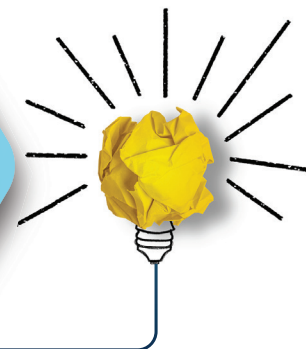


Making it Work for Women: What SPJ Projects are Doing in the Care Space



DECEMBER 2021

Learning by doing: insights from the RSR gender window

KEY MESSAGES

- ✓ The burden of unpaid care work, including child and elder care, as well as care of family members living with disabilities, disproportionately falls on women and girls, negatively affecting their labor force participation (LFP), education, and well-being, and increasing time poverty.
- ✓ The COVID-19 pandemic has underlined the urgent need for investment in the care of children, elderly, and persons with disabilities. The care economy is growing in all regions and holds potential for job creation as the demand for child and elder care increases with demographic and societal shifts.
- ✓ Social protection and jobs (SPJ) teams are increasingly engaging in the care space through policy and investment lending and analytical work, focused on closing care provision gaps through public works, developing models of community-based care provision, and supporting government policy with diagnostic tools.

Definitions

Care work: consists of activities “involved in meeting the physical, psychological and emotional needs of adults and children.” This includes direct and indirect care both within and outside the home, which can be paid or unpaid.

Indirect care: refers to tasks related to the maintenance of homes or communities (sometimes called domestic work) that provide the preconditions for personal caregiving. It can include cleaning, preparing food, laundry, etc.

Direct care: refers to tasks that involve face-to-face personal care activities, such as caring for children, persons with disabilities, older adults or people who are sick.

Care economy: is the sum of all forms of care work, comprising unpaid carers and care workers.¹

Time poverty: “the lack of time needed for individuals to meet their basic requirements for rest and leisure... owing to an excess of paid work and unpaid care and domestic work.”²

WHAT ARE THE ISSUES?

The COVID-19 pandemic has underlined the heavy care burden faced by women around the world. Yet care work has always constrained women’s LFP, resulting in a loss of income for them and their households, as well as a loss of GDP.³ Unpaid care work can also reduce women’s productivity when conducted at the same time as income-generating work.⁴ Women also often opt for informal work

which offers more flexibility or allows them to bring those they care for to the workplace.⁵ These jobs are typically more precarious, with less regulation or guarantee of income, and lack of social security and other benefits, compounding the gender pay and pension gaps.⁶

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COVID-19 and Care Work

The COVID-19 pandemic and associated lockdowns have increased care burdens, which have been disproportionately shouldered by women. During pandemic school closures, women in low- and middle-income countries worked, on average, an additional 217 hours in unpaid care, compared to an additional 70 hours by men.⁷ UN Women has reported that between April and November 2020, women spent an additional 5.2 hours per week on unpaid care work compared to an additional 3.5 for men, on average.⁸ Despite the increased care burdens, only 8 percent of countries have addressed unpaid care in their COVID-19 measures.⁹

Women are also overrepresented in the most affected occupations in terms of job losses and closures, due to their engagement in informal and/or insecure work. Care service providers have faced revenue losses, higher operating costs, and limited guidance on safe re-opening.¹⁰ Investment to address high care burdens is needed, including measures to respond to the particular challenges resulting from the COVID-19 pandemic.

Childcare: Unmet demand and redistribution

Access to affordable childcare is key to increasing women's LFP in low and middle-income countries.¹¹ However, the large unmet need for childcare is also greatest in these countries. Beyond increasing women's LFP and household income, benefits of improving access to quality childcare include better educational attainment, learning, productivity, and ultimately economic growth.¹²



Engaging men in childcare is an important approach to redistributing care work. A key measure to engage men is paternity leave, which is also linked to improvements in men's self-reported well-being, relationship satisfaction, and long-term contribution to care work.¹³ However, uptake of paternity leave is often low due to gender norms around provision of care, requiring additional interventions to make this effective.¹⁴ The type of paternity leave also matters: non-transferable paternity leave which reserves a certain number of days for fathers, increases uptake of leave days among men, and may help shift gender norms around care work.¹⁵

