside the home, causing a care deficit that the state needs to cater for. Finally, there seem to be some regional effects at play across the Latin American countries,[38] sub-Saharan Africa, and South Asia.

A proposition that can be explored through primary research is to examine the reasons for these regional patterns (such as common language or similar demographic challenges) and the role of gendered ideas and ideologies in replicating these patterns.

In addition to context, the literature mentions champions of change that have mattered for getting care onto policy agendas. These champions are influential actors who have been able to influence the construction of policy, and who have seized windows of opportunity to put their concerns on the agenda. However, there was no information on the interests and motivations of these champions, or their social values and norms within which they operated and became champions of unpaid care.

A proposition that can be explored through primary research is the role of these champions, and what gets care onto their agenda – their values, norms and interests.

- **We were not able to find out anything about the political economy of the implementation of policy intents around unpaid care**, except that there seems to be very little monitoring of how specific provisions relating to unpaid care are implemented. One exception is India's much-acclaimed MGNREGA and its predecessor, the MEGS. But even in these two cases, the focus on (non) implementation of unpaid care provisions is coming from independent feminist scholars, with a striking silence on the part of official sources (despite very intensive MIS system associated with these policies). Further, the government has made no response or taken any action in response to the findings of studies that have identified gaps in terms of improving implementation of these provisions, perhaps signalling a reluctance to acknowledge the importance of the issue of unpaid care.

  A proposition that can be explored during primary research is that the values, interests and relationships of the implementing and monitoring actors, and the underlying discourses about care and gender roles affect how policy intent and provisions on unpaid care are implemented.

- Almost nothing is known about the outcomes of policy implementation pertaining to recognition of unpaid care, redistribution, and reduction of drudgery. A few studies have captured the benefits of redistribution in terms of relieving pressures on working mothers, allowing women to take up formal employment, and have more time to study and do other things. A handful of examples within research have also captured beneficiaries' understandings about empowerment and potential links to the reduction of the drudgery associated with unpaid care; however, these have not been analysed through the lens of unpaid care. This signals an absence of a clear mandate on responding to women's needs.

  A proposition that can be explored during primary research is that monitoring outcomes of policies on care can lead to changes in the way policies are implemented.

- Literature has shown that non-implementation of care provisions (mainly crèches in the case of MGNREGA and MEGS) has a significant negative impact on women and girls (with women's increased double day, and girls taking on more care responsibilities and

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[38] Grindle (2004) has shown a strong regional effect on education policy processes in Latin America.

therefore missing school). As in the implementation literature, most of these gaps have been identified through studies by independent feminist scholars, and seem to have largely been neglected by decision-makers. The lack of interest and recognition of this concern among implementing officials perhaps signals an intentional 'blindness' to unpaid care. Palriwala and Neetha (2009) refer to this as the persistent 'gendered familialism of employment and wage policy', which reinforces the notion that care work is the responsibility of women, whether or not they are also engaged in paid work.

A proposition that can be explored during primary research is that tracking the implementation, monitoring and outcomes of policy intents and provisions to address unpaid care depends on prevailing discourses about care and gender roles, in combination with the values and interests of actors (donors, government officials, researchers and others) involved in these activities.

4.2 Analysing gaps in knowledge

The above discussion has alluded to several aspects that are still unknown, or that the literature has been unable to shed light on. This section pulls out these unknown aspects, while also analysing their implications:

- In terms of policy intent, there is no literature on why certain intents feature more than others. The explanation might lie in examining the nature of each sector that is researched, but also the context within which the policy intent was formulated (and the values, norms and discourses relating to gendered roles around unpaid care), and who was associated with designing these policies. It is not known whom the actors involved in putting care on the agenda in these different contexts were, or what their interests and motivations were. This lack of information about both contexts, actors and discourses signals invisibility of unpaid care among policy researchers examining policymaking processes.

- Nothing is known about the political economy of implementation of unpaid care provisions – whether the provisions (intent) were given adequate resource (budget and personnel) allocations to permit implementation, who the implementing actors were (and their interests and motivations), and the context (discourses and values) within which these provisions were implemented. This shows an invisibility of care among those involved in monitoring implementation, as well as researchers tracking policy implementation.

- There are hardly any outcomes relating to unpaid care issues. There is not much ethnographic work or analysis of the perceptions of program beneficiaries on the outcomes that policies and programmes have on unpaid care. This shows an invisibility of care at two levels – among those carrying out or funding evaluations, and among researchers who may collect information but have not incorporated beneficiary perceptions. This lack of focus on outcomes may actually reinforce the message among implementation actors that unpaid care is not important (as no one is monitoring it), thereby making it even more invisible.

This thematic review has underscored the absence of good political economy analysis on understanding the reasons for the invisibility of unpaid care concerns in national policy agendas. The final section outlines an agenda for future research.

4.3 An agenda for the future

This thematic review has found that for the social protection and ECD sectors, unpaid care is largely invisible at all levels: in statements of policy intent, in implementation, and in outcomes. It is important to establish the scale and spread of the invisibility of care in public policies related to other sectors, especially those which have a direct impact on poor women and girls' daily lives, such as agriculture, water and sanitation. This can be done by carrying out similar desk based thematic reviews to find out the conditions under which care has been incorporated into policy pertaining to these other sectors.

In addition, empirically based research needs to be undertaken to understand the political economy factors that are behind the visibility or invisibility of unpaid care within social protection and Early Childhood Education. While a standard political economy perspective focuses on institutions, incentives and norms, a feminist engagement on the subject adds the role of gendered ideas and ideologies, as well as expanding the range of actors potentially involved in the construction, delivery and evaluation of policy. This perspective is therefore invaluable in understanding the reasons for the 'stickiness' of the invisibility of unpaid care in national policy agendas. In other words, an empirically based feminist political analysis can help understand why unpaid care concerns are much less likely to be recognised as a key policy issue compared with other issues pertaining to women's empowerment and gender equality (such as gender-based violence). This research can start by examining examples of where care has been institutionalised within public policy and exploring the propositions outlined above. The key building blocks of this feminist political economy framework include the following:

- Existing (and changing) country and regional contexts of policy, state-civil society relationships, and level of acceptance of women and girls' rights and unpaid care concerns; also big shifts such as demographic changes, financial crises, etc.
- The role of international actors and ideas or discourses in creating space for unpaid care concerns.
- The role of actors (state and non-state) involved in the construction of policy; their interests and motivations, their networks or policy coalitions; windows of opportunity or key policy moments (revolutions, elections, etc.); and the strategies used by different groups for negotiating unpaid care issues.
- Discourses and ideologies around gender roles, unpaid care provision and women and girls' roles in civil, political and social life, and also in paid work.
- Gendered political economy aspects of how provisions related to unpaid care are implemented: who is implementing these, their interests and motivations, discourses on gender roles, links between women's political participation and implementation.
- Political economy aspects of the outcomes of unpaid care: who monitors or evaluates, who funds, why (interests and motivations), gendered nature of evaluation discourses, what sort of methods are used for monitoring and evaluating outcomes, analytical frameworks, and audience for these monitoring and evaluation exercises.

To conclude, not much is known about the conditions under which unpaid care gets institutionalised in policy agendas of two sectors (Social Protection and Early Childhood Development), in implementation and in outcomes, pointing to multi-layered, nuanced and thus enduring invisibility of unpaid care in these two sectors. The above discussion also points to a range of actors through which these layers of invisibility of unpaid care operate – among actors influencing the construction of policy, researchers, funders and implementing officials. While seemingly disparate, these invisibilities may in fact reinforce each other, thus adding to the problem.

