

Transforming Care Dynamics: Lessons from Programme and Policy

I. The Value of Care

*'People being well cared for is as much a contribution to society as the production of goods',
Professor Susan Himmelweit, UK Women's Budget Group, 'Transforming the Care Economy'
webinar, 8 June 2016*

Care is a vital part of the global economy. This significant sector, however, goes largely unrecognised in economic debates and in global policy, and remains undervalued by states and businesses. This invisibility can be explained in part by the huge gender inequality in the provision of care: around the world women perform three times more unpaid care duties than men.¹ The inclusion of a target for the recognition and valuing of unpaid care and domestic work within Goal 5 of the Sustainable Development Goals (SDGs) is, therefore, particularly important, and is welcomed by those advocating for a transformation in how care is considered, in patterns of care provision, and in policies for investment in care around the world.

The UN High Level Panel (HLP) on Women's Economic Empowerment, established in March 2016 with the aim of progressing work on women's economic empowerment in relation to reaching the SDGs, is a valuable opportunity to explore approaches and experiences of changing how care is understood and how care is provided. Most development actors now recognise the linkages between the ability of women to become economically empowered and women's heavy and unequal responsibility for unpaid care work, especially where public and private care services are inaccessible. In response to this mobilisation, the Institute of Development Studies, UK (IDS), the International Development Research Centre, Canada (IDRC) and Oxfam coordinated a call for evidence on what works on transforming dynamics in the care economy. The call aimed to inform the HLP on successful interventions from across the world that have worked to provide recognition to care services, and to look at ways of reducing the heavy and unequal responsibility for women, and redistributing care work from women and girls to across the household, the state and the private sector.

The call was open for over 3 weeks from 16 May to 8 June 2016, and received around 45 responses from researchers, NGOs, women's networks, worker's organisations and national movements across a range of geographical regions. The respondents were asked to complete a questionnaire giving details of the programmes, the strategies used and challenges encountered, and the aims and outcomes in respect of care, with follow up questions to provide more background where necessary.

¹ UNDP (2015) 'Imbalances in Paid and Unpaid Work', Chapter 4 in *UNDP Human Development Report 2015, Work for Human Development*, New York: UNDP

The call for evidence was complemented by two webinars organised by IDRC and held on 7 and 8 June.² The webinars saw presentations from Mona Sherpa (Helvetas), Roselyn Nyatsanza (Oxfam), Subhalakshmi Nandi (UN Women), Jeni Klugman (Research Director – HLP), Mekala Krishnan (McKinsey), Susan Himmelweit (UK Women’s Budget Group), and Karina Batthyany (Universidad de la República). A broad range of discussion around care issues, such as private sector responsibilities, community engagement, and elderly care was sparked by the webinar presentations, and insights from these discussions, together with the information synthesised from the respondent questionnaires form the basis of this evidence summary paper.

In the call for evidence process we tried to reach out to as many actors as possible who are advocating for a progressive approach on care in their work on women’s economic empowerment. We do, however, have to accept the limitations of this process in terms of the short time available to gather responses for the HLP, and that technology restrictions may mean some women’s groups have been unable to participate. A thorough, broad-based and inclusive gathering of women’s voices on the issue of care requires more resourcing for women’s rights groups’ to engage in these kinds of processes. All the more reason why the HLP is a fruitful opportunity to engage in a larger discussion.

II. Case Studies

This section presents evidence that has been collated from the various submissions that we received, as well as from other sources such as the social protection database from Interactions.³ While more information can be found for each of these cases in the attached Appendix 1, here are the main points from these case studies. They have been clustered around the four main policy recommendations outlined in the position paper as critical for transforming care dynamics so as to recognise the importance of care, redistribute care from women and poor families to the state and to other members of the family/ community including men and boys; and to reduce the drudgery of care work. These examples provide evidence of how the recommendations we have outlined in the position paper are working at different scales and in different contexts.

II.a *Provision of accessible public services, including care services*

Provision of accessible and good quality public services is critical to women’s economic participation. While the examples below focus mainly on how such services improve women’s ability to work, it is notable that this does not mean that women’s economic empowerment can be achieved only by focussing on increasing rates of female labour market participation. It is an important first step, but it is not the only step. In the call for evidence process, however, we have yet to find successful initiatives that directly target women’s economic empowerment. This is something that warrants further exploration.

