



EVALUATION REPORT

EVALUATION OF UN WOMEN'S WORK ON THE CARE ECONOMY IN EAST AND SOUTHERN AFRICA



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**UN Women Independent Evaluation, Audit and
Investigation Services (IEAIS)**

Independent Evaluation Service (IES)

UN Women

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EVALUATION TEAM:

Kay Lau, Regional Evaluation Specialist and Team Lead

Tara Patricia Cookson, Care Economy Specialist

Juliet Mwaura, Regional Monitoring and Evaluation Specialist

Kiran Stallone, Senior Researcher

Martha Nemera, Ethiopia researcher

Consolata Sulley, Tanzania researcher

Norma Patiño Sánchez, Evaluation Analyst

EVALUATION MANAGEMENT:

UN Women Independent Evaluation, Audit and Investigation Services (IEAIS)

Inga Kaplan, Chief, UN Women Independent Evaluation Service (IES)

Lisa Sutton, Director, UN Women Independent Evaluation, Audit and Investigation Services (IEAIS)

Copy-editing: **Catherine Simes**

Design and layout: **Yamrote A. Haileselassie**

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ACRONYMS

3R	Recognize, Reduce and Redistribute
5R	Recognize, Reduce, Redistribute, Reward and Represent
DAMS	Donor Agreement Management System
EVAW	Eliminating Violence Against Women
IEAIS	Independent Evaluation, Audit and Investigation Services
IES	Independent Evaluation Service
ILO	International Labour Organization
PGAMS	Partner and Grant Agreement Management System
RMS	Results Management System
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

EXECUTIVE SUMMARY

This developmental evaluation examines UN Women's efforts to advance the care economy across the East and Southern Africa (ESA) region between 2018 and 2024. The evaluation was conducted by UN Women's Independent Evaluation Service (IES) to provide timely insights to inform strategic decision-making, strengthen care programming and showcase UN Women's regional contributions.

Overview of the intervention

UN Women has a long history of programming to recognize and support the vital work of care, including in the East and Southern Africa region. Until recently, much care-related programming has been embedded in other thematic areas of work, like climate-smart agriculture, and a range of women's economic empowerment initiatives.

More recently, and in alignment with the UN's system-wide efforts to Transform Care Systems, UN Women is making its efforts to support care more explicit. Care programming was included as a key component of UN Women's East and Southern Africa Regional Office's 2022-25 Strategic Note as well as the 2024 Women's Economic Empowerment Strategy.¹

Currently, the corporate "TransformCare" framework and theory of change is in use. The focus is on transforming how care is recognized, reduced, redistributed, rewarded and represented, as well as the resourcing of care (the 5R+ framework). The 5R+ Framework seeks to address gender inequalities by reducing the unequal

share of care responsibilities for women and girls, by redistributing care across households, communities, the state, and private sector, promoting decent jobs for paid care workers and fostering equitable caregiving norms. Programming is guided by the "TransformCare" Theory of Change and forms a key component of UN Women's East and Southern Africa Regional Office's 2022-2025 Strategic Note and the 2024 Women's Economic Empowerment Strategy.

Across the evaluation period, 36 care-related initiatives were mapped in the region, spanning unpaid and paid care work, gender-responsive infrastructure, policy advocacy, social norms change and data generation. UN Women's approach is grounded in feminist economic principles and seeks systemic shifts through engagement with governments, civil society, the private sector, communities, and care providers and care recipients' organizations.

¹ UN Women. 2024. [Women's economic empowerment strategy](#).

Purpose, objectives and intended audience

The evaluation was designed as a learning tool rather than a performance assessment. Its objectives include:

1. Build an understanding of common approaches in UN Women's care economy work across the region by mapping existing activities.
2. Review the corporate theory of change.
3. Test the theory of change (assessing outcomes, enablers and barriers) and review what is working well and what could be improved.
4. Explore different approaches to measuring the outcomes of UN Women's care economy work in different programming contexts.
5. Identify UN Women's comparative advantage in this area of work and propose recommendations for a way forward (in terms of operational, normative and coordination work) and strategic entry points.

The primary intended users of the evaluation are UN Women's Regional and Country Offices in the East and Southern Africa region. Secondary users include UN Women headquarters, other UN agencies, governments, civil society and donors working to advance gender-responsive care systems.

This formative evaluation examines UN Women's efforts to advance care programming across the East and Southern Africa region between 2018 and 2024. The evaluation recognizes that much of this past programming preceded more recent expansion and implementation of care concepts and frameworks currently in place (e.g. from a 3R to a 5R+ framework). As such, it reviews past programming against the context in which it was developed and with a forward-looking lens for learning around how UN Women's leadership around unpaid and paid care.

Evaluation methodology



Mixed-methods, theory-based approach

using the UN Women "TransformCare" theory of change to structure the analysis of effectiveness, coherence and relevance.