In order to establish the extent and nature of care's visibility and invisibility in other sectors (such as agriculture, water etc), a similar desk-based review needs to be conducted. Finally, this review demonstrates the pertinent need for empirically based comparative studies on the political economy conditions under which unpaid care gets institutionalised in public policies. If carried out using a feminist political economy lens, such empirical studies have the potential to highlight the gender -specific success factors in and obstacles to the recognition of unpaid care work, its redistribution (from women to men and from the family to the community and the state) and the reduction of drudgery associated with it.

Annexe A: Methodology

The review methodology involved three stages. In the **first stage**, relevant public policies were identified and information extracted to assess their intent on gender and care. The inclusion criteria for policies for this first stage were:

a) policies that had been in operation within the past 20 years, in low-income and middle-income countries[39] AND

b) public policies (i.e. either national or sub-national legislation or programmes initiated or led by national or sub-national governments)[40] AND

c) all public policies within social protection, including conditional and unconditional cash transfers, food- and cash-for-work programmes, and social transfers programmes (child support grants, old age pension, widow's pension. etc.) that were either in an existing database (Barrientos *et al.* 2010[41]), or those that the researchers were aware of[42] OR

d) all public policies within early childhood development (ECD), including policies around crèches, education programmes and health/ nutrition/ immunisation programmes.

All searches were conducted using Google search for policy names, followed by a more purposive search on Google and corresponding government websites for government policy documents. In case of non-availability of government policy documents, evaluations or other relevant literature (which might have any details regarding the aims and provisions of these policies) were searched for. The following search strategies were used:

•   Online searches of databases and other engines (primarily Google) including key words and citation tracking (main search terms used: Early Childhood Development OR ECD + policy + country; and Early Childhood Care and Education OR ECCE + policy + country); similar for social protection policy, but more specifically relating to four types of programmes: UCTs, CCTs, social transfers and public works

•   Online searches of websites of agencies/organisations working on ECD and social protection.

Information was extracted and coded using a template designed for this purpose that captured:

•   name of country
•   name of policy/ programme
•   stated aims
•   design/ provisions
•   gender narrative, if any; including roles prescribed to men and women
•   care narrative, if any
•   references from which this information had been extracted.

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[39] Using World Bank income classification: total 144 countries (36 low-income countries, 54 lower middle-income countries and 54 upper middle-income countries).

[40] In doing so, we excluded from our review (1) all programmes and initiatives undertaken by transnational organisations such as ILO, UN, etc. including declarations of intent; and (2) all programmes and initiatives undertaken by private actors, including national and international NGOs, businesses, social movements and civil society actors.

[41] The CPRC database consists of more than 100 policies drawn from over 50 countries. These programmes had been selected on the basis of their size, scope and significance, and hence excluded all small, short-term pilots.

[42] Colleagues from the Centre for Social Protection (CSP) helped identify this database and any significant policies that were missing from it.

In order to extract information relating to gender and care narratives from these documents, key word searches were especially useful. Key words included: women; mother(s); carer(s); girl(s); father(s); man; men (although not systematically especially if document is long, as too generic); law; (national) policy framework; family; parent; child; children; childcare; young people; gender; caregiver; home-based care; community, voluntary; paid; unpaid; elderly; needy; disabled; state; government; household; pregnant woman; maternal; widows; foster; responsibilities; domestic violence; domestic help; school; meal; food; nutrition; education; old age; poor; girl child; cash, insurance; caregiver; food; cooking; and kindergarten.
In most cases, the research process involved a prior scanning to get a 'feel' for the documents, followed by a more thorough reading and iterative discussions within the project team. Further key words were also identified during the more intensive reading, such as 'toys', 'telling stories', 'playing', 'garden', 'kitchen', 'fun', and 'grandmother', 'family', 'parents' 'colours', 'bed time' and 'child happiness'.

A significant strength of the search and review team was language. Given that the policy documents (and often others too) would not necessarily be in English, the team's access to researchers with a range of language skills was very important. While most documents reviewed were either in English, Hindi, French or Spanish, the team was also able to review information from documents written in Portuguese and Romanian.

The **second stage** of the review was to identify 'successful' public policies in these two key sectors. 'Success' had been characterised earlier as those policies which had institutionalised unpaid care concerns in their intent. 'Institutionalisation' refers here to the official incorporation of care as a public policy concern meriting action. The focus for this review was on situations in which care work had become visible and recognised, and not on the outcomes of care or the need for care. It therefore follows that institutionalisation may refer to some or all of the following:

- changes in the legal and statutory status assigned to care work and carers; e.g. laws about guardianship, tax allowances, maternity rights
- budgetary allocations to support pro-care policies or programmes
- stated policy objectives with respect to care
- administrative arrangements for realising pro-care action
- accountability arrangements for governing the implementation of pro-care policies.

The identification of successful policies involved two researchers, to ensure triangulation and cross-checks throughout the process. The analysis comprised of reviewing all the literature that had been extracted, and making a decision about whether a particular programme's aims and design could be said to have incorporated care concerns or not.

As the analysis progressed, binary categories of 'care or no care in the policy intent' proved insufficiently precise, and other categories were developed against which to analyse each policy:

- Inclusion of unpaid care concerns in a positive manner – these included those policies which supported women and went beyond a mere instrumental role to addressing changes in gender relations or the expansion of women's opportunities – coded as 1.
- No inclusion of unpaid care concerns (i.e. the policy did not mention care concerns or was oriented towards the demand for care rather than supply side problems of care) – coded as 0.
- Ignoring unpaid care (i.e. assuming that women and girls, or parents and families would participate in the programme or fulfil programme requirements, thereby ignoring constraints of time, money and opportunity costs of such participation) – coded as ICR. (These were interesting because we realised that although a particular policy may have

strong and progressive gender aims – for example, promoting girl's education – these
may still ignore women and girls' care responsibilities.)
- Not relevant (programmes and policies which were not within the ambit of this review but
  had been caught in the search net) – coded as NA.
- Negative implications (containing maternalistic discourses, reinforcing unequal gender
  relations with negative effects on women and girls' unpaid care) – coded as NC.
- No relevant information meant that the intent of these policies could not be assessed –
  these were coded as NI (no information).

The inclusion criterion at stage 2 was therefore:

- All Stage 1 policies that had been coded as 1 (i.e. having a care intent[43])

In the **third stage** of the review, we focused on analysing the political economy conditions
under which care had been institutionalised in these successful cases. Following
Fernandez's framework of policy analysis, this thematic review was focused on the political
economy of three aspects of policy: intent, implementation (policy practices), and the results
(outcomes) of this implementation on the recognition or redistribution of care and reduction in
drudgery. This necessitated another round of searches of literature on the successful cases,
which was conducted on both Google and Google Scholar, using purposive search terms
('name of policy/plan of action + policy background + evaluation OR implementation'; and
'name of policy/plan of action + women + girls + various key words').

The inclusion criteria for documents within this third stage of the review were thus:

- literature detailing policymaking for these successful cases and focusing on the actors,
  processes and discourses explaining how and why this pro-care intent had been
  institutionalised for the respective case; OR
- literature for these successful cases which focused on implementation of care
  provisions; OR
- monitoring and evaluation literature pertaining to outcomes on unpaid care as per their
  initial intent.

This literature was thereafter interrogated to identify the political economy conditions under
which success (institutionalisation of unpaid care) was achieved. In order to extract relevant
information from within the documents that were identified for each policy, we again used key
word searches, with information being extracted onto a template that we designed for this
stage of the review. This template contained:

a) name of country; name of programme; summary of the aims and design/ provisions of
   the programme, and its gender narrative
b) re-evaluation and summary of the programme's care narratives
c) assessment of how care had been incorporated in the aims and provisions (recognised,
   redistributed, reduced)
d) assessment of the gendered framing of unpaid care as had been embodied within the
   programme
e) actors involved in getting the unpaid care intent incorporated into the policy and their
   interests/ motivations
f) processes through which unpaid care had become visibilised (larger political context)

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[43] All unintended consequences of policies on unpaid care were excluded.

g) discourses surrounding gender and unpaid care within the particular country where care had been institutionalised within policy
h) policy practices – implementation of policy intent on care
i) outcomes of policy intent on care

The key words used were similar to those used earlier.