Examples

The Productive Safety Net Programme (PSNP) in Ethiopia has the provision to provide childcare facilities to allow those with young children to participate in the employment programme (Case 16). Similarly, the provision of childcare facilities at worksites under India’s Mahatma Gandhi National

² The webinar sessions can be viewed on youtube at:

<https://www.youtube.com/watch?v=ZVxBVmWbjJM&feature=youtu.be> and <https://www.youtube.com/watch?v=sRVD9WZkamQ&feature=youtu.be>

³ Interactions, Social Protection Policies and Programmes Database, <http://interactions.eldis.org/unpaid-care-work/social-protection>

Rural Employment Guarantee Act (MGNREGA) is aimed at recognising and redistributing care responsibilities from poor women to the state (Case 19).

In Nepal, ActionAid has set up 16 childcare centres across the country catering for poor and marginalised women who can drop their children off before they go to work. These centres have been crucial for many women struggling to balance work and care, providing them with a safe space to leave their children while they go to work or have some time to themselves (Case 26).

A day care support programme run by the Federal Government of Mexico, targeting low income mothers and single fathers has significantly increased the proportion of beneficiary mothers engaged in labour market activities and also their income (Case 29).

The Wasi Wasa National Programme run in urban coastal areas and in the Andes of Peru covers a large number of children under the age of four, through employing and training mother carers and setting up community care centres for childcare provision (Case 32).

Day care centres for children with HIV-AIDS run by All Ukrainian Network of People Living With HIV/AIDS in co-operation with Kyiv Municipality provides respite-care and support to HIV-infected parents and their children (Case 33).

The Child Support Grant provided by the Government of South Africa has allowed women to place children in nurseries/crèches and participate in the labour market which has led to increasing their income (Case 34).

Investing in the Care Economy - a report by the Women's Budget Group⁴ based on a study conducted on seven OECD countries for the International Trade Union Confederation (ITUC), concluded that an investment in child care and social care would provide double the percentage increase in employment as compared to the equivalent investment in construction and infrastructure projects. The investment in care would also reduce the gender gap in employment (by 50% in the US), whilst the same investment in construction would increase this gap. The study found that for an investment of 2% of GDP in the care industry increases of overall employment between 2.4% and to 6.1% would be achieved, depending on country context. This would mean 13 million new jobs in the US and 1.5 million in the UK. Women's employment would increase by 3.3% to 8.2%, with men's by 1.4% to 4% (Case 40).

The Empowering Elderly Care Givers programme run by GROOTS, Kenya reduced the excessive economic and social responsibility of care on grandmothers of orphaned HIV-infected children, through the provision of collective solutions for care, savings programmes and increased awareness about health, nutrition and access to government services (Case 42).

The Women's Rights to Sustainable Livelihoods (WRSL) Programme run by Action Aid in Ghana and Rwanda, established child care centres and water conservation hubs that reduced the care burden for women smallholder farmers. For at least 50% of the targeted women (1,500 in Ghana and 1,200 in Rwanda) time spent on unpaid care declined by the end of the programme. The time spent on childcare declined from 230 minutes to 207 minutes (a 10% reduction) and 210 minutes to 189 minutes on housework (a 10% reduction). Women provided with rainwater harvesting equipment in Rwanda only fetched water twice a week. In Ghana, fewer than 2 hours were being spent on collecting water and fire wood compared to 4 hours in 2013 due to the participation of men and boys. The women were subsequently able to spend more time on community engagement, including

⁴ The Women's Budget Group (2016) 'Investing in the Care Economy: A Gender Analysis of Employment Stimulus in Seven OECD Countries', commissioned by the ITUC, Brussels

holding positions in schools and in some cases as District Assembly representatives. This in turn allowed them to represent unpaid care work issues at policy level (Case 43).

Specific points highlighted by the case studies:

- Interventions devised to provide childcare services to working mothers from lower incomes can take an integrated approach to attain health, nutrition and educational outcomes. Local government may be involved in the delivery of some of the services to the children and also in the provision of space for the childcare centres (Case 32)
- Child development grants in South Africa are generally given to women from low income families and are spent on children's wellbeing (school attendance). The grants have increased women's decision-making power within the household as they allow women to make spending decisions (Case 34)
- Welfare policies need to recognise care as work and see women as economically independent citizens, rather than targeting families and seeing women as dependents. Labour laws in India that provide crèches at the work place have the potential to allow women to participate in other activities, such as income generation or leisure, and to have more control over finances and decision-making. Older children, who would have cared for younger siblings, can also be enabled to attend school. However, these cover only a small minority of the working population employed in the formal economy. Much more emphasis needs to be given to the needs of women and men employed in the informal economy (Case 50). ILO's forthcoming policy brief focusses on recognising standards on maternity benefits for workers in the informal economy.