Elder care: Women both require and provide care

Aging affects women in multiple ways: a larger percentage of the aged population is female, as women have longer life expectancies than men. Older women also typically face a higher risk of poverty compared to men, because they are less likely to have pensions. Elderly people require more care due to declining health, with care in turn mostly falling on women within households in the absence of relevant, accessible services.¹⁶

Persons with disabilities: Care provision by women family members

Similarly, women normally take care of family members living with disabilities, with home-based care being increasingly preferred during the COVID-19 crisis.

Care provision approaches: Shifts and emerging models

Many families rely on older family members or younger women and girls to provide care.¹⁷ However, this family care model has come under strain due to demographic and societal shifts, such as the growing elderly population and migration for work.¹⁸ Other approaches to care provision include the following:

Figure 1 Child and Elder Care Provision Approaches¹⁹



The care economy is a growing sector, due to both the unmet need for childcare and aging populations. It also holds potential for the creation of jobs which cannot be automated.²⁰

WHAT HAVE WE TRIED?

SPJ teams are addressing care issues through development policy lending, investment lending, and analytical work around the demand for care services, COVID-19 related adaptations, and diagnostic tools for care service provision decision-making.

Policy Lending

In Bangladesh, key barriers to women's access to quality jobs include their disproportionate responsibility for caregiving and household work. In urban areas, women's LFP drops dramatically upon marriage and further with young children.²¹ In terms of childcare provision, there are challenges related to the absence of licensing policies and regulations or standards, and a lack of systematic provision of public or private daycare services. The [Bangladesh Jobs Development Policy Credit \(DPC\)](#) series included prior actions related to the passage of the Child Daycare Bill 2021. This law aims to develop an institutional framework, licensing, and regulation for daycare centres, intended to increase their availability and regulate the quality of care in public and private institutions.²²

Alongside the DPC series, analytical work is helping to identify the care needs and preferences among the poorest women in Bangladesh.²³ A needs assessment focusing on women who are eligible for social assistance in the Dhaka metropolitan area will identify existing care options, factors for uptake of services, current costs of care, and willingness to pay. An action plan is now in development to identify the best entry points for the introduction of affordable care features in existing or future safety net projects.

In [Albania](#), the gap in women's LFP is greatest for women of childbearing age, partly because of a lack of early childhood education and care facilities. A development policy loan included the launch of a pilot after-school program to improve the quality and availability of pre-school and basic education. An Employment Promotion Law enhanced the delivery of employment services to members of vulnerable groups, including young women, single mothers, and parents of children with disabilities. It also provided subsidies for childcare services for women registered in the national employment services database to expand their labor market opportunities.²⁴

In [Kiribati](#), women are 20 percent less likely to be in the labor force than men, and most women are in non-regular employment, particularly due to care burdens and a

lack of affordable, good quality preschool and daycare services. A development policy operation included the Registration and Administration of Service Providers and Premises Regulations 2020, which aimed to improve quality and access to early childhood education, thereby enabling women's labor force participation.²⁵

Investment Lending

SPJ projects are increasingly incorporating care services either directly (e.g. making childcare available at vocational training sites) or indirectly by paying beneficiaries stipends to cover childcare costs. In [Burkina Faso](#), the *Youth Employment and Skills Development Project* developed a mobile creche model delivered alongside a labor-intensive public works program.²⁶ This allows workers to bring their children to the worksite where they are cared for by other public works participants. Mobile creches are set up under trees, in empty buildings provided by a local authority, or in a weather resistant tent. The project included education and training for caregivers, as well as nutritional supplements for children and vaccinations.²⁷ The model has been expanded to public works projects in Cameroon, Democratic Republic of Congo, Ethiopia, and Madagascar.²⁸

Some public works projects are expanding on the mobile creche model to provide more sustained childcare. For example, in [Ghana](#) the *Productive Safety Net Project's* Labor Intensive Public Works component incorporated onsite childcare by building physical creche structures, each with two rooms, one for playing and the other for sleeping. Parents provide food for children and care is provided by other public works participants who receive basic training.²⁹