Each of these brought up methodological questions and decisions, which were discussed within the review team, and on which the advisor to the project was consulted as required. These are logged below:

a) **Summarising the care narratives**: Reassessment of the care narrative of each policy, and summarising this in one sentence in order to capture the reasons why this was considered to be a successful case (the intent had to be that of addressing unpaid care concerns, or a narrative of changing gender norms for ensuring women's empowerment).[44] This process of summarising the gender narratives helped to build a picture of the particular programme, and sometimes meant re-classifying or excluding policies that had initially been selected for inclusion.

b) **How care had been incorporated**: The intent of all the pro-care policies was reviewed and classified using Elson's (2011) framework, and adding another dimension (support) to this framework. These categories were:

   o *Recognition*: All policies that have a stated care intent recognise the importance of unpaid care, and have chosen to do something about it.[45]
   o *Redistribution*: This can be at two levels: redistribution from women to men (which would include all policies that explicitly mentioned men or fathers), and from the family to the state (through community and state provision of services and resources such as ECD centres, child support grants, etc).
   o *Reduction*: Specifically in terms of the reduction in the drudgery of care – for example, through technological innovations and access to basic services designed with care responsibilities in mind.
   o *Support*: Information about better parenting, childrearing practices, awareness about health, training programmes, etc, but only when there was also at least one of the other three intents present (recognition, redistribution or reduction).

c) **The framing of unpaid care**: The following categories of narratives were developed, and each case analysed according to these framings:

   o producers: actors framed in terms of economic productivity
   o benefits to caregiver (e.g. time or money)
   o benefits to society (i.e. wider benefits beyond the caregiver)
   o benefits to recipients of care: including ECD / childcare
   o better parenting (e.g. training to encourage better parenting practices)
   o social protection (social safety nets, etc.)
   o social justice (social protection with equity concerns, for the most destitute, etc.).

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[44] All ECD policies dealing with the care of children because it would benefit these children (rather than their carers) were excluded. Similarly, all social protection policies which provided for the care of elderly, disabled and other vulnerable populations which required care were excluded, unless there was a specific intent of providing the carers with resources (time and money) in order to fulfil their care responsibilities.

[45] This involved identifying how the recognition was translated into policy provision – i.e. whether the policy was redistributive or reduced unpaid care, or provided support. A simple recognition meant that the intent on unpaid care was merely mentioned, and these policies were excluded from further analysis.

Each policy was double checked through this process, thereby leading to more stringent inclusion of policies. For example, any policy that had a narrative of just benefits to recipients of care, or better parenting without any additional educational/empowerment related activities associated with the policy, was excluded.

d) **Actors, processes and discourses**: Actors were defined as influential individuals (any 'champions' or key actors) or groups who had influenced the formation and development of the policy or programme. A special focus was on identifying those who had ensured that unpaid care concerns were incorporated into the programme, their interests, incentives and motivations. The literature was also interrogated for the role of ideas, values (including political ideologies and cultural/ religious beliefs), narratives and discourses that had specifically facilitated/ constrained the recognition on unpaid care issues. In order to explore the processes that led to the inclusion of unpaid care concerns into the policy, any description of the political context (why the policy came about at that specific time, such as a change in government or international pressures) was also identified.

e) **Policy practices**: In order to capture what happened to the intent in practice – i.e. was the policy implemented; were the specific provisions on care implemented, were enough funds allocated to the provisions addressing unpaid care, was there monitoring regarding the unpaid care provisions, etc., literature was interrogated to review the policy's implementation.

f) **Outcomes on unpaid care**: The review was only interested in the evaluation literature which said anything about the ways in which the policy had intended to address unpaid care (through recognition, redistribution, reduction and support). Accordingly, the following outcomes were recorded:

   o *Support outcomes*: Women, parents, fathers and other carers would feel better equipped to undertake their care responsibilities.
   o *Recognition outcomes*: Some tangible policy provision (opening of childcare centres, training of community support workers, health outreach services).
   o *Redistribution outcomes*: (1) evidence/ narrative about fathers taking on more responsibilities in care (including childrearing); (2) evidence of women benefiting through institutional actors (local government, employers, etc) taking on some responsibilities;[46] (3) evidence/ narrative of women doing other things (including productive work, time available for leisure, etc); and (4) women feeling empowered because they have more time, etc.
   o There were also some other benefits such as collective organisation, empowerment, bargaining power, etc., that were captured.

Drawing on the theoretical framework explained above, literature was analysed for five key aspects (the institutions; interests and motivations; norms and values; actors; and key policy moments) to understand the reasons behind this success – i.e. how care was brought into, and sustained within the policy agenda. All analysis was undertaken jointly by two researchers, to ensure consistency and quality control. Before writing up, all data was cleaned and tabulated. All collected documents were also categorised into country-specific folders.

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[46] This notion of state/ men/ private sector doing more care and therefore women doing less is based on the assumption that the total amount of care to be performed is fixed. Thus, one outcome of cash transfers could be that women can afford to pay someone else to do their care tasks.

Reflexivity: researcher positionality and challenges

The review team consisted of five research assistants who conducted the searches, a lead researcher who was responsible for managing the search and analysis process, and two reviewers who provided methodological support and advice. The lead researcher was responsible for the final analysis and writing up of this report, which was subsequently reviewed and commented on by the two project advisors – after which the report was finalised.

It so happened that all the researchers in the team were women, most of whom are involved in unpaid care activities themselves, or who see others involved in these activities. It is an interesting question as to whether their personal experiences were reflected on how the retrieved documents were read, judged and written about. In fact, a lot of the initial material in the templates contained the researchers' own impressions about the policy intent, and it took considerable work to separate these from what the policy intent document actually contained.

An additional element of researcher positionality was the geographic spread of the researchers' nationalities. The researchers found it much easier (and faster) to identify programmes and literature for countries they were either from or had worked in, as the literature 'made sense' and could be triangulated with the researcher's own experiences of working/living in that region. This also helped to make connections between the care narrative and major political changes that happened in specific regions.

The review team was repeatedly reminded about the difference between the benefit to the recipient and the benefit to the caregiver. This reflects the two ways of looking at unpaid care economy: the supply side and the demand side. This review was concerned about the supply side invisibility of care – i.e. the invisibility of the work done by caregivers, rather than the demand and need for care. This meant that many of the policies that were responding to the demand for care (specifically through care of elderly or children) did not make it to Stage 2 of the research process. This process also highlighted how easy it was to focus on the care recipient – the young child, the older person, the sick person or the disabled person – especially as these were such emotionally charged issues and deeply personal too; but at the same time, how hard it was to visibilise unpaid care – not only in policy intents, but also within researchers.

Some other challenges were faced during the research process:

- There were five research assistants looking for policies on social protection and ECD – this may not yield uniform results.
- The real challenge was to find government documents and up-to-date information on policy provisions through a secondary literature search. Very often, the information available already had a bias in terms of who was writing and their institutional affiliation (ILO for social protection, UNICEF and UNESCO for ECD/ ECCE).
- There were a lot of overarching five-year plans and vision statements that we excluded, as the objective was to assess the extent to which there was intent on unpaid care, with intent being defined as actual policy provisions. Where care received merely a passing mention, or was not backed up by policy documents supporting this intent, it was assumed to be unsuccessful.
- In many policy documents, there were contradictory care and gender narratives that needed to be assessed carefully.
- There is a time element involved in this – policy intents are evolving, and variations over time sometimes meant that the most recent vision statements and policy documents were not accessible.