II.b *Investing in time and labour saving equipment and infrastructure services*

Examples

In Oxfam's WE-Care (Women's Economic Empowerment and Care) programme in Zimbabwe, households were trained to make and use fuel-efficient 'tsotso stoves', in addition to domestic solar systems for care givers that were installed for lighting and charging equipment. This decreased the time that women spent on these tasks; women reported more time for productive and paid work and that the tsotso stoves have resulted in men participating in cooking (Case 2).

In Uganda's WE-Care programme run by the Uganda Women's Network, training in the construction and use of the Lorena stove, and the introduction of bicycles to help with the collection of fire wood and water have led to women reporting a reduction in the time they spend in meal preparation, as well as a reduction in the drudgery of cooking responsibilities. This has also increased their participation in community meetings and public office (Case 6).

The WASH (Water, Sanitation and Hygiene) programme in Tanzania supported by Sustainable Environment Management Action (SEMA) was able to reduce women's workload through the provision of a clean water supply close to their homes (Case 12).

Infrastructure projects in South Africa's Expanded Public Works Programme including the development of roads and water pipes, and building schools and health centres, and the construction

of latrines, have helped reduce the drudgery of care by providing essential services closer to dwellings (Case 15).

Improved access to water and the development of community wood stores in Ethiopia's PSNP programme have helped reduce the time that women spend on care, giving them more time to spend on other activities such as income generation (Case 16).

MGNREGA in India has worked towards the construction of durable assets, which in cases that focus on water provision for household uses have the potential to reduce the drudgery of care tasks such as water collection. Instead of prioritising/only investing in infrastructure to make productive labour more efficient, this investment recognises unpaid care work as a significant part of the economy, worthy of investment to make unpaid care labour more efficient (Case 19).

SEWA, a nationwide women's trade union in India trains women in technical skills related to water infrastructure, including water conservation and repairing hand pumps. In this way, the women provide services to their communities which significantly reduce the inefficiency and excessive physical labour of water collection work, at the same time as earning incomes. Women have been able to give more energy and time to self or family care as a result (Cases 20 and 28).

Fundación Entre Mujeres (FEM) in Nicaragua promotes the use of alternative technologies for agriculture and labour saving on care tasks. This includes new stoves that use less wood so women spend less time collecting fire wood (Case 21).

The provision of water powered and motorised rice mills in Laos implemented by CARE reduced the amount of time spent by women on milling rice and freed their time up for self-care (sleeping), family care or for other income generating activities (Case 44).

II.c *Investing in initiatives to shift perceptions, norms, and gender roles*

Examples

Oxfam's WE-Care programme aims to build evidence on care provision in households and communities through the use of Rapid Care Analysis exercises. In Malawi, evidence on the extent of unpaid care hours expended was included in mobile services and messages on health and agriculture. The evidence gathered raised awareness on the unequal distribution of care work between women and men leading to changes in practices in local organisations, as well as pronouncements by national officials (Case 1).

The Equality Through Dignity (ETD) programme run by Manusher Jonno Foundation has used a range of electronic and print media (including TV and radio spots, and posters), alongside coordinated community events such as demonstrations, popular theatre and folk music to raise awareness about the profound implications that women's undervalued care work has for domestic violence, poverty and the non-realisation of women's human rights. The campaign has directly engaged 1.5 million Bangladeshis so far, and has had far reaching effects that can be seen through an increased presence of this issue in public debate, as well as the collation of research to support the recognition of women's work to society (Case 3).

The Caring Economy Campaign (CEC) in the US builds networks of local, national and global organisations to circulate material to raise awareness about the investments which can be achieved from pro-care policies, thereby mobilising for the incorporation of caring economy principles into policy and even high school teaching materials (Case 5).

