

From commitment to action: Donor investment in the care economy and feminist programmingⁱ

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INTRODUCTION

Women's heavy and unequal responsibility for care is increasingly being recognized as a key barrier to their social, political and economic empowerment, and to wider objectives like sustainable development and inclusive growth. For example, [SDG 5, Target 5.4](#) aims to recognize and value unpaid care work 'through the provision of public services, infrastructure and social protection policies' in order to achieve gender equality and sustainable development, and the ILO reports that persistent gender inequalities in households and the labour market are inextricably linked to paid and unpaid care work.ⁱⁱ The COVID-19 pandemic has also increased international attention and awareness for care by exposing the weaknesses in our care systems and exacerbating care challenges worldwide.

During what many are calling a 'moment' for the global care agenda, some governments and donors have announced significant new commitments and investments on care. For example, at the 2021 Generation Equality Forum (GEF), [Canada announced \\$100m](#) in new funding for care programming in low- and middle-income countries. On the closing day of the GEF, Mexico's National Institute for Women (INMUJERES) and UN Women [launched the Global Alliance for Care](#) as a call to action for addressing global inequalities in care. Care work has also been included as a focus and a policy priority for strengthening gender equality in [Germany's G7 Presidency in 2022](#).

Despite the attention it has recently received, and despite international commitments, care is not well prioritized or well integrated in global development programming. It remains a crucial but neglected aspect

of women's economic empowerment (WEE), receiving less than half of the financial investment from DAC donor countries compared to other WEE program areas.ⁱⁱⁱ Furthermore, many projects funded by international financial institutions (IFIs) do not integrate care considerations, or include strategies for addressing care-related inequalities and impacts in their design.^{iv} Even in the current pandemic context, care work is largely absent from COVID-19 stimulus packages and emergency measures announced by bilateral and multilateral donor institutions.^v

This brief advocates for action by donors to increase investments in feminist care programming, and provides practical guidance, identifies programmatic priorities and entry points, and highlights strong program examples.^{vi} It starts by mapping some of the key trends and gaps in the global landscape of care programs, and goes on to outline ten recommendations for donors to deliver feminist care programming.

THE GLOBAL CARE PROGRAM LANDSCAPE: TRENDS AND GAPS

For donors looking to increase their engagement and investment in care, it is important to understand the current care program landscape: what are the trends, what are the gaps, and how to support a truly feminist care agenda.

In 2021, Oxfam Canada commissioned a desk review of the international care program landscape, focusing on major programs of work (i.e. projects, campaigns and initiatives) that directly address women's and girls' heavy and unequal responsibility for care work. It did not include programs that only indirectly address care,

or that merely integrate a care component or activity to meet some other objective (e.g. early childhood education and development). The final sample included 40 programs in low- and middle-income countries, involving over 100 organizations (i.e. donors, financial institutions, civil society organizations, and the private sector) since 2010. The review identified ten key areas of work in programming on paid and unpaid care.

CARE PROGRAMS OVERWHELMINGLY FOCUS ON CHILDCARE

Among development programs addressing care there is an overwhelming focus on childcare provision in order to promote women's labour force participation and to support early childhood development (ECD) outcomes. However, most ECD programs do not consider or track the impact on parents (mothers), and often do not reach the most marginalized women workers. Identifying cost-effective ways to deliver affordable and quality childcare services for poor women at scale remains a key challenge.

PROGRAM SPOTLIGHT

EMPOWERING LOW-INCOME WOMEN IN EAST AFRICA THROUGH THE PROVISION OF QUALITY CHILDCARE SERVICES

This [African Population and Health Research Centre project](#), funded by the GrOW East Africa initiative, seeks to identify a scalable childcare model for enhancing the economic outcomes of women living in low-income communities in Kenya. In particular, it will assess the potential of a "Hub & Spoke" model of early childhood development – the Kidogo model – as a scalable model for enhancing the economic outcomes of women in low-income communities. The study will be conducted in Nakuru Town West sub-County in Nakuru County, Kenya, where a large proportion of the population lives in informal settlements. We expect that this work will contribute towards building evidence on cost-effective models of childcare provision and have an impact on women's labor outcomes in poor urban settings, and which can be scaled up to the rest of the country and the East African region.

Programs focusing on other dimensions of care – such as care for elderly, ill and disabled individuals – receive less attention and investment. Yet, around the world, women and girls are primarily responsible for looking after aging, ill and disabled family members. This is a growing challenge, especially among more rapidly aging populations. Solutions to promote more gender-equitable caregiving need to be explored. With the growing demand for care globally, there is also massive potential in terms of job creation for paid caregivers, provided that these jobs provide decent pay and fair working conditions.^{vii}

PAID CARE WORK IS LESS FOCUSED ON COMPARED TO UNPAID CARE

Across the care program landscape the topic of paid care work is sidelined compared to unpaid care. Greater attention and investment is needed to promote the rights of paid care workers in education, health, institutional care, personal care services, and domestic work, who frequently experience low wages, long hours, unsafe working conditions, and a lack of formal contracts. In higher income countries, including Canada, this work is disproportionately performed by migrant, poor and racialized women.