- There was a methodological challenge of finding every policy in every country – although the review has been able to capture the major national policies (if they exist) in almost all the countries, there may be policies that have been missed out.
- Coding policies that had more than one type (and often conflicting narratives about care) required consistency and rigour in decision-making.

Annexe B: List of social protection policies covered in the review

Name of country	Policy name
Argentina	*Programa Familias para la Inclusión Social* (PFIS)
Argentina	Universal Family Allowance per Child for Social Protection
Argentina	*Pensiones Asistenciales* (non-contributory pension programme)
Argentina	*Plan Jefes y Jefas de Hogar Desocupados* (unemployed heads of household)
Argentina	Maternal-Child Health Insurance Programme (*Plan Nacer*)
Argentina	*Asignación Universal por Embarazo* (Universal Birth Allowance)
Bangladesh	Female Secondary School Stipend Programme
Bangladesh	Primary Education Stipend Project (PESP)
Bangladesh	Old Age Allowance Scheme (OAAS) and Assistance Programme for Widowed and Destitute Women (APWDW)
Bangladesh	Food-for-Work Programme
Bangladesh	Employment Generation for the Hard-Core Poor
Bangladesh	Rural Employment and Road Maintenance Programme (RERMP)
Bangladesh	100 Days Employment Generation Scheme (EGP)
Bangladesh	Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR-TUP)
Bangladesh	Rural Employment Opportunities for Public Assets (REOPA)
Belize	BOOST programme (Building Opportunities for Our Social Transformation), cash transfer
Bolivia	*Renta Dignidad*
Bolivia	*Bono Solodario* (BONOSL)
Bolivia	*Bono Juana Azurduy*
Botswana	Old Age Pension (OAP)
Botswana	Orphan Care Programme
Botswana	Community Home-Based Care (CHBC)
Botswana	Ipelegeng Labour Intensive Public Works LIPW
Botswana	Remote Area Dwellers Programme (RADS)
Brazil	*Bolsa Familia*
Brazil	*Bolsa Escola*
Brazil	*Bolsa Alimentação*
Brazil	*Programa de Erradicação do Trabalho Infantil* (PETI)
Brazil	*Auxilio Gas*
Brazil	*Cartão Alimentação*

Brazil	*Beneficio de Prestação Continuada* (BPC) (Continuous Cash Benefit Programme)
Brazil	*Previdência Social* (Social Insurance)
Burkina Faso	Orphans and Vulnerable Children
Burkina Faso	WFP Urban Voucher Programme
Cambodia	Targeted Assistance for Education of Poor Girls and Indigenous Children
Cambodia	National Social Protection Strategy (NSPS) for the Poor and Vulnerable (2012–2015)
Chile	*Chile Solidario*
Chile	*Subsidio Unitario Familiar* (Unified Family Subsidy)
Chile	*Pensiones Asistenciales* (PASIS)
Chile	*Pensiones Solidarias*
China	Minimum Living Subsidy Scheme (DiBao)
Colombia	*Familias en Acción*
Colombia	*Juntos* ('Together')
Colombia	*Programa de Ampliación de Cobertura de la Educación Secundaria* (PACES)
Costa Rica	*Avancemos*
Costa Rica	*Programa Régimen No Contributivo*
Dominican Republic	*Programa Solidaridad*
Ecuador	*Bono de Desarrollo Humano* (BDH – Human Development Grant)
Ecuador	Universal Pensions Scheme
Egypt	Ain Es-Sira Pilot Conditional Cash Transfer Programme
El Salvador	*Red Solidaria* (Solidarity Family Network)
El Salvador	*Pensión Básica Universal* (part of Nuestros Mayores Derechos)
Ethiopia	Meket Livelihoods Development Project
Ethiopia	Productive Safety Net Programme
Ethiopia	Social Cash Transfer Pilot Programme
Ghana	Global Social Trust pilot project
Ghana	Livelihood Empowerment Against Poverty programme (LEAP)
Guatemala	*Mi Familia Progresa*
Honduras	*Programe de Asignacion Familiar* (PRAF)
Honduras	Bono 10000
India	*Apni Beti Apna Dhan* (Our Daughter, Our Wealth)
India	*Rashtriya Swasthya Bima Yojana*
India	Indira Gandhi National Old Age Pension Scheme (IGNOAPS) replaced NOAPS established in 1995
India	Indira Gandhi National Widow Pension Scheme (IGNWPS)
India	Maharashtra Employment Guarantee Scheme (MEGS)
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

India	*Swarnjayanti Gram Swarojgar Yojana* (SGSY)
India	*Janani Suraksha Yojana*
Indonesia	*Keluarga Harapan*, Hopeful Family Programme (PKH)
Indonesia	Raskin food subsidy programme
Jamaica	Programme of Advancement through Health and Education (PATH)
Kenya	Kenya Cash Transfer to Orphans and Vulnerable Children (CT-OVC)
Kenya	The Hunger Safety Net Pilot Programme (HSNP)
Kenya	*Kazi Kwa Vijana* (KKV)
Lesotho	Cash and Food Transfers Pilot Project (CFTPP)
Lesotho	Lesotho Old Age Pension (OAP)
Liberia	Pilot Cash Transfer Scheme
Liberia	Draft National Social Welfare Policy
Malawi	Improving Livelihood Through Public Works Programme
Maldives	The New Pension System (2009 Maldives Pension Law)
Maldives	*Madhana* (health insurance)
Maldives	Absolute poverty scheme (2003)
Mali	*Bourses Maman*
Mali	Emergency Social Safety Nets Project
Mauritius	Old Age Pension
Mexico	*Programa de Atención a Jornaleros Agrícolas* (PAJA) (Programme for Supporting Agricultural Day Labourers)
Mexico	*Oportunidades*
Mexico	*Programa de Apoyo Alimentario* (PAL)
Mexico	*Programa de Empleo Temporal* (PET)
Mexico	*Progresa* Conditional Cash Transfer
Mozambique	*Programa de Subsidio de Alimentos* (PSA – Food Subsidy Programme)
Mozambique	The GAVPU (Gabinete de Apoio à População Vulnerável) Cash Transfer Programme
Namibia	Social Cash Transfers
Namibia	Basic Income Grant Pilot Project (BIG)
Namibia	Old Age Grant (OAG) and Disability Grant (DG)
Namibia	National Plan of Action 2006–10 for Orphans and Vulnerable Children
Nepal	Child Protection Grant
Nepal	Scholarships
Nepal	Birthing grant
Nepal	Disabilities allowance
Nepal	Poverty Alleviation Fund
Nepal	One-family-one-employment Programme
Nepal	Karnali Employment Programme