Oxfam's WE-Care programme in Zimbabwe used influential men in communities to act as ambassadors on radio station sessions to encourage others to recognise the significance of care work in households. This resulted in attitude changes regarding tasks that were previously regarded as feminine (Case 2). This is similar to the WE-Care intervention in Uganda, where "role model" families and change agents are used to change social perceptions of gender roles and care work within communities (Case 6).

The Counting Women's Work project based at the University of California, Berkeley measures the gendered economy to recognise the value of unpaid care and housework. It has supported a group of nine lower-income countries to produce per capita age schedules of production and consumption of market goods and services, and non-market household services including housework and childcare. Their estimates provide a quantitative evidence base for designing policies for the redistribution of unpaid care work (Case 10).

The 4Ps programme in the Philippines aims to use gender-neutral language aimed at increasing fathers' participation in the fulfilment of conditionalities for receiving cash transfers from the Government. It also provides family development sessions that provide modular discussions on father and mother relationships, requiring both parents to attend the sessions. This is measured specifically by an indicator that calls for a minimum 40% involvement of fathers (Case 13).

Women in the FEM programme in Nicaragua are provided with gender awareness training, through which the women have started questioning gender norms and negotiating the gendered division of labour in their households, developing a new vision for relationships between men and women (Case 21).

Christian Aid's Gender Justice and Access to markets programme in Brazil has worked with men and women to identify barriers to women's participation in markets and local cooperatives. Through their awareness programmes, positive shifts in social norms about care work have been reported by Christian Aid (Case 22).

The Gender Role Model Families programme in Kailahun District, Sierra Leone, supported by Christian Aid, was able to transfer women's care responsibilities through sensitising and training families and community members (Case 23).

Mencare, a campaign initiative run by Promundo, works in 40 countries with partner organisations on educational training and advocacy initiatives to raise awareness about men's engagement in care work and fatherhood, and policy change on parental leave. It has reached an estimated 250,000 individuals. It has managed to spark dialogue on these issues at the national and international levels, including through, for example, its recent 'State of the World's Fathers Report', launched in June 2015. MenCare's Program P which engages men in active fatherhood has resulted in positive change in the lives of men and their families around the world. Men in Sri Lanka managed difficult emotions and decreased their alcohol consumption, and in Nicaragua men improved relationships with their children and partners and increased their participation in household work and childcare (Case 24).

Programmes run by Nutrition @ the Centre have reduced women and girls' excessive care work through dialogues, meetings and community debates that aim to change perceptions about care work. Men's involvement in care work has increased in the programme areas in Benin, Bangladesh, Ethiopia and Zambia (Case 25).

MenEngage, a global alliance that has membership in 35 countries, has contributed significantly to international policy debates, particularly around SDG 5, for the inclusion of men in care provision and the development of an indicator to track and assess progress against this (Case 27).

A day care support programme for working mothers run by the Federal Government of Mexico, shifted perceptions about the gendered responsibilities for providing care among its beneficiary families (Case 29).

Through the analysis of time diaries of men and women by the families of Women's Collective members (set up by Action Aid in Northern Bengal), men were sensitised about the unequal burden of care on women (Case 35).

By remunerating women childcare workers equally to men for work undertaken through an OXFAM supported cash for work programme in Iraq, a message was communicated to the wider community of the value of care work (Case 36).

Advocacy on domestic workers' rights by Montfort Social Institute (MSI) and domestic workers themselves, including group boycotts by domestic workers of employers not complying to decent work conditions, has shifted the perception of employers on workers' rights and also paid care work (Case 38).

Male 'gender equality champions' are used as change agents in ILO's Engaging Men in Women's Economic Empowerment programmes to engage other men in their communities in changing perceptions about gender norms. The use of these champions led to the increased engagement of men at the community level on unpaid care work issues (Case 39). It also led to a reduction in the

Specific points highlighted by the case studies:

- Men's increased involvement in care work at home may not translate into more leisure time for women, though it may free up time for paid work by women. Also men may face criticism from community members for performing non-normative activities (cooking, sweeping, washing etc.) (Webinar discussion).
- There is a need to acknowledge the role of extended family members in care provision to vulnerable families (those infected with HIV AIDS) and expand support to address the needs of extended care givers (e.g. grandparents) (Case 33).
- Designating a number of women (particularly the elderly) to look after children of women headed households in the programme area run by OXFAM in Iraq, reduced male resistance to women participating in market work (Case 36).
- In Malawi, increased time spent on productive work reduced sleep hours and time spent on personal care, and increased the perception of recurring domestic violence (Case 1).
- Investment in time and labour saving technologies is insufficient to redistribute care responsibilities at the household level. These need to be accompanied with initiatives to transform gendered perceptions and behaviours.
- Programmes like the Conditional Cash Transfer programme in Egypt have worked on highlighting the importance of care work in sustaining the economy and the time that women spend on unpaid care work. The project showed that taking a citizenship approach to cash transfers can help to change social norms around sharing care within the household and communities (Case 17).

time women spend on care and an increase in men's engagement in some care activities previously carried out by women.