In [Rwanda](#), social protection reforms supported through a programmatic *Human Capital for Inclusive Growth Development Policy Financing (DPF)* among others, have focused on expanding the coverage of expanded public works (ePW), introduced in 2016 to offer year-round and flexible work opportunities to moderately labor constrained households with care responsibilities.³⁰ With support of the *Strengthening Social Protection Project*, an innovative community and home-based early childhood development (ECD) program is being rolled out.³¹ The ePW beneficiaries are employed as caregivers for children aged 3-5 years from neighboring households, which select a home to host the ECD facility.³² Home-based ECD also includes a program of community-

based parenting training and supervision, linkages with other community based services such as Community Health Workers, and follows the national minimum standards on ECD set by the Government of Rwanda.³³ These interventions are accompanied by analytical and advisory work to better understand beneficiaries' knowledge, attitudes, and practices around caregiving and parenting and to improve intervention design and implementation. Options for digital delivery of parenting support services are also being developed to support continuity of interventions amidst restrictions imposed by COVID-19 and also for regular use in future.³⁴

Some projects are increasingly engaging men in childcare efforts to redistribute the burden of care. For example in [Serbia](#), the *Strong from the Start - Give them Wings* program is being piloted to encourage fathers to increase their participation in parenting. The program provides virtual parenting workshops and sends weekly SMS messages to fathers with parenting guidance.³⁵

Analytical Work

In [Colombia](#), the District of Bogotá has developed a District Care System (SIDICU) and is piloting *Manzanas de Cuidados* ("care blocks"), providing a neighbourhood approach to supporting caregivers, particularly those providing care for the elderly and persons with disabilities. They offer more than 30 public and private services for caregivers, such as respite, employability training and support, and recreational activities.³⁶ They also provide services for men to learn how to cook, clean, and engage in other care work to redistribute the burden of care. Manzanas are intended to be a 'square of care' and are located throughout the city to enable easy access.³⁷ The pilot Manzanas are located in existing buildings or operate as mobile care units.

The World Bank is providing technical assistance to the District of Bogotá to improve the delivery of services through the Manzanas.³⁸ This involves defining the ideal urban design for the Manzanas, with the aim of supporting expansion of the pilot. The Manzanas prototype will consider services and accessibility, strengthening the care infrastructure in Bogotá. In addition, an analysis of mechanisms is underway to improve access to longer-term care services. A planned survey of women attending the Manzanas will provide further insight on the barriers they are facing in accessing labor market opportunities.

In [Ecuador and Peru](#), childcare and ECD support services have shifted to virtual delivery modalities during COVID-19. In Ecuador, ECD service delivery included weekly phone calls by trained staff to parents to provide information on key behaviors for improved child development and nutrition. Analytical work is now underway to assess the effects of the transition to virtual delivery, including on women's increased care work and labor market outcomes. In Peru, the *Cuna Mas* ECD program provides daycare services in urban areas and home visits in rural areas, targeting children under age three. During COVID-19, Cuna Mas services were adapted to include remote counselling (instead of in-person services), as well as the design of a mobile app for monitoring, and audio-visual content for dissemination through radio, television, and social media. These innovations allowed the program to continue closely monitoring families during the very rigid lockdown imposed, ensuring children could maintain access to a basic package of services and messaging. Analytical work is underway to review the effects of these adaptations on women's economic inclusion, and to contribute to the design of the national ECD policy.³⁹

In Asia, increased demand for care is driven by the aging population.⁴⁰ Aging is bringing about increasing levels of vulnerability among the elderly; as people are living longer there are growing numbers of elderly unable to care for themselves. Women engaged in caring for the elderly may have to remove themselves from the labor force either partially or fully to do this work. Elder care spans many sectors, with needs varying widely from basic services to specialized rehabilitation services. As a result, strong linkages are needed between different services and institutions, alongside oversight of public and private care provision.⁴¹ Analytical work is underway in [East and South Asia](#) to develop a toolkit which will provide an assessment methodology and template for diagnostics of the state of elder care and monitoring their changes over time at the policy, service delivery, and household levels. The toolkit will support decision-making around the allocation of fiscal resources into elder care, including making the case for elder care interventions and cost-effective approaches, as well as the selection of specific instruments and institutions. It will include an analytical methodology and provide a framework with design and institutional options, as well as case studies of elder care systems in middle-income countries.⁴²

WHAT ARE WE LEARNING FROM OUR ENGAGEMENTS?