Nepal	Old Age Allowance Programme (OAP); Helpless Widows Allowance (HPA); Disabled Pension (DP)
Nicaragua	*Red de Protección Social* (RPS)
Nicaragua	*Proyecto de Bienestar Social de Nicaragua*
Nigeria	In Care of the Poor (COPE)
Nigeria	SURE-P MPH (Subsidy Reinvestment and Empowerment Programme Maternal and Child Health) conditional cash transfer
Nigeria	Vision 20:2020
Pakistan	Child Support Programme
Pakistan	Punjab Female School Stipend
Pakistan	Pakistan *Bait-ul-Maal* (PBM)
Pakistan	Benazir Income Support Programme
Pakistan	Zakat
Paraguay	*Red de Protección y Promoción Social*
Paraguay	*Tekopora*/PROPAIS II
Peru	Personal Capitalization Account (PCA) Pilot
Peru	National Family Support Plan 2004 – 2011
Peru	*Juntos*
Phillippines	Expanded Senior Citizens Act of 2010
Rwanda	VUP social transfer programme (Vision 2020 Umerenge Programme)
Rwanda	Genocide Survivors Support and Assistance Fund (FARG)
Sierra Leone	Social Safety Net Programme (SSN)
Sierra Leone	National Draft Policy for Social Protection
South Africa	Child Support Grant
South Africa	Old Age Grant
South Africa	Expanded Public Works Programme (EPWP):Phase 2
South Africa	Foster Care Grant
South Africa	Care Dependency Grant
Swaziland	Old Age Grant
Swaziland	Food For Assets (FFA)
Tanzania	Pilot Cash Transfer Programme (Community-Based Cash Transfer Programme – CB-CCT)
Tanzania	Most Vulnerable Children (MVC) Programme
Tanzania	Community Health Fund
Tanzania	National Ageing Policy (2003)
Tanzania	National Disability Policy (2004)
Thailand	Social pension (THA)
Uganda	Social Assistance Grants for Empowerment (SAGE)

Uganda	National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12 – 2015/16
Ukraine	Day care centres for HIV positive children, Positive Children Project in (2005–2008)
Uruguay	PANES (National Social Emergency Response Plan, 2005–2007)
Uruguay	*Programa de Pensiones No-Contributivas*
Vanuatu	Vanuatu National Food and Nutrition Policy 2000
Vanuatu	National Education in Emergency Policy
Vietnam	National Targeted Programme for Poverty Reduction (NTPPR)
Zambia	Pilot Cash Transfer Scheme, Kalomo District
Zambia	Peri-Urban Self-Help (PUSH)
Zimbabwe	Community-Based Food and Nutrition Programme
Zimbabwe	Community-Based Nutrition Care Programme (CBNCP)

Annexe C: List of social protection policies that address unpaid care concerns

Country	Policy
Argentina (1)	Universal Family Allowance per Child for Social Protection (Universal Child Allowance / *Asignacion Univesal por Hijo*, AUH)
Argentina (2)	*Plan Jefes y Jefas de Hogar Desocupados*
Argentina (3)	*Asignacion Universal por Embarazo* (Universal Birth Allowance / Universal Pregnancy Allowance) [2011 extension of the AUH – see above]
Bangladesh (1)	Rural Employment Opportunities for Public Assets (REOPA)
Cambodia (1)	National Social Protection Strategy (NSPS) for the Poor and Vulnerable (2011–2015)
Chile (1)	*Chile Solidario*
Egypt (1)	Ain El-Sira Pilot Conditional Cash Transfer Programme
El Salvador (1)	*Pensión Básica Universal* (part of *Nuestros Mayores Derechos)*
India (1)	Maharashtra Employment Guarantee Scheme (MEGS or MNREGS)
India (2)	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGS or MGNREGA)
Kenya (1)	Cash Transfer to Orphans and Vulnerable Children (CT-OVC)
Liberia (1)	Pilot Cash Transfer Scheme
Namibia (1)	Social Cash Transfers
Namibia (2)	National Plan of Action 2006–10 for Orphans and Vulnerable Children
Nepal (1)	Child Protection Grant
Rwanda (1)	Vision 2020 Umerenge Programme (VUP Social Transfer Programme)
South Africa (1)	Child Support Grant
South Africa (2)	Care Dependency Grant
South Africa (3)	Foster Care Grant
Uganda (1)	Social Assistance Grants for Empowerment (SAGE)
Uganda (2)	National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12– 2015/16
Ukraine (1)	Day care centres for HIV positive children / Positive Children Project in Ukraine (2005–2008)
Uruguay (1)	PANES (National Social Emergency Response Plan, 2005–2007)

Annexe D: List of early childhood development (ECD) policies covered in the review

Country	Policy
Albania	Gardens of Mothers and Children
American Samoa	ECE Head Start Programme
Angola	Eleven Commitments to Angola's Children (2007)
Argentina	*Primeros años* (Early Years) National Infant Development Programme
Argentina	Early Education Service
Argentina	Core Learning Priorities
Argentina	National Nutrition and Food Programme
Armenia	Law on Preschool Education (2005)/ Programme for Preschool Education Development (2000)
Armenia	The Strategic Programme for 2008–2015, Reforms in Preschool Education
Azerbaijan	Step-by-Step (SbS) preschool education in Azerbaijan
Bangladesh	National Education Policy 2000
Bangladesh	PEDP II (Primary Education Development Programme)
Bangladesh	Operational framework for pre-primary education (2008)
Bangladesh	Comprehensive ECCD Policy Framework
Bangladesh	Expanded programme on immunization (EPI)
Belarus	First Steps Programme
Belarus	Positive Parenting Programme
Belarus	Mothers' Clubs
Bénin	*Politique Nationale de Développement Integré du Jeune Enfant au Benin*
Bhutan	National Policy on Early Childhood Care and Development
Bolivia	A comprehensive care policy is being formulated by the National Commission for Childhood and Adolescence and is now undergoing final review
Bolivia	Comprehensive Child Development Project
Bolivia	National Care Programme for Children Under Six (PAN) NB terminated 2005
Bolivia	Andean Sub-regional Project for Basic Services and Policies for Children in Bolivia (PROANDES)
Bolivia	Multinational Project on Basic Education (PRODEBAS) OAS/BOL
Bolivia	*Proyecto Integral de Desarrollo Infantil* (PIDI)
Bosnia and Herzegovina	Policy for Early Childhood Development in the Federation of Bosnia Herzegovina (2011)
Botswana	Early Childhood Care and Education Policy
Brazil	National Plan of Education, 2001
Bulgaria	Public Education Act

Burkina Faso	*Programme Quinquennal de Développement Intégré de la Petite Enfance 2009–2013*
Burkina Faso	Ten Year Development Plan for Basic Education
Burkina Faso	*Stratégie Nationale de Développement Integré de la Petite Enfance au Burkina Faso*
Burundi	*Politique Nationale du Développement Integré du Jeune Enfant*
Cambodia	National Policy on Early Childhood Care and Development
Cameroon	*Document Cadre de Politique Nationale de Développement Intégral du Jeune Enfant*
Cameroon	*Plan Stratégique 2010–2012 de Développement Intégral du Jeune Enfant*
Central African Republic	Early Childhood Integrated Development (DIJE) (Community Early Learning Centres) (*Politique Nationale du Développement Intégral du Jeune Enfant en République Centrafricaine*)
Chad	National Action Plan for Education For All (NAP/EFA)
Chad	National Policy for Integrated Early Childhood Development (currently being adopted)
Chad	The Rural and Periurban Community Education Centres (CECR/U)
Chile	Community nurseries
China	Early Child Development programmes in poverty-stricken areas
China	Program of Early Childhood Development in Poor Rural Areas in Qinghai Province and Yunnan Province (China Development Research Foundation)
China	Pilot program of 'Touring educational support'
China	Pilot program to improve children's nutrition in poor areas (Ministry of Health)
China	Regulations for Kindergartens (1989) Procedural Regulations for Kindergartens (1989) Guiding Framework for Kindergarten Education (2001)
Colombia	*Families en Acción* (FA)
Colombia	Community Nursery Programme
Colombia	*Política Pública Nacional de Primera Infancia: Colombia por la Primera Infancia* (2006)
Comoros	*Poltique Nationale de Developpement de la Petite enfance aux Comores* (part of 'Decade of Education for all)
Congo (Rep. of)	*Plan National d'Action de l'education pour Tous* (2003–2015)
Costa Rica	National Daycare programme
Costa Rica	National Network for Child Care and Development (currently being developed)
Costa Rica	*Programa de la Mano* (2000–2003)
Costa Rica	*Programa Ventanas en el Mundo Infantil* ("Windows to Children's World Programme").
Costa Rica	*Plan Nacional de Atencion a la Ninez*
Costa Rica	Early Childhood Development
Côte d'Ivoire	Committees for the basic education of girls