II.d *Provision of decent work for men and women*

The Caring Across Generations project in USA works on ensuring that homecare jobs for carers are quality jobs, and for building skills and guaranteeing basic job protections. Through their efforts, there have been changes made to the Fair Labour Standards Act, granting home care workers the right to a minimum wage and overtime protection. In addition, Missouri Jobs with Justice supported the successful efforts of unionised care workers to win a contract allowing an increase in their pay rate (Case 9).

There are a number of social protection programmes that provide grants for carers, signalling a recognition of the care work done by mostly women carers, and also a redistribution of the costs of care from poor families to the state. For example, Plan Jefes y Jefas in Argentina, Subsidio Maternal in Chile, CT-OVC in Kenya, the Pilot Cash Transfer Scheme in Liberia, and Social Cash Transfers in Namibia (Case 14).

South Africa's Expanded Public Works Programme aims to create work and training opportunities for women, employing them through its home and community based care services. In this way, it provides an opportunity for unpaid care work to be turned into paid work and enhances women's skills for future aid work (Case 15).

There is strong evidence on the importance of childcare that is designed around the patterns and needs of women's work, as well the promotion of child development.

The Rural Employment Opportunities for Public Assets (REOPA) programme in Bangladesh takes into account flexible working hours and decent and fair wages, providing employment for widowed or abandoned destitute women. Improved socio-economic conditions of disadvantaged women have reduced their care burden: the programme encourages saving giving women access to improved housing and medical services, and schooling for their children. The programme also helps to increase women's mobility and their access to basic services (Case 18).

India's MGNREGA provides for flexible working hours so that women can more easily combine their paid and care responsibilities. It also provides an opportunity for women to work at a convenient location which is not more than five kilometres from their house, recognising that shortening the time that it takes to travel to the worksite allows women to manage their care responsibilities better (Case 19).

SEWA runs crèches for childcare across the Indian State of Gujrat, which have proved to be valuable for self-employed women workers. Balancing care and work responsibilities without support can take a serious toll on women's physical and mental health, and reduce the quality and productivity of both. Significantly at the SEWA run crèches, there are no major social distinctions between the care workers and the working mothers who leave their children in their care. They generally share the same values, and can identify easily with each other creating a shared sense of concern for the children's progress and well-being, and adding to the working mothers' sense of reassurance in the care their children are receiving (Cases 28 and 20).

Mobile Crèches in India has provided childcare for more than one million children of women construction workers over the last 56 years, working in tandem with construction companies at sites or with communities in urban slums (Case 30).

Cividep in India has engaged in advocacy and evidence building on how a lack of childcare crèches affect women garment workers in Bangalore. It has also contributed to movement building on the decent work agenda (Case 31).

Childcare centres established by 94 women's collectives in Northern Bengal under an ActionAid funded programme has reduced the intensity of women's care responsibilities, and the conflicts between paid and care work, increasing their time spent on market activities (Case 35). Evidence generated by time diaries and other methods were shared at the national level for advocacy.

Designating a number of women (particularly the elderly) to look after the children of women headed households in a programme area run by OXFAM in Iraq, freed up women to participate in market activities planned by OXFAM and reduced the length and intensity of their hours of care work (Case 36).

Through campaigns and organising, the International Domestic Workers Federation that works in 40 countries was able to contribute to the enactment of the ILO Convention 189 for Decent Work for Domestic and Household Workers (Case 37).

The mobilisation of domestic workers and advocacy work done by MSI in Southwest India has led to workers securing sick leave, days off and higher wages and improved working conditions. Domestic workers were also included in the Sexual Harassment Act of 2013 as a category (Case 38).

The provision of six months' maternity leave, paid paternity leave for two weeks, paid five days of antenatal care, time off for breastfeeding, and employee job security are pro labour policies implemented by the Government of Vietnam (Case 41).