Paid care work must be treated as an equal priority by donors. Programs in this area can promote decent employment for care workers, particularly in the informal sector, by advocating for better labour rights, social protection, pay and working conditions. Support for care workers' collective organizing is also crucial and requires donors to establish meaningful and equitable partnerships with care workers, unions and groups.

PROGRAM SPOTLIGHT

SECURING RIGHTS OF DOMESTIC WORKERS IN BANGLADESH

Oxfam's [Securing Rights of Domestic Workers in Bangladesh](#) project demonstrates the impacts of advocating for and monitoring laws that protect and promote the rights of paid care workers, in addition to providing skills training and direct income support to [domestic workers disproportionately impacted by COVID-19](#). More than 10.5 million people are employed

as domestic workers in Bangladesh, 90% of whom are women. In 2015, the Government of Bangladesh adopted the Domestic Workers Protection and Welfare Policy; however, it has yet to ratify the [International Labor Organization Convention 189 on Decent Work for Domestic Workers](#). Presently, there are no legal ramifications against employers who do not implement or follow this policy, and domestic workers are not afforded any legal protection, leaving them vulnerable to exploitation, violence and abuse.

Reaching 16,000 domestic workers over five years, the project aims to strengthen the agency of women domestic workers to claim and defend their rights in relation to decent employment. To this end, women are provided with occupational and life skills training, connected with domestic worker groups, and supported in safe workplace placements. In addition, the project seeks to improve social norms on domestic workers' rights by advocating for increased recognition of domestic work as a formal profession, promoted by policy makers, government and employers. The project has six local partners, including women's rights organizations, civil society organizations and the private sector.

POLICY ADVOCACY IS LACKING

Care programming will run into limits of scale if it does not include policy advocacy work. In the care program landscape – funding for advocacy as a part of key activities and components was often neglected. Policy work on care is important to build and sustain care systems at the local and national level, and ensuring governments are held accountable for commitments made. Examples of care policies include allocate resources to recognizing, reducing and redistributing unpaid care in the form of money, services and time. They include leave policies, care services, social protection benefits related to care, family-friendly working arrangements and care-relevant infrastructure. This is particularly important in moments of global crises and recession, when governments (in the Global North, but more acutely in the Global South) spend less on social protection in as a result of austerity measures.^{viii}

In the funding landscape, local NGOs (specifically, women's rights organizations) are well suited to drive policy change around care. This lends to localized approaches, monitoring and implementation of legal frameworks, and cross-sectoral collaboration that lends to direct policy change. For example, Uruguay's historic Integrated National Care System was put on the policy agenda by women's rights and feminist organizations in collaboration with the labour movement and unions.^{ix}

PROGRAM SPOTLIGHT

WE-CARE PROGRAM

Since it launched in 2013, Oxfam's [WE-Care program](#) has improved women's lives in over 25 countries through targeted, context-specific interventions and policy advocacy. In Kenya, WE-Care supported the mobilization of over 800 women in informal settlements to advocate for essential care-supporting services, leading to increases in expenditures on accessible water points and childcare centers by 30% and 11%, respectively. In Zimbabwe and the Philippines, WE-Care has benefitted more than 300,000 people through the construction and repair of water points, and has supported social norms interventions such as community awareness activities and training of 'care champions'. Also in the Philippines, WE-Care partners influenced eight local governments to pass laws making it mandatory to generate data and address unpaid care in all planning, budgeting and programming activities, resulting in over \$1m in funding for sustainable water infrastructure.

SHIFTING SOCIAL NORMS IS DIFFICULT BUT ESSENTIAL WORK

Shifting social norms on care is difficult, complex, and takes time to show results, but it is essential for achieving gender transformative change. Care programs should regularly include components and activities to shift social norms, or risk inadvertently reinforcing women's unequal care loads. As a 2018 [study from Oxfam](#) showed, in the case of care infrastructure and labour-saving technologies, even if women experience

reductions in time spent on some domestic tasks (e.g. collecting water, preparing food), they may redistribute this time to other caregiving activities. To prevent this, care programs can incorporate culturally relevant education, media and advocacy tools to promote men's equal involvement in caregiving. Local women's rights organizations are key to delivering social norms change around care, through targeted campaigns and larger projects. Even within shorter-term projects, there may be opportunities to raise awareness of gender inequalities in care work and lay the foundations for longer-term change.