Côte d'Ivoire	Integrated Early Childhood Development
Côte d'Ivoire	Accelerated Child Survival & Development Strategy (ACSD) (in National Programme for Health Development (2009–2013))
Cuba	Educate Your Child
Cuba	Children's Circles
Djibouti	*Politique Nationale du développement intégral de la petite enfance* (PNDIPED) 'integrated national policy for EC'
Dominica	No child left behind
Dominica	School feeding programme
Dominica	Universal Early Childhood Education programme
Dominican Republic	Early Childhood Education Project
Dominican Republic	Mother-Child Pastoral Service
Ecuador	WAWAKAMAYOWASI intercultural child development programme
Ecuador	Community-based family and children's education (bilingual intercultural education)
Ecuador	Early Education Programme (*Programa de Educación Inicial*) 2002
Ecuador	National preschool education programme (PRONEPE), for children aged 4–6
Ecuador	Growing with our Children (*Creciendo con Nuestros Hijos*)
Ecuador	Child Development Programme (PDI)
Ecuador	Sub-programme of Basic Services Andino Poverty (PROANDES)
Ecuador	Community-Based Child-Care Programmes in Guayaquil
Egypt	Early Childhood Education Enhancement Programme (ECEEP)
Egypt	Feeding programmes
Egypt	Social Assurance Programme
Egypt	Parenting Education Programme
El Salvador	*Política Nacional de Educación y Desarrollo Integral de la Primera Infancia*
El Salvador	*Vamos a la Escuela* (let's go to school) programme (instigated as part of PNEDIPI)
El Salvador	Early Childhood Family Education Activity (EDIFAM)
Eritrea	Parenting Enrichment strategy
Eritrea	Integrated Early Childhood Development Project
Eritrea	National Communication Strategy
Eritrea	Policy on Nutrition and Food Security
Eritrea	EDEL Children's Services (ECCD)
Ethiopia	National Policy Framework for Early Childhood Care and Education for Ethiopia (designed 2010)
Ethiopia	National Women/Girls' Education Strategy (2009/2010)
Fiji	Policy in Early Childhood Education (since 2007)
Fiji	Pacific Education Development Framework (PEDF) (signatory to)
Gabon	*Plan d'Action National Education pour tous* (Education for All)

Gambia (The)	*Développement Intégré de la Petite Enfance* (The Gambia Integrated Early Childhood Development Policy Framework 2003)
Gambia (The)	Gender and Women Empowerment Policy 2010–2020
Gambia (The)	Baby-Friendly Community Initiative
Georgia	Parent Education Programme on Early Child Development
Ghana	National Early Childhood Care and Development (ECCD) Policy, adopted in 2004 / Early Childhood Development Programmes
Ghana	Global Social Trust pilot project
Ghana	*Manya Krobo* Queen Mothers Association
Ghana	White Paper on Education Reform (2004)
Grenada	Children's Rights References in the Universal Periodic Review
Guatemala	*Politica Publica Desarollo Integral de la Primera Infancia* (2010)
Guatemala	*Centros de Atención Integral* – CAI
Guatemala	*Hogares Comunitarios* (including *Centros de Atención y Desarrollo Infantil* (CADI)
Guatemala	*Creciendo Bien*
Guinea	Community Education Centres (CECs)
Guinea	National policy document on preschool education and early childhood development / *Politique Nationale 2001 de la Promotion de L'Enfance*
Guinea	Early Childhood Development Programme (ECD-EFA) and Early Childhood Institutional Capacity-Building Programme (PRCI-ECD)
Guyana	ECD Policy
Guyana	Guyana Nursery Education Programme
Haiti	Early Childhood Education Programme
Honduras	Draft National ECD Policy
Honduras	*Atención Integral a la Niñez Comunitaria* (AIN-C)
Honduras	*Madres Guías*
India	National Policy for Children, 1974
India	National Plan of Action for Children, 2005 (preceded by same policy in 1974) ICDS
India	Early Childhood Care and Education
Indonesia	No ECD Policy Found. However, according to USAID, there was an Early childhood Education policy, within which there were at least eight different forms of service provision that have historically been categorised as either part of the formal or the non-formal system
Iran	Early childhood development policy
Iran	Rural kindergartens
Iraq	National Committee on ECD
Iraq (no national ECD policy)	Kurdistan Inclusive Education Programme (KIEP)
Jamaica	The National Strategic Plan for Early Childhood Development in Jamaica
Jordan	Jordan's Early Childhood Development Initiative

Kazakhstan	No ECD Policy Found. However, there is a 'Better Parenting Programme'. UNICEF indicates that the country is now developing a national ECD policy
Kenya	The Alternative Basic Education policy
Kenya	National Early Childhood Development Policy Framework (+ National Early Childhood Development policy)
Korea Rep. Dem.	Basic education quality. NO ECD found.
Kyrgyz Republic	No ECD Policy Found. (In 2004, the government started the process of revising the national policies that guide and validate the provision of a broad range of early childhood development and family support activities. In February 2005, the Concept Paper on Preschool Education was ratified. The State Standard of the Kyrgyz Republic on Preschool Education and Care for a Child is currently in the process of endorsement by the government)
Kyrgyz Republic	The Law on Protection of the Kyrgyz People's Health
Lao PDR	National Strategy and Plan of Action on Inclusive Education 2011–2015
Lao PDR	The Young Child Development Programme (YCDP)
Latvia	Preschool education programme
Lebanon	Pre-primary education programme
Lesotho	Children's Protection and Welfare Bill and the Sexual Offences Act
Liberia	Early Childhood Development and Pre-Primary Education
Lithuania	In June 2012 a draft of a new Law on child protection has been prepared to replace the current Law on Fundamentals of Child Rights Protection
Macedonia, FYR	Law on Child Protection
Macedonia, FYR	The National Programme for the Development of Education of the Republic of Macedonia 2005–2015
Malawi	National Policy on Early Childhood Development
Malawi	Protection and Justice Bill (Orphans, Vulnerable Children and Child Protection being drafted)
Malaysia	The Early Childhood Care and Development Policy 2007
Maldives	Early Childhood Care and Development (ECCD)
Maldives	First Steps programme
Marshall Islands	Ten Year Master Plan of 1989–1999 which led to the The Head Start programme
Mauritius	Government Programme 2010–2015 (leading to the Consolidated Children's Bill)
Mauritius	Institution for Welfare and Protection of Children Regulations 2000
Mexico	Federal Daycare Programme for Working Mothers
Mexico	*Educación Inicial,* 1993
Micronesia, Fed. Sts.	ECE National Policy
Moldova	Child-Friendly School (CFS) initiative
Moldova	Communication for Behaviour Impact (COMBI) for ECD Plan
Mongolia	Integrated Early Childhood Development Policy (approved in 2005)
Montenegro	Early Learning and Preschool Education strategy (2010)