III. Government Policy and Fiscal Space: The Elephant in the Room

As discussed above, many of the case studies address the need for governments to recognise unpaid care/the care economy as a critical/fundamental part of development and addressing poverty and inequality. This can be done through time use surveys. In addition, the above case studies have highlighted the critical need for policies to promote investment in services, infrastructure and subsidies (social protection) to cover the costs of care and carers. The provision of these public services will have widespread benefits to all households, and particularly women.

Provision of public services, investment in small infrastructure and social protection schemes all necessitate a certain level of fiscal support. This support can come from progressive taxation that is gender and care-sensitive. It is important to recognise that although there may be a broad tax base and greater fiscal space, this money may not be necessarily spent on the provision of public services or care services. This is because of a lack of recognition of the importance of the care economy in sustaining the market economy. For example, evidence collected on the time spent on and labour intensity of care work provided by women in Ghana and Rwanda and how these affect women's human rights allowed Action Aid to persuade the governments in these countries to include unpaid care as a policy issue; however this has not led to a budgetary allocation for addressing unpaid care (Case 43). A critical point to note therefore, is the mutually reinforcing nature of the redistribution of unpaid care work and its recognition. While merely recognising unpaid care work is not enough

without doing something about it in terms of its redistribution, the fiscal space needed for ensuring this redistribution will only be mobilised if unpaid care work is recognised as valuable.

However, an underlying structural constraint is often that of fiscal space itself. Increasing the domestic resource base can come either from increasing indirect taxes such as VAT, or through direct income tax and corporate tax. Accessible, quality public services such as water, electricity and energy, and care services, such as health, childcare and eldercare, reduce the inequalities of care work between low-income and better off families. Research documents that women and girls, and families in poverty spend far more hours on care work than do families in better-off communities, precisely because of inadequate access to public services⁵.

Although VAT allows for a broad tax base and is fairly easy to administer, unless carefully designed with necessary exemptions on basic foods, medicines and household goods it can be regressive, especially for women who, due to their gendered roles as primary caregivers, tend to have responsibility to purchase food and household goods. Ending tax avoidance by big multi-nationals and the corporate sector, and preventing aggressive lobbying for reduced corporate tax rates and harmful tax incentives, can be critical sources of revenue to ensure that there is fiscal space for operationalising the recommendations made in the position paper. For example, this revenue can ensure provision of public services that are of benefit not only to women by reducing the unequal distribution of care, but also to their families and to the economy as a whole.

In addition to paying tax, ensuring that large companies make a significant contribution towards financing public services, infrastructure provision and social protection schemes will be important steps.

IV. Private Sector Policy and Practice

The WE-Care programme has also worked with private companies to increase the budgets for care services and infrastructure by employers. They found that negotiations with private sector about investing in initiatives to address care work are more successful when these companies have existing commitments to women's economic empowerment, and when there is compelling evidence linking heavy and unequal care responsibilities to specific supply chain operations (Case 8).

In Malawi, Oxfam worked with the Ethical Tea Partnership on more effective ways to increase women's empowerment. Women's taking on of leadership roles to strengthen their voice in the tea sector was recognised as an important step in this process. However, for programmes to succeed in helping women access these leadership roles, they need to integrate practical solutions such as offering smallholder training programmes close to farms, at a time when women aren't typically involved in other activities. In Thailand, Oxfam has worked with Unilever on enhancing women's livelihoods through building a network of women to support their capacity to enter into leadership roles. In Nicaragua, Body Shop International have teamed up with Cooperativa Juan Francisco Paz de Silva (CJFPS) to incorporate an element of unpaid care into the pricing structures. Body Shop now pay an additional premium to recognise the unpaid work of women in supply chains, the reason being that Body Shop recognise the unpaid work as an important input into production. Findings show the

⁵ Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid care work and Women's human rights, Magdalena Sepulveda Carmona, United Nations, August 2013

initiative has allowed women to improve their income and diversify, it has given them more autonomy in the household and has led to more sharing of household decision-making.⁶

V. Cross-Cutting Points

There are some cross cutting issues that can be drawn from the above case studies and examples, mostly focussing on three aspects that have not been covered above – these are noted here, in three sub sections: links of care with gender based violence; demographic patterns and their implications for care provision, and lessons that can be drawn for programme design.