PROGRAM SPOTLIGHT

MENCARE: A GLOBAL FATHERHOOD CAMPAIGN

Promundo's [MenCare](#) Campaign uses culturally relevant education, media and advocacy tools to promote men's equal involvement in caregiving. From its inception in 2011, MenCare is now active in more than 50 countries on five continents, and has reached an estimated 250,000 individuals. Through its initiatives, MenCare has empowered men to become more active and engaged fathers, and to disrupt cycles of violence to promote intergenerational cycles of care. For example, [in Rwanda](#), Promundo was successful in increasing men's time spent on childcare and household chores by 52 minutes per day (over 60%), nearly two years after having participated in the program.

To promote the uptake of best practices around achieving care equality, MenCare biennially releases the [State of the World's Fathers](#) report, which provides a global view of men's contribution to parenting and caregiving around the world. Since 2015, the report has provided a vision and pathway to achieve men's equal participation in unpaid care work for the benefit of women, children, men themselves, and all individuals.

DATA LIMITATIONS MAKE PROGRAMMING A CHALLENGE

There is limited data and evidence available on care in many low-income countries due to the lack of national data collection (e.g. labour force surveys, time use surveys, etc.) and the high number of care providers operating informally. The COVID-19 pandemic has further complicated data collection on care, shuttering regular program and statistical operations, and impeding traditional in-person data collection. All of this makes the task of designing contextually appropriate and effective care programming a challenge. More and better data collection and knowledge generation is needed in order for donors to understand the specific care needs and challenges that exist in different contexts, and to grow the evidence base for care programming and advocacy. This data needs to be disaggregated along intersecting identities to ensure a holistic picture, especially drawing attention to how the most structurally marginalized women experience care systems, and give and receive care.

PROGRAM SPOTLIGHT

INTERNATIONAL MEN AND GENDER EQUALITY SURVEY

The [International Men and Gender Equality Survey \(IMAGES\)](#) is a comprehensive household study on attitudes and behaviors on a wide range of topics related to gender equality that has now been completed in 45 countries. IMAGES includes questions on time use and distribution of unpaid care and domestic work that are usually asked to men and women to allow comparisons between self- and partner-reported data. It is produced by Promundo-US in collaboration with the International Center for Research on Women (ICRW).

Promundo-US is currently working on a 15-country analysis of factors associated with higher rates of men's participation in childcare. This analysis will build on a 2014 paper by [Kato-Wallace et al.](#), which found equitable gender attitudes and intergenerational transmission of male caregiving behaviors as significant predictors of men contributing more to childcare. This paper, along with IMAGES datasets from over 30 countries, and a searchable, indexed database of all IMAGES questionnaire items will be made available to interested researchers and practitioners in 2022.

CARE IS SILOED FROM OTHER DEVELOPMENT ISSUES

The interlinkages between care and other development issues are not well understood or adequately addressed by donors and other development actors. For the most part, care is siloed in development programming, and treated as separate from other issues. Yet the challenges associated with paid and unpaid care work are exacerbated by global crises such as health

epidemics, conflict and climate change. For example, climate-induced resource scarcity can increase the time that women spend on care activities like water collection and food preparation, while extreme weather events like floods and fires cause widespread injury and illness, increasing the number of people needing care globally. More work is required to understand and address these types of interlinkages within care programs. The frequency and impact of such crises is also increasing, so this type of work will only become more urgent.

RECOMMENDATIONS TO DELIVER FEMINIST CARE PROGRAMMING

Now is the time to move from commitment to action on care programming, and ensure a feminist approach is prioritized. The following recommendations can help donors to deliver feminist care programming, and ensure it has the most significant and positive impact on gender equality and WEE. When done well, feminist care programming can form a ‘triple win’: benefiting gender equality, human wellbeing, and the economy.

TEN RECOMMENDATIONS TO DELIVER FEMINIST CARE PROGRAMMING

- 1 Program across all ‘5Rs’ of care
- 2 Work directly with local feminist organizations
- 3 Adopt a flexible approach to funding
- 4 Integrate care analysis in existing development programs
- 5 Invest in standalone care programs for deeper impact
- 6 Move from ‘what works’ to ‘what works at scale’
- 7 Deliver impact through multi-stakeholder collaboration
- 8 Promote comprehensive care systems
- 9 Fund advocacy work
- 10 Apply feminist monitoring, evaluation, accountability and learning

1. PROGRAM ACROSS ALL ‘5RS’ OF CARE

Develop care programming across all 5Rs of care (i.e. recognize, reduce and redistribute unpaid care work, and better reward and represent paid care workers) and across the spectrum of unpaid to paid. This implies a focus on care for children, elderly, ill and disabled individuals alike. It also includes actions to specifically address some of the current gaps within the landscape of care programming.