Myanmar	Comprehensive quality education
Namibia	National early childhood care and development policy / National Programme of Action for Children of Namibia (NPA) ECD policy
Namibia	Education for All National Plan of Action
Namibia	National Agenda for Children 2012–2016
Nepal	Strategy paper for early childhood development in Nepal (2004)
Nepal	Reviews of the national policy for ECD and Nepal School Sector Reform Plan 2009
Nicaragua	National Education Plan 2001–2015
Nicaragua	PAININ (Comprehensive Childcare Programme in Nicaragua)
Niger	Niger's Education Act (Law No. 98–12 of 1 June 1998)
Niger	Non-Formal Early Education
Nigeria	National Early Childhood Curriculum
Nigeria	National Policy on Integrated Early Childhood Development
Nigeria	National Policy on Education (2004)
Nigeria	National Policy on Food and Nutrition (2001)
Pakistan	National Education Policy (1998–2010)
Palau	Palau Early Childhood Comprehensive Systems (PECCS) 2007
Palau	Master Plan for Education 2006–2016
Palau	The Palau Early Childhood Initiative
Panama	Organic Law No. 47 of 1946 on Education & Law 34 of 6 July 1995, amending the previous legislation
Panama	Early Childhood Care Route
Papua New Guinea	Non-formal childcare provision
Paraguay	General Education Act (1998), also Code of Childhood and Adolescence, National Policy, POLNA, in effect for the 2003–2013 period. Its objectives are conveyed through the National Plan of Action for Children and Adolescents (PNA), which is a five-year plan (2003–2008).
Paraguay	Preschool and Early Education Improvement Programme (2004–2008)
Peru	General Education Law No. 28044/2003 and its amendment Law No. 28123
Peru	Non formal programmes provided through the National Plan of Action for Childhood and Adolescence (PNAIA) for the period 2002–2010
Peru	National *Wawa Wasi* programme, implemented by the Ministry for Women's Affairs and Social Development
Philippines	The Early Childhood Care and Development (ECCD) Law 2000
Philippines	The Republic Act 6972, the 'Barangay (village) Level Total Protection of Children Act'
Philippines	Executive Order No. 778 January 2009; Executive Order No. 806, June 2009
Philippines	Integrated Early Childhood Development
Romania	National Strategy for Early Education as part of the ECD Convergent Framework

Romania	Early Learning and Development Standards (ELDS)
Romania	Early Education and Parenting Strategy
Russia	Law on Education
Russia	The Concept for the Modernization of Russian Education and the Action Plan of the Russian Ministry of Education
Rwanda	Early Childhood Development Policy 2011 and Education Sector Strategic Plan (ESSP (2010–2015)
Samoa	Ministry of Education, Sports and Culture Education Policies 2005 and Education Act 2009
Samoa	Pacific Children's Programme
São Tomé and Príncipe	Education Strategy 2007–2017
Senegal	Act No. 94-82 of 23 December 1994 abrogating and replacing the 1975 PreSchool Education Act No. 75–70 of 9 July 1975
Senegal	Procedures manual for integrated early childhood development, November 2001
Senegal	The draft national policy document on Early Childhood Development 2004
Serbia	Law on the Fundamentals of Education (2009) and the Law on Preschool Education (LPE), 2010
Serbia	Roma children's ECD
Seychelles	Seychelles Framework for Early Childhood Care and Education, 'Winning for Children: A Shared Commitment'
Sierra Leone	Sierra Leone Education Sector Plan 2007–2015
Sierra Leone	The Education For All National Action Plan
Sierra Leone	National Health Sector Strategic Plan 2010–2015
Sierra Leone	Sierra Leone Education Sector Capacity Development Strategy 2012–2016
Solomon Islands	Early Childhood Development Policy Draft
Solomon Islands	Early Childhood Care and Education in the Pacific
Somalia	Koranic Schools and private kindergartens
Somalia	Puntland Education Policy Paper
South Africa	National Integrated Plan for ECD 2005–2010 / Early Childhood Care and Education (ECCE) programmes
South Africa	Rights for Children
South Africa	The Policy Development Process
South Sudan	Education and Child Welfare in South Sudan
Sri Lanka	National Policy on ECCD (2004)
St Lucia	Policy on Early Childhood Education
St Lucia	Roving Caregivers Programme
St Vincent and the Grenadines	Towards Early Childhood Standards
St Vincent and the Grenadines	Roving Caregivers Programme 2002

St Vincent and the Grenadines	Early Childhood Health Outreach's (ECHO) 2010
Sudan	National Plan of Action for the Survival, Development, and Protection of Children 1992
Sudan	*Khalwas*
Suriname	ECD policy document Suriname 2004–2008
Suriname	Integrated Service Provision, A Pilot Project from Suriname
Suriname	Head Start
Swaziland	The Swaziland Education and Training Sector Policy 2011
Syria	National Strategy for Early Childhood 2006
Syria	Aga Khan Foundation
Syria	Child-to-Child Programme
Tajikistan	ECD policy
Tajikistan	Early Learning and Development Standards (ELDS)
Tanzania	Towards a 'Network of Support Services' for ECCE
Tanzania	Integrated Early Childhood Development (IECD) policy
Thailand	1999 National Education Act
Thailand	National Policy and Strategy for Early Childhood Development 2006–2008 and Long-Term Policy and Strategy for Early Childhood Care and Development 2007–2016 (Ministry of Education, Thailand, 2008)
Timor-Leste	National Education Policy 2007–2012: Building our nation through quality education
Togo	Reform of the Education Sector 1975; ECCE policy
Togo	NGOs working in ECD
Tonga	Tonga Education Policy Framework, 2004–2019
Tunisia	Act of 23 July 2002; National Report on the Development of Education, 2004–2008
Tunisia	Kouttab (Koranic school)
Turkey	The Primary Education Law no. 222 and Basic Law of National Education no. 1739
Turkey	The Government of Turkey and UNICEF's 2006–2010 Country Programme
Turkmenistan	National Programme on Early Childhood Development (ECD) for 2011–2015
Uganda	Nutrition and Early Childhood Development Project (NECDP)
Uganda	National Strategic Programme / Plan of Interbention for Orphans and Other Vulnerable Children 2011/12–2015/16
Ukraine	Parents counselling centres, Centres for young children development, family type kindergartens in rural areas (Ivano-Frankivsk region)
Ukraine	Chernobyl Plan
Ukraine	National programme for Young Children development 'The little grain'
Ukraine	Centres for young children development based at health care centres (Lviv, Donetsk)

Uruguay	General Law of Education No. 17015, 1998
Uruguay	CAIF Plan
Uruguay	National Strategy for Children and Adolescents (ENIA)
Uzbekistan	Preschool education
Uzbekistan	Family education
Vanuatu	Preschool education
Vanuatu	Early Learning Development Standards (ELDS)
Vanuatu	Vanuatu Education Sector Programme (VESP) 2013–2017
Vanuatu	Vanuatu National Breastfeeding Policy
Vanuatu	National Children's Policy
Venezuela, RB	Nursery Education (Simoncito)
Venezuela, RB	Early Education
Venezuela, RB	HOGAIN
Vietnam	National EFA Plan of Action (2003–2015); National Education For All (EFA)
West Bank and Gaza	The Early Childhood, Family and Community Education Programme: Mother to Mother
Yemen, Rep.	Queen of Sheba Motherhood Programme
Zambia	Infant and Young Child Nutrition (IYCN)
Zimbabwe	NECD Plan 20004