Human rights and gender equality principles

with ethical standards aligned with United Nations Evaluation Group (UNEG) and UN Women guidelines



Survey of focal points and focus group discussions:

UN Women Country Office Women's Economic Empowerment focal points survey with a response rate of 69 per



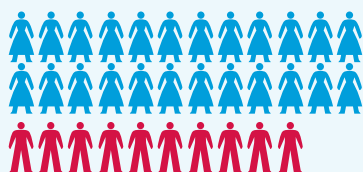
3 country case studies

in Kenya, Tanzania and Ethiopia, involving site visits and interviews with project implementers

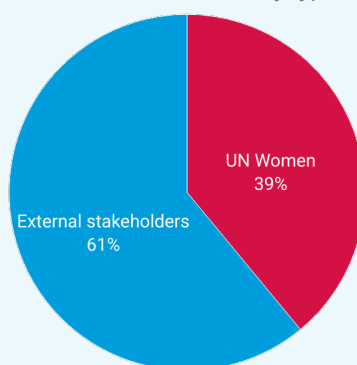
142

Stakeholders consulted

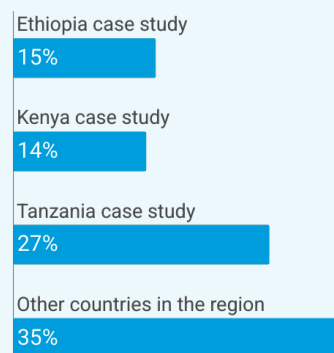
with 69% female and 31% male



Stakeholders consulted by type



Stakeholders consulted by location



Key findings

EFFECTIVENESS

What are UN Women's current approaches to its care economy work in the East and Southern Africa region?

UN Women employs a holistic approach to its work on the care economy involving service strengthening, policy advocacy, infrastructure investment, social norms change, workforce development, and data generation, as well as supporting these components through capacity building and technical assistance. The 3R framework was used for the majority of the period under review, and hence most programming focused on the 3Rs (recognize, reduce the drudgery of and redistribute unpaid care), with limited attention to rewarding and representing paid care workers.

What is working well and what could be improved?

Programming contributed to positive outcomes in care-supportive infrastructure, policy development and social norms change. Examples include expanded child-care centres, new national care policies (e.g. in Kenya) and shifts in community perceptions. However, long-term sustainability and consistent tracking of results (e.g. time use, employment impact) are often lacking.

What are the main enablers and barriers to this area of work?

Enablers include strong data and government partnerships. Barriers include siloed policy responses, underinvestment in the paid care workforce, short project cycles and weak political commitment in some countries.

What measurement approaches are most effective?

Monitoring systems need strengthening. Few initiatives tracked changes in time use, policy implementation or norm shifts. Promising tools such as Rapid Care Assessments and social norms indicators are underutilized.

RELEVANCE AND COHERENCE:

What is UN Women's comparative advantage in its care economy work in the region? What is the way forward?

UN Women's care programming aligns with regional needs, particularly in terms of rising care deficits, demographic pressures and entrenched gender norms. UN Women's unique gender lens, technical expertise and convening power make it a credible and influential actor. It is recognized as the lead UN agency on the care agenda, given its holistic gender mandate and adoption of a whole life-cycle approach.

Collaboration with governments, civil society and UN agencies in the region is a strength. Effective advocacy and capacity building efforts have led to gender-responsive budgeting and institutional policy change. However, more deliberate engagement with the private sector and greater coherence with other UN actors are needed to unlock deeper systemic change.



Photo: © UN Women Rwanda
Regional Care Workshop 2025

Conclusions

- 1. Programming approaches:** UN Women's multi-pronged programming in the region is well-aligned with the theory of change, but gaps remain in addressing paid care work and engaging private-sector actors. Scaling up work on paid care, expanding private-sector partnerships and supporting integrated approaches are critical next steps.
- 2. Effectiveness:** Research, care-related infrastructure and policy advocacy have delivered tangible impact. UN Women has been successful when it leverages knowledge products and tools that governments can own, such as the costing tool developed with ILO. However, sustainability challenges – particularly around financing, maintenance and workforce support – undermine long-term gains. A more deliberate focus on decent work and social protection for care workers is needed.
- 3. Measurement:** A shift is needed towards outcome-based monitoring, including tracking of social norms change, policy impact and time use. There is potential to strengthen data systems and build more consistent use of care-specific indicators.
- 4. Strategic positioning:** UN Women is uniquely positioned to lead the care agenda in the East and Southern Africa region. Future success will hinge on its ability to scale successful models; integrate care across thematic areas such as social protection, humanitarian response and gender-based violence; leverage existing relationships with regional economic communities and other actors operating at the regional level to advance normative frameworks; and strengthen coordination platforms and knowledge exchange mechanisms.

