



## POLICY BRIEF

Action Against Hunger - France  
June 2021

# RECOGNIZING, REDUCING AND REDISTRIBUTING UNPAID CARE WORK THROUGH UNIVERSAL SOCIAL PROTECTION

## A STEP FORWARD TOWARDS GENDER JUSTICE

*"I feel most busy and tired when I return home from work, but, I drag myself since I still have a family to look after. No help is available; everyone has his or her issue. When I feel most tired we usually bath, apply oil and sleep, we leave the kids in the morning and no one is there to take care of the children as they need looking after."*

Focus group participant, Omar Fiasco, Kahda, Somalia - 2020

*"Money has power, and power belongs to men, so all power goes to men automatically."*

Focus group participant, Zadimura, Bangladesh - 2018

*"Our responsibility is very hard, heavy workload is the cause women get older sooner than men in our community."*

Focus group participant, Rivercess, Liberia - 2020

In 2021, approximately 96 million people have been pushed into poverty as a result of COVID-19, of whom 47 million are women and girls; pulling up to 435 million the number of women and girls living on less than \$1.90 a day globally[1]. Since 1980 the top 1% richest individuals in the world captured twice as much growth as the bottom 50% individuals[2]. Simultaneously, in 2018, women were estimated to be 26% less likely to be employed than men[3]. Economic and gender inequalities are thus both continuously widening.

According to the International Labor Organization (ILO), **unpaid care work is the main reason why women are outside the labour force**[4]. Despite care work being necessary to our society and to nutritional security, the patriarchal system[5] on which our economy is based, and the assigned gender roles it entails[6], places on women most of the responsibility for unrecognized, and hence not paid nor compensated, care work - denying the need for redistribution between genders, nor between households and States' institutions. Consequently women are left with very little time, energy and opportunities to develop income generating activities.

Women and girls are at the frontline of poverty and the fight against hunger. **Based on data from 29 Action Against Hunger publications**, including 13 gender analysis and 10 nutrition causal analysis (Link NCA[7]), covering 15 countries in 7 different regions from 2012 to 2021, **this policy brief aims to demonstrate how unpaid care work fuels gender inequality and is a root cause of poverty and hunger.** By disproportionately assigning care work to women and girls, particularly during the critical nutritional period of the first 1000 days of a child's life, gender roles put women at greater risk of poverty while at higher responsibility to fight hunger.

### What is care work?

According to the ILO, care activities are comprised of two broad kinds. First, those that consist of direct, **face to face, personal care activities**, such as feeding a baby, nursing a sick person, helping an older person to take a bath, carrying out health check-ups or teaching young children. Second, those involving **indirect care activities**, which do not entail face-to-face personal care, such as cleaning, cooking, doing the laundry and other household maintenance tasks that provide the preconditions for personal caregiving. These two types of care activities cannot be separated from each other, and they frequently overlap in practice, both in households and in institutions.

Since the outbreak of the Covid-19 pandemic, less than 1 in 5 social protection measure enacted by governments were gender sensitive[8], whilst women were hit the hardest by job losses as a result of the crisis[9] and access to key nutritional care services for women and children have been cut by 30%[10].

In order to relieve women and girls from the double impact of economic and gender inequalities, it is Action Against Hunger - France's view that **States must implement more redistributive policies, especially by scaling and setting-up universal social protection floors, which will help transform inequalities by recognizing, reducing and redistributing poor women's unpaid care work.**

### GRASPING THE AMOUNT OF UNRECOGNIZED AND UNPAID CARE WORK PERFORMED BY WOMEN

To understand how unrecognized and unpaid care work is central in fighting the vicious circle of poverty, gender inequality and hunger, one needs to properly measure the tremendous amount of care work women are expected to perform.

Globally, **unpaid care work amounts to 2 billion people working on a full-time basis without pay, and 16.4 billion hours per day. 76.2% of it, is performed by women.** Economically, unpaid care work amounts to 9.0% of global GDP; representing 11 trillion US\$ in purchasing power parity. Estimations suggest that in several countries the value of unpaid care work exceeds the respective values of manufacturing, trade, transportation and other key market sectors[11].



Mother and baby with a booklet for food distribution, Philippines  
© Alfons Rodriguez - 2012

For women in low and middle-income countries, **unpaid care work often amounts to a part-time or full-time income generating activity, taking up their time and energy.** In Burkina Faso, an Action Against Hunger gender analysis found that *“a Burkinabe woman or girl can have active days starting from 4 am until 11 pm.”*[12] A 2019 Link NCA study done in Kenedougou district, outlined that women participate in all works in their husband's field (weeding, sowing, spreading fertilizer, harvesting, etc.). In addition, in order to have time to cultivate their personal parcel, women are obliged to get up very early, usually around 3 am. They accomplish household chores (cooking, sweeping the house, drawing water, washing clothes etc.); then, as soon as the sun rises, they go to their parcel for a few hours, before going to their husband's field around 10 am[13].