Lessons shared by the project teams include the importance of generating demand for and sustaining investment in care work, including through government stewardship of care markets, focusing on quality of care services, and incorporating gender analysis and needs assessments of women caregivers as part of program design.

1. Generate demand for and sustain investment in care work

In Colombia, the increases in women's care burden during the pandemic provided an important catalyst for engagement. However, during the recovery period, other pressing issues have taken precedence. Continued engagement to generate demand for and sustain investment in the care economy has been key to positioning this as central to economic recovery and long-term growth.

In East and South Asia, the focus on the recovery from COVID-19 has made policy engagement around elder care a challenge. Generating engagement on elder care requires starting with assessments of supply and demand for care services, providing evidence on the costs and benefits of care service provision, and identifying policy and institutional options.

2. Strengthen and invest in quality of services

Focusing on the quality of services is not only key to human capital outcomes, but also to build demand and uptake. Quality of care provision is a key focus area for SPJ projects. In Rwanda, the engagement of public works beneficiaries as caregivers initially presented a capacity challenge. The project incorporated training and capacity building, developing materials targeted to the levels of education and literacy of participants. Targeting women with experience as caregivers, including for family members with disabilities, can also improve quality of paid care work by building on existing skills and enabling women to move into paid employment.

Quality considerations need to be part of intervention design, alongside engagement with partners on the development or implementation of national quality standards for child or elder care.

3. Program design needs to incorporate the gender dimensions of care

To ensure that engagement in the care space promotes women's empowerment and meets the needs of the predominantly women caregivers, these aspects need to be central to program design. Considering the specific needs of women with care responsibilities at the design stage improves the impact on women's labor market outcomes. Specifically, this includes consideration of the duration of care provision, distance to care facilities, and coordination of different types of care services.⁴³ Incorporating assessments of these needs and specific measures to respond to them within projects is necessary to move the needle on women's LFP and other aspects of women's economic empowerment.

A World Bank-wide assessment found that childcare is often added to projects ad hoc during implementation, but there is little systematic and sustainable investment in childcare as a key intervention. SPJ projects should consider the degree of formality of the care centre, the age of children, and monitor the impacts of care services on women's ability to engage in productive and non-productive activities as part of designing childcare interventions.⁴⁴ Similarly, a recent evaluation of World Bank support to aging economies found that the current approach to elder care and aging does not sufficiently focus on women's roles in providing care.⁴⁵ A more explicit focus on the experiences of women, and of women caregivers, is needed.

WHAT COMES NEXT?

SPJ teams are increasingly engaging in the care space, often as part of multi-sectoral work with other Global Practices, such as in Bangladesh and Rwanda. Financing care is a long-term priority and is particularly pressing in pandemic response and recovery.⁴⁶ Moving forward, engaging the private sector and strengthening interventions to address service provision, choice, and quality, alongside increasing demand, is necessary.

Within programs, monitoring of the effects of care provision on the different dimensions of women's empowerment will facilitate building the case for greater investment in the sector. More experimentation is needed to find effective policy and project approaches to engage men and redistribute care burdens.⁴⁷

ANNEX: KEY CHALLENGES IN CARE PROVISION

Within care work, key issues relate to **regulation, access and affordability, quality and associated trust issues, and social and gender norms.**

1. Regulatory framework and unequal legislation

In many countries, women face laws and regulations that restrict their economic opportunities.⁴⁸ Laws and regulations may also provide insufficient coverage of care needs, resulting in a lack of child and elder care. Further, limited compliance with care service requirements among employers or private providers may reduce the effectiveness of legislation that is in place.⁴⁹