V.a *Gender based violence*

- There is a direct relationship between unequal care work by women and men and gender based violence (GBV) – studies show significant percentages of women and men believing that it is acceptable to beat, criticise or shame women who do ‘inadequate’ care work, or men who participate in care work. The redistribution of care in Zimbabwe has allowed both more quality care to be provided, and led to strengthened relationships between men and women, and a reduction in GBV (Case 2).
- Similarly, in Uganda women have reported a reduction in violence from their male partners, as men become aware of the extent and intensity of unpaid care work, at the same time as men report experiencing more fulfilling relationships at home (Case 6).
- Redistribution of care responsibilities have resulted in an increase in time to spend on other activities including income generation, leading to increased household income to spend on care, improved care quality and more harmonious relationships (Case 7).

V.b *Demography*

- The care crisis is pervasive across the world, in both developed and developing countries. The UK’s Political Studies Association (PSA) Commission on Care is focussing on the problems that older people and disabled adults face because of the depletion of care, as well as putting forth recommendations so that their carers (mostly women) can be supported based on a new model for elder care (Case 4).
- The Young Lives study has found that children’s time use is gendered. In most places, older girls in a family tend to bear the greatest burden of unpaid work; children do more work when they get older, and children in rural areas tend to do more work. Economic opportunities, responsibilities and shocks for the household as a whole do have consequences for children’s work and these consequences often vary according to gender (Case 47).
- In Australia, a study found that with increasing demands for care and the focus moving more from institutional care to community care, the care of elderly relatives is falling more on mid-life women active in the paid workforce. The survey found that flexible working arrangements (specifically, the ability to respond to family care needs) increase the strength of job attachment (Case 48)
- Research conducted in Sri Lanka by Monash University found that there was a strong correlation between women’s life cycle and their participation in agricultural activities. Women’s

⁶ See Butler, F. (2014) ‘Valuing unpaid labour in community Fair Trade products: a Nicaraguan case study from The Body Shop International’, *Gender & Development*, 22.3: 533-47

participation in agriculture decreased sharply when the women got married and had children. Their participation in general livelihood activities increased, however, with tasks including overseeing children's welfare, maintaining home gardens and helping spouses in paddy cultivation. As women move into their 40s women's participation in agriculture increased again. The policy recommendations include investing heavily in childcare including exploring ideas such as childcare cooperatives to enable women's sustainable and stable participation in agricultural livelihoods work (Case 49).

V.c *Lessons for programme design*

- SEWA's model for crèches was picked up by the Indian state and certain elements were incorporated into government programs for crèches—which shows there are opportunities for learning from models developed by non-state actors (Case 20).
- Government run crèches for low income mothers can be run in tandem with increasing their market skills, and courses on entrepreneurship, that increase the chance of women being able to engage in markets (Case 29).
- The provision of safe quality childcare on worksites has to be matched with a change in government policy on early childhood development and labour laws governing company behaviour (Case 30).
- There is a need to ensure care is provided for school age children of employees by employers (not just infants up to age 3) (Case 31).
- It is unclear whether the pro-labour policies on maternity leave, paternity leave, paid time off for breastfeeding crèches etc. enacted by the Vietnamese Government cover informal sector workers. They also do not cover migrants, domestic workers, casual agricultural workers and self-employed women (Case 41).
- In order to successfully influence national or local agendas, project teams across the WE-Care programme implemented in six countries by Oxfam and its partners realised the need to build broad based constituencies and participate in multi stakeholder initiatives from the local up to the national level (Case 7).
- Care Co-operatives can be a viable solution to fill the gap in care provision. ILO advocates the employment of trained care workers in such co-operatives – these can represent an important source of employment, especially for women. They also provide trainings on a range of health and care related skills, and can be models for better terms and conditions for paid care workers. Care co-operatives foster interdependency in care giving and promote inclusion and democratic decision making, thereby improving care quality (Case 11).
- While there may be regulations for the provision of care services such as childcare crèches at worksites (in both PSNP Ethiopia and MGNREGA, India), without adequate monitoring and strong commitment, these mandates will remain unfulfilled (Cases 16 and 19).
- It is essential to see the private sector as an important player in the provision of care. However, private sector companies often have a limited understanding of the business case for care provision and need to be helped to examine innovative models for supporting childcare services for their employees (Case 45).

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