## THE VICIOUS CIRCLE OF UNRECOGNIZED AND UNPAID CARE WORK AND POVERTY & HUNGER

Under these conditions, it seems obvious that a clear reassessment of distribution of care work between men and women needs to be done. However, redistribution between men and women alone wouldn't suffice. Indeed, **households most affected by the adverse impacts of unpaid care work are the poorest households, in need of greater economic justice through redistribution of wealth.**

It is now well-known that the basic determinants of undernutrition are rooted in poverty[14]. Recent data suggests that healthy diets are unaffordable for more than 3 billion people, their cost being much higher than the international poverty line, established at USD 1.90 purchasing power parity per day[15].

## POOR WOMEN LACK TIME AND ENERGY TO GENERATE INCOME



By robbing women of their time and energy, unrecognized and unpaid care work hinders their ability to generate income, and is, as such, a direct cause of their impoverishment. In some cases women are unable to perform income generating activities because they lack time for it.

In most situations, **women are ought to reduce the number of hours they devote to income generating activities, in order to attend to their care work responsibilities.**

For example, a 2020 Action Against Hunger study done in Liberia, found that due to long travel period and potentially long waiting time, to take a child to the clinic, women must be prepared to set aside their workload for the day. This typically means missing one day of income generating activities, as well as ensuring care is provided for the remaining children and husband at home[16].

## POOR WOMEN DO NOT HAVE ACCESS TO CARE WORK-ALLEVIATING SERVICES

By impoverishing women in terms of time, energy and wealth, unrecognized and unpaid care work insidiously prevents women from accessing the services that could alleviate the amount and tediousness of the care work they perform. In other words, because women are poor they do not have access to services that would reduce time spent on unpaid care work activities. But specifically **because women don't have time due to unpaid care work activities, they cannot earn enough money to access those services, which Governments fail to provide at an affordable cost.**

For instance, a 2020 Action Against Hunger study done in Somalia, found that the poorer a woman is (hence the more likely she is to seek for a free or cheap source of water), the more likely her time spent collecting water is to increase. Indeed, time taken to collect water ranges from no time at all (for families with piped connections), to between 15/90 minutes for women collecting water from piped connections or boreholes and extending to 150 minutes for women accessing a free-of-charge public water point.

The study also revealed that direct cost of health services (for consultation and medication) and indirect costs incurred by transportation, combined to lack of time due to workload, all hindered access to health; a village member reporting walking for an hour to the health facility *"We have no choice as this is the only free service provider in the area."*[17]



## THE IMPACT OF WOMEN'S UNRECOGNIZED AND UNPAID CARE WORKLOAD ON HUNGER

Finally, unrecognized and unpaid care work, often accumulated with straining and poorly paid income generating activities, **leaves women with too little time and energy to perform proper hygiene and nutrition care practices, leading to malnutrition.** Indeed, women's obligations prevent them from practicing exclusive breastfeeding, leads them to wean their children too early and/or to have inappropriate breastfeeding practices.

In Amboasary Sud district, Madagascar, a survey found that 82.5% of women felt an overload of work and a lack of time to take care of their children. Subsequent analyzes found that heavy workload was indeed a risk factor leading to wasting of children[18].

Additionally, the impact of unrecognized and unpaid care work, and its interconnectedness with poverty, has a direct consequence on women's mental health. This negatively affects women's care practices; knowing that children with depressed mothers have been proven to face a greater risk of malnutrition, delayed growth and infant mortality[19]. In Rivercess district, Liberia, women described the "*plenty plenty things to do in the day, and all the thinking business with it*". Conversations in group discussions often deflected to a woman's sense of inevitable responsibility - i.e., the workload, between children, husband, and home - which are often too much[20].

## UNIVERSAL SOCIAL PROTECTION FLOORS: TRANSFORMING GENDER AND ECONOMIC INEQUALITIES

In this context, **States have the responsibility to relieve caregivers, especially women, of unrecognized and unpaid care work by recognizing, redistributing and reducing the care work they perform.** The importance of this paradigm change is reflected in Sustainable Development Goal target n°5.4: "recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies (...)."