Annexe E: List of ECD policies that address unpaid care concerns

Country	Policy
Albania	Gardens of Mothers and Children
Bangladesh	PEDP II (Primary Education Development Programme)
Bhutan	National Policy on Early Childhood Care and Development (2011)
Bolivia	Andean Sub-regional Project for Basic Services and Policies for Children in Bolivia (PROANDES)
Botswana	Early Childhood Care and Education Policy (2001)
Chad	The Rural and Periurban Community Education Centres (CECR/U)
Chile	Community Nurseries (component of *Chile Crece Contigo* 2007)
Colombia	Community Nursery Programme (*Hogares Comunitarios*)
Colombia	*Política Pública Nacional de Primera Infancia: Colombia por la Primera Infancia* (2006)
Congo (Republic of)	*Plan National d'Action de l'education pour tous* (2003–2015)
Costa Rica	*Programa Ventanas en el Mundo Infantil* (Windows to Children's World Programme)
Cuba	Children's Circles
Ecuador	*Creciendo con Nuestros Hijos* (Growing with our Children) 2007
Ecuador	Community-Based Child-Care Programmes in Guayaquil
Ethiopia	National Policy Framework for Early Childhood Care and Education for Ethiopia (designed 2010)
Gambia (The)	Baby-Friendly Community Initiative
Ghana	National Early Childhood Care and Development (ECCD) Policy, adopted in 2004 / Early Childhood Development Programmes
Guatemala	*Política Pública Desarollo Integral de la Primera Infancia* (2010)
Guatemala	*Centros de Atención Integral* (CAI)
Guatemala	*Hogares Comunitarios* (including *Centros de Atención y Desarrollo Infantil* (CADI))
Jordan	Jordan's Early Childhood Development Initiative
Macedonia, FYR	Law on Child Protection
Malawi	Protection and Justice Bill
Malaysia	The Early Childhood Care and Development Policy 2007
Mexico	Federal Day Care Programme for Working Mothers
Montenegro	Early Learning and Preschool Education strategy (2010)

Namibia	National early childhood care and development policy / National Programme of Action for Children of Namibia (NPA) with specific ECD policy
Nepal	Strategy paper for early childhood development in Nepal (2004)
Nigeria	National Policy on Integrated Early Childhood Development
Nigeria	National Policy on Education (2004)
Nigeria	National Policy on Food and Nutrition (2001)
Peru	Non-formal programmes provided through the National Plan of Action for Childhood and Adolescence (PANAIA) for the period 2002–2010
Peru	National *Wawa Wasi* programme
Rwanda	Early Childhood development Policy 2011 & Education Sector Strategic Plan (ESSP (2010–2015)
Seychelles	Seychelles Framework for Early Childhood Care and Education, 'Winning for Children: A Shared Commitment' (2011)
Syria	National Strategy for Early Childhood *(2006)*
Ukraine	Parents counselling centres and Centres for young children development
Uruguay	National Strategy for Children and Adolescents (ENIA) – Action Plan
Uzbekistan	Family Education Project
Vietnam	National EFA Plan of Action (2003–2015). First component: creche; second component: kindergarten; third component: parent education programme

Annexe F: Declining trends (ECD)

In the course of the research, various trends emerged. Not surprisingly in recent years in the context of the race for the fulfilment of the MDGs and broad education plans (e.g. Education for All) there was an increasing trend towards governments integrating concerns for early childhood education and care into national policies. However, in a few cases, we found a surprisingly decreasing trend, which we look into briefly here. We categorised these cases broadly into three types.

Shift of responsibility from the state to the family in former Soviet Union countries

Gender equality, in terms of equal participation of men and women in production and public life, and education were central tenets of the Soviet ideology. As such, after the 1917 Russian Revolution, the State took over complete responsibility for the upbringing and teaching of small children in the USSR, with publicly provided affordable childcare services, as a means to encourage women to join the labour force. In the 1990s, after the collapse of communism, as former socialist countries of Central and Eastern Europe went through often radical transitions and market austerity reforms, many governments ceased to assume the burden of financing childcare facilities. The withdrawal of the state differed across countries, as different governments faced different choices (for instance, the Czech Republic 'replaced' day care centres with extended periods of parental leave). Nonetheless, overall what could be witnessed was a shifting of responsibility from the state to the family, which resulted in a notable decline in female employment (Szelewa 2012).

Neo-liberalisation of care in China

During the Maoist era, as in the socialist countries of Central and Eastern Europe, China established a public childcare system that provided care to children from the earliest months of their lives until they entered primary school.

The country's economic reforms (1976–1989) have brought about two major changes in China's childcare policy. In accordance with the new regulations, publicly subsidised childcare programmes no longer cover children aged 0–2 years for whom provision of education is considered unimportant. As a result, publicly funded nurseries for children in this age group became almost non-existent. The second and most sweeping change has been the substantial cutback in the childcare support provided by the government and employers. With the pace of reforms accelerating and pressure for profits mounting, the vast majority of Chinese enterprises in the urban sector ceased to offer subsidised childcare services to employees. Recognising the changing patterns of childcare provision, in its 2001 Guidelines for Kindergarten Education, the Chinese government formally endorsed a pluralistic approach to childcare, with 'state-run kindergartens as the backbone and exemplar' and 'social forces [an ideologically convenient term for market forces] as the primary providers'. Economic growth, in addition to privatisation and commercialisation of care services and population ageing, have led to a rapid expansion of markets for domestic and care services.

Analysts estimate that about 15 to 20 million Chinese workers earn a living by cleaning, cooking and taking care of children, the elderly or the sick in middle- and high-income families (Cook and Dong 2011). Laid-off urban female workers and female migrants account for the majority of paid domestic workers. In China, as in many other countries, the domestic service market is poorly regulated: the work is low status, low paid and not covered by the existing social security system, while domestic workers also face societal discrimination (Cook and Dong 2011; Zhang and Pan 2012). The development of domestic and care

service markets has transferred part of the domestic and care burdens from middle- and upper middle-class women to women struggling at the margin of the labour market, thereby perpetuating socioeconomic inequality.

Changing gender roles in Iran

In 1961, the Iranian government started to operate its own kindergartens in an attempt to allow children form middle and lower-income backgrounds to attend preschool. Most of them were set up within the government's own ministries to help female employees. During the oil-boom years of 1973–1978 in the lead up to the Revolution, there was a surge of demand for day care and preschool education. After the 1979 Revolution, many women left the labour force, and many of the centres were closed down, and enrolments fell by a quarter. Subsequently, in the early 1990s, the decline in primary school enrolments, itself caused by fertility decline a few years earlier, gave rise to a surplus of primary school teachers (Salehi-Isfahani and Kamel 2007).

In recent years, and in an attempt to preserve primary school teachers' jobs, the Ministry of Education worked together with parents to set up kindergarten classes in public schools, thereby greatly expanding its early childhood education programmes (despite pre-primary education not being part of its official mandate), and taking first place in the Middle East in preschool enrolment rates.

Annexe G: Conflicting discourse (ECD)

One of the key challenges in undertaking this research was the classification of different policies into specific categories. In particular, a number of policies clearly had conflicting interests at play, and sometimes conflicting discourses between the theory and the practice or implementation stage, but sometimes in the policy document itself. Nigeria's Food and Nutrition Policy is a case in point.

The overall goal of the policy is to improve the nutritional status of all Nigerians, with particular emphasis on the most vulnerable groups (children, women and the elderly). The official policy document states that in order to achieve this goal, specific objectives have been formulated, including' to enhance care-giving capacity within households', as well as addressing the care and wellbeing of mothers. However, several pages later, when going into the details of the strategies needed, the document calls for 'Develop[ing] labour-saving technologies to reduce the workload of women and create more time for child care' (National Planning Commission 2001). This is an example of conflicting discourse, in terms of what the policy aims to do in relation to unpaid care.

To give another example, in a study on the impact of conditional cash transfers on women's empowerment, Molyneux (2008) argued that programmes claiming to bring about empowerment, often inadvertently tended to reinforce asymmetrical gender roles by embracing maternal models of care. She asked whether 'in meeting children's needs by depending upon and reinforcing a maternal model of care and household responsibility, these programmes may be responsible for some sub-optimal outcomes for household members, particularly for the stipendiary-holding mothers in the medium and long term' (Molyneux 2008: 22).

Building on Molyneux's critique, and applying it to Nigeria's Food and Nutrition Policy, we argue that policies may be well be gender-sensitive yet remain care-insensitive.

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