2. WORK DIRECTLY WITH LOCAL FEMINIST ORGANIZATIONS

Develop and deliver care programs collaboratively through equitable and well-resourced partnerships with local feminist organizations who are on the front lines, driving change in their communities. Co-create and jointly deliver programs in order to best understand and respond to the realities of communities, and support long-term, sustainable transformations in care.

3. ADOPT A FLEXIBLE APPROACH TO FUNDING

Identify and use a variety of funding mechanisms to reach feminist organizations, movements and networks, and to program in a feminist way. This should include core and direct funding for feminist organizations through long-term partnerships because social and policy change takes time. It should also include funding that is distributed through regional feminist funds and local women’s rights platforms that convene actors from the labour movement, national unions, and care workers associations.

4. INTEGRATE CARE ANALYSIS IN EXISTING DEVELOPMENT PROGRAMS

Integrate care considerations as part of broader sectoral development programs (e.g. health, conflict, climate change) to meet multiple, interlinked development objectives. Conduct [rapid care analysis](#) to ensure these programs are having the intended effect and not inadvertently reinforcing women's and girls' care loads.

5. INVEST IN STANDALONE CARE PROGRAMS FOR DEEPER IMPACT

Standalone programs allow donors to directly target underlying inequalities in paid and unpaid care work, rather than treating care as a secondary ('add on') issue to meet some other objective (e.g. ECD or increasing women's labour force participation). Invest in standalone care programs for deeper impact and to target some of the neglected areas within the care program landscape.

6. MOVE FROM 'WHAT WORKS' TO 'WHAT WORKS AT SCALE'

Much existing research evaluating the impact of care programs draws conclusions from small-scale initiatives working in isolation from one another. As a result, there remains evidence gaps regarding the kinds of solutions that work to address care needs and challenges at scale. Focus investments on testing new innovations and exploring scalable program models to amplify impact.

7. DELIVER IMPACT THROUGH MULTI-STAKEHOLDER COLLABORATION

Foster partnerships from the local to the global level, including with feminist organizations, government, civil society, researchers, multilateral agencies, IFIs, and the private sector. Use the power of stakeholder collaboration to amplify impact, share research and evidence on what works, and address care more holistically, effectively and sustainably. Join and leverage existing stakeholder collaborations (such as the [Global Alliance for Care](#)) to identify shared program priorities and potential partners, and amplify regional multilateral commitments (such as [ASEAN's Comprehensive Framework on the Care Economy](#)).

8. PROMOTE COMPREHENSIVE CARE SYSTEMS

Help to promote comprehensive national care systems by exploring opportunities to incentivize public and private investment in care-responsive services, infrastructure and social protection systems. Use tools like the [Care Policy Scorecard](#) to assess and track whether government policies related to care are adopted, budgeted for and implemented, and the extent to which they have a transformative effect on care. Work with governments and IFIs to ensure that fiscal consolidation and austerity conditions do not restrict investment in care systems in low-income countries.

9. FUND ADVOCACY WORK

Fund advocacy work targeting social norms change and policy change – not as an 'add on' or 'stream' within care programs, but as programming in its own right. Influencing policies and practices must range from local, national to regional and global level. Feminist organizations have the networks required to advocate for systems change. More resources will ensure impact faster.

10. APPLY FEMINIST MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

Feminist monitoring, evaluation, accountability and learning (MEAL) frameworks should be core and well-resourced components of care programs. [Feminist MEAL](#) approaches and tools can be used to recognize and make visible the different care needs in a community (e.g. using Oxfam's [Household Care Survey](#)), to assess progress towards program objectives, and to help build the evidence base on what works to address care.

NOTES:

- i This brief was developed in collaboration by Oxfam Canada, FemDev Consulting, the African Population and Health Research Center (APHRC), the International Center for Research on Women (ICRW), the International Development Research Centre (IDRC), the International Domestic Workers Federation (IDWF), Promundo-US, and Women in Informal Employment: Globalizing and Organizing (WIEGO). Specifically, we would like to thank Sofia Trevino, Martha Melesse, Arjan de Haan, Roula Seghaier, Adriana Paz, Gary Barker, Aapta Garg, Deboleena Rakshit, Elizabeth Tang, Patricia Kitsao-Wekulo, Mary Borrowman, Richa Sharma, and Shamminaz Polen for their time and contributions.
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- v O'Donnell, M., Ross, K., S. Bourgault. (2021). *A review of multilateral development banks' investments in childcare*. <https://www.cgdev.org/sites/default/files/multilateral-development-banks-investments-childcare.pdf>
- vi Further research is needed to document successful care program examples being led by smaller, local organizations in low-income countries.
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- x Website to be launched in 2022: <http://www.menandgendersurvey.org/>



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