### What is social protection?

Social protection is a **human right**, defined as a set of policies and programs (contributory and non-contributory) aimed at reducing and preventing poverty throughout the life cycle. While social protection often brings to mind cash transfers to guarantee basic income security, it also includes all schemes put in place to ensure access to affordable essential services (including water and health).

Social protection floors are identified as a **set of non-contributory guarantees**, including: available, accessible, acceptable and quality **essential health care**; **basic income security** for children (providing access to nutrition, education, care and any other necessary goods and services), persons in active age (in particular in cases of sickness, unemployment, maternity and disability) and older persons.

Some societies do compensate and recognize the contribution of unpaid carers to society through social protection benefits, such as cash transfers aimed at offsetting earnings losses due to care work. Other countries aim to reduce the amount of care work performed by women (such as caring for children fetching water or wood) and redistribute these responsibilities from poor households to institutions by providing affordable access to quality public services, for instance in the field of health and social care, water, sanitation and hygiene, energy supply or education.

However, **much more still needs to be done**. Only 29% of the global population is covered by comprehensive social protection schemes, **while the large majority – 71%, or 5.2 billion people – are not, or are only partially, protected**[21].

In parallel, narrowly targeted and time bound social protection programs are largely being implemented in low and middle-income countries, though universal systems have been proven to reach marginalized persons more effectively than poverty-targeted programs[22].

This is why, the effective implementation of the human right to social protection, through the development of universal social protection floors[23], **which will help transform assigned gender roles and inequalities by recognizing, reducing and redistributing poor women’s unpaid care work**, is a priority. By redistributing wealth and recognizing the economic value of care work through basic income security, **social protection counterbalances the economic inequality women face**; and by reducing the amount of care work of women and redistributing it from poor households to institutions through affordable essential services, **universal social protection floors counterbalances gender inequalities**.



Members of a savings and loan group taking training to agricultural techniques, Madagascar  
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# RECOMMENDATIONS

## TO LOW AND MIDDLE INCOME STATES & DONORS

**Unpaid care work and women workload is a decisive cause of hunger.** In this context, Action Against Hunger - France calls upon low and middle income States and donors' policies to work in favor of the reduction, recognition and redistribution of poor women's unpaid care work, by **defending the right and access of all to universal social protection floors as defined by ILO 202 recommendation,**

- through the effective realization of **Universal Health Coverage**[24];
- through the promotion of gender transformative **basic income security during the child's first 1000 days**, ensuring access to key services and goods regarding nutrition security.

## TO THE INTERNATIONAL MONETARY FUND, THE WORLD BANK AND G20 STATES & FRANCE SPECIFICALLY

- **promote fairer and more redistributive macro-economic policies, enabling low and middle income States to make fiscal space for universal social protection;**
  - aiming towards 6.4 per cent of GDP for low-income countries, 2.6 per cent for lower-middle income countries and 2.3 per cent for upper-middle-income countries for a universal set of basic income security[25], and allocate at least an additional 1% of GDP to primary health care[26],
  - through promoting progressive tax policies, expanding social security coverage and contributory revenues, eliminating illicit financial flows and reducing tax exemptions, reallocating public expenditures using fiscal and central bank foreign exchange reserves, suspending and restructuring of existing debt[27] and new allocations of IMF Special Drawing Rights,
- support the **establishment of a global fund for social protection** as called for by 200 civil society organizations[28] and the UN special rapporteur on extreme poverty and human rights[29], which will **enable low income countries to bridge the current funding gap and launch universal social protection systems**, transformative of assigned gender roles and inequalities by recognizing, reducing and redistributing poor women's unpaid care work,
- adopt a **public and coherent position in favor of universal social protection floors transformative of assigned gender roles and inequalities**, in particular by opposing macro-economic approaches hindering the development of universal social protection floors, and leading to the establishment of time bound and ultra-targeted cash transfer programs.