Governments often treat care related services, including child and elder care, as a 'program' or ad-hoc benefit, rather than as core service provision. The lack of clear regulatory frameworks and fragmented service delivery affects the quality and efficiency of provision. For instance, the limited integration between health and elderly care services places an increased burden on hospitals for needs that could be met through home or community-based services. While gaps in provision of care services may be addressed through community groups, NGOs, and/or the private sector, these options are not as financially sustainable or expansive in terms of reach, reinforcing the need for government engagement and integrated systems.⁵⁰

2. Access and affordability

Limited access to care services is a key challenge, as provision of formal care services is often limited, and services which do exist are frequently not located in proximity to those who need it, or there is insufficient transportation to access care.⁵¹ Hours of care provision and information about care services also affect access and uptake.

In addition, the lack of affordable care options is a key constraint. Many working poor may not be able to afford private care options and may not be eligible for subsidized services, including those provided by NGOs. In terms of ECD, countries in which there is limited government engagement typically have lower enrollment rates due to the financial burden associated with enrolling children in ECD services.⁵² For elder care, public services may be provided for those who qualify for social welfare, while some may be able to pay for private services, leaving the middle class without affordable options.⁵³ Government funding and engagement in care services thus plays a key role in ensuring availability and affordability.⁵⁴

3. Quality of care

Quality of care affects service uptake, as well as determining human capital outcomes. Quality is linked to the lower value often placed on care work and care workers.⁵⁵ Care workers often lack training, receive poor pay, and lack social protection, all of which can result in rapid turnover and labor shortages.⁵⁶ This in turn may result in lower quality care, which alongside a lack of trust in the quality of services can limit demand.⁵⁷

Most low- and middle-income countries lack robust quality standards for care provision.⁵⁸ World Bank projects should aim to accord with national policies and regulatory frameworks around quality of care, or to establish a minimum standard of quality.⁵⁹

4. Social and gender norms

Gendered social norms usually dictate that care provision is women's work, with expectations that women are 'natural' caregivers.⁶⁰ In terms of childcare, social norms may be stronger around women's care for infants or younger children.⁶¹ In elder care, norms around care obligations for elderly parents largely result in care provision by female family members, mainly wives, daughters, and daughters-in-law.⁶² Defying norms around the provision of care by anyone outside the family as being unacceptable could result in sanctions, such as social stigma. Efforts to shift gendered norms of care provision are needed to redistribute the burden of care.

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Childcare

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- 28 World Bank and Umbrella Facility for Gender Equality, [“Results Series: Childcare Goes Mobile in Burkina Faso,”](#)
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- 32 The selected space needs to have basic facilities, such as a clean area, toilets, and an area to prepare light meals. The project provides for some refurbishments in selected homes along with basic equipment and supplies. In addition, the project covers direct non-wage costs of ePW, including goods, tools, food, or toys, not exceeding 30% of total direct costs, as well as the costs of recruiting service providers, trainers of trainers, and supervisors providing support at the community level. Other neighboring households not engaged in ePW can also participate in home-based ECD, but are not paid from ePW. However, they receive training in the case that they are interacting with children as a caregiver.

- 33 As cited in Haddock et al. and interviews with the project team. Alongside Home-Based ECD, the Nutrition Sensitive Direct Support (NSDS) co-responsibility cash transfer was also introduced, targeted to pregnant and lactating women with children under two from the poorest households. The transfers aim in part to enable recipients to allocate time to childcare and better parenting during the first 1000 days of a child's life.
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- 37 Manzanas have a coverage area of around 800 m2 and benefit more than 66,000 people, mostly women.
- 38 Closing the post-pandemic economic and social gender gap in Bogotá (P176408).
- 39 Policy options to promote women's labor and productive inclusion in the recovery of COVID-19 (P176637).
- 40 The speed at which many Asian countries are aging is unprecedented by global standards. Across the region, the share of the population over 65 years of age is expected to reach 36 percent in 2050 (see World Population Prospects 2017 and World Bank 2016).
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