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## ENDNOTES

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- [1] G. Azcona, A. Bhatt, J. Encarnacion, J. Plazaola-Castaño, P. Seck, S. Staab, L. Turquet, UN Women (2020). *From insight to action - Gender equality in the wake of Covid19*. Geneva. p. 6, 7
- [2] Last know data from 2016. Fa. Alvaredo, L. Chancel, T. Piketty, E. Saez, G. Zucman (2018). *World Inequality Report*. Paris. p.11
- [3] International Labor Organization (2019). *A quantum leap for gender equality: for a better future of work for all*. Geneva. p.12-13
- [4] International Labor Organization (2019). *A quantum leap for gender equality: for a better future of work for all*. Geneva. p.13
- [5] Patriarchy refers to a traditional form of organizing society, which often lies at the root of gender inequality. According to this kind of social system, men, or what is considered masculine, is accorded more importance than women, or what is considered feminine. Traditionally, societies have been organized in such a way that property, residence, and descent, as well as decision-making regarding most areas of life, have been the domain of men. This is often based on appeals to biological reasoning (most women are more biologically suited to breastfeed, for example) and continues to underlie many kinds of gender discrimination. Action Against Hunger – International (2021). *Gender equality and gender based violence risk mitigation policy*. Toronto. p. 11
- [6] Gender roles refer to how people are expected to act, speak, dress, groom, and conduct themselves, as well as what is supposed to be their main activity in life, based upon their assigned sex. For example, girls and women are often assigned reproductive roles in society, which includes tasks and activities relating to the creation and sustaining of the family and the household, while men are generally expected to uphold productive roles, which includes tasks and activities relating to the creation and sustaining of the family and the household, while men are generally expected to uphold productive roles, which includes activities related to the production of goods for consumption or trade and income-generating activities.
- [7] Link NCA is a participative, mixed method study used to identify the causes of under-nutrition in a given context and to promote the implementation of programmatic responses adapted to these causes by all organizations involved in the fight against malnutrition. [www.linknca.org](http://www.linknca.org)
- [8] G. Azcona, A. Bhatt, J. Encarnacion, J. Plazaola-Castaño, P. Seck, S. Staab, L. Turquet, UN Women (2020). *From insight to action - Gender equality in the wake of Covid19*. Geneva. p. 68
- [9] According to the ILO, employment loss for women stood at 5% in 2020, versus 3.9% for men. International Labor Organization (2021), *COVID-19 and world of work - Updated estimates and analysis*. p.9
- [10] D. Headey, R. Heidkamp, S. Osendarp, M. Ruel, N. Scott, R. Black and al. The Lancet, on behalf of the Standing Together for Nutrition consortium (2020). *Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality*.
- [11] International Labor Organization, (2018). *Care work and care jobs - For the future of decent work*. Geneva. p. 43,49
- [12] Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 11
- [13] Dr. Firmin Kouassi, Action Contre la Faim – France (June 2019). *Link Nutrition Causal Analysis, Province du Kenedougou – Hauts Bassins*, Burkina Faso. p. 50-52
- [14] Action Against Hunger (2014). *Nutrition security policy - A common multisectoral understanding and approach to address undernutrition*. Paris

## ENDNOTES

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- [15] FAO, IFAD, UNICEF, WFP and WHO (2020). *The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets*. Rome.
- [16] Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 38 - 41
- [17] Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agropastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District)*, Somalia. p. 41
- [18] Lenka Blarova, Alexandra Humphreys, Action Against Hunger's office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d'Amboasary Sud, Rédion Anosy, Madagascar*. p. 86
- [19] Action Against Hunger – International, (2009). *Policy on mental health and childcare practices*. Paris. p. 5, 7
- [20] Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 131
- [21] International Labor Organization (2019). *World Social Protection Report - Universal social protection to achieve the Sustainable Development Goals*. Geneva. p. 1.
- [22] S. Kidd, D. Athias, Development Pathways (2019). *Hit and Miss - An assessment of targeting effectiveness in social protection*, Development Pathways. London
- [23] Defined by the ILO's Social Protection Floors Recommendation n°202, unanimously adopted in 2012.
- [24] Universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population. Political Declaration of the High-level UN Meeting on Universal Health Coverage, *Universal health coverage: moving together to build a healthier world*, 23rd September 2019.
- [25] F. Durán-Valverde, J. F. Pacheco-Jiménez, T. Muzaffar, H. Elizondo-Barboza, International Labor Organization (2019). *Measuring financing gaps in social protection for achieving SDG target 1.3 Global estimates and strategies for developing countries*. Geneva
- [26] World Health Organization (2019). *Primary Health Care on the Road to Universal Health Coverage - 2019 Global monitoring report*. Geneva
- [27] International Labour Organization (2019). *Fiscal space for social protection - A Handbook for Assessing Financing Options*. Geneva
- [28] Over 200 civil society organizations and trade unions unite to call for a Global Fund for Social Protection to protect the most vulnerable during COVID-19 and beyond, Global Coalition for Social Protection Floors, Communiqué de presse, 21 September 2020
- [29] Olivier De Schutter, United Nations Special Rapporteur on Extreme Poverty and Human Rights (2021). *The Global Fund for Social Protection: International Solidarity in the Service of Poverty Eradication*. Geneva