Recommendations

- 1 Continue to expand from 3R to 5R+ framework,** with greater emphasis on paid care work. Deepen engagement with all relevant actors, in particular the private sector around the investing and financing of care systems.
- 2 Integrate care in other inter-related thematic areas where needs exist,** including humanitarian, conflict and crisis-affected contexts, domestic work, climate, gender-based violence and social protection.
- 3 Strengthen national and regional convening platforms,** including communities of practice, partnerships with regional bodies and regional economic communities, and national-level stakeholder platforms. This would offer an opportunity to solidify UN Women's leadership position and establish authority; make use of existing knowledge within the region; and help to continue socializing the concept of the care agenda among various stakeholders.
- 4 Strengthen knowledge management,** including the development of shared tools, live knowledge repositories and better dissemination of lessons across countries and regions. UN Women possesses a wealth of resources relevant to the care economy in the region, yet many are difficult to locate.
- 5 Enhance measurement of care outcomes,** ensuring care-related indicators are integrated into programme design and tracked, disaggregating data by key factors such as age, disability, and migration status, and tracking changes in policies and norms.
- 6 Strengthen work on social norms by integrating social norms considerations into all care programming;** targeting institutions and not only communities in norms change; and adopting a holistic approach to changing norms by pairing social norms interventions with efforts to improve care infrastructure and reform policies.

1. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

Purpose

The purpose of this developmental evaluation is to provide real-time insights that will inform decision-making for advancing UN Women's work in the care economy. It also aims to showcase UN Women's initiatives in this area across the region and guide future programming. The evaluation does not deliver a comprehensive assessment of the region's care economy work, given the current developmental stage of programming.

Intended use and users

The evaluation will primarily serve as a learning tool to inform and guide effective strategies for future programming. The key users of the evaluation are expected to be the East and Southern Africa Regional Office and Country Offices in the region, who will leverage the findings to shape the direction of future care economy initiatives. Secondary users include UN Women headquarters personnel working on the care economy, along with other UN agencies, partners, government entities, civil society and donors who may apply the findings to strengthen similar interventions.

Evaluation scope

The evaluation used UN Women's Gender Equality Accelerator on Transforming the Care Economy² "TransformCare" to define the boundaries of UN Women's care economy programming in the region, and the basis for analysis. This theory of change is set out in Section 3. While the *TransformCare* framework was developed in 2024, after the start of the evaluation period, it builds on previous approaches used by UN Women (including the 5R+ strategy³ for decent care work) which covers **Recognizing, Reducing, Redistributing** unpaid care work, and **Rewarding** and **Representing** paid care workers. Additional Rs relate to the *resourcing of resilient* care systems. While many of the mapped programmes pre-date the TransformCare, this review captures both what has been done and where opportunities lie ahead to strengthen implementation under a common strategic framework.

Time frame and geographical scope

In assessing the period from Q1 2018 to Q2 2024,⁴ the evaluation covers UN Women Strategic Plans 2018–21 and 2022–25. It includes all countries within the UN Women East and Southern Africa region,⁵ with in-depth analyses in three countries selected during the inception phase based on criteria outlined in the evaluation Terms of Reference.⁶

Key evaluation objectives



Mapping and understanding common approaches in UN Women's care economy work across the region.



Reviewing and assessing the "TransformCare" corporate theory of change.



Testing the theory of change by assessing outcomes, identifying enablers and barriers, and evaluating what is effective and what needs refinement.



Exploring various methods for measuring the outcomes of care economy work within different programming contexts.



Identifying UN Women's unique strengths in its care economy work in the region and proposing recommendations for strategic advancement, including operational, normative and coordination work.

² [UN Women Gender Equality Accelerators, 2024.](#)

³ [A Toolkit On Paid And Unpaid Care Work: From 3RS To 5RS](#)

⁴ Q1 (January – March), Q2 (April – June)

⁵ Burundi, Ethiopia, Kenya, Malawi, Mozambique, Regional Office, Rwanda, SAMCO, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zimbabwe

⁶ These are: Kenya, Ethiopia and Tanzania

2. CONTEXT

This section discusses the care economy as it relates to UN Women's work and in the regional context.

Care work and UN Women

UN Women defines care work as follows:

- **Care work:** Paid and unpaid care work encompasses direct care⁷ for people, as well as indirect care⁸ taking place within and outside the home.⁹
- **Paid care work:** Direct care for persons performed within a household, community or institution for pay or profit, e.g. in hospitals, palliative care settings, care homes for older persons, day-care centres, childcare centres, private residences or the community. Paid care work spans both public and private spheres and is provided in various settings in both the formal and informal economy.¹⁰
- **Unpaid care work:** Services provided within a household or community for the benefit of its members without remuneration. It includes both direct care for people – such as children, family and community members, older persons or persons with mental or physical conditions, persons with disabilities – and indirect care, such as cooking, cleaning, washing, collecting water and fuel, and household management, including tending to animals and livestock and agricultural work for personal consumption, as well as transportation and travel. This work also encompasses unpaid voluntary community care work such as community kitchens and peer support.¹¹

- **Care work can be carried out by many different actors and institutions in society, in a more or less equitable fashion.** The “care diamond” helps to conceptualize the distribution of care across them. Each point of the diamond represents one of: state (federal/local), families/households, markets (private sector actors), and not-for-profit (community groups, civil society, religious institutions). The distribution of responsibility for care varies across these groups in different societies and even within countries. When families and households bear primary responsibility for care, it is typically women and girls who are doing the (unpaid) work.¹²

UN Women has adopted the “5R+” framework for addressing unpaid and paid care. The first three Rs seek to *recognize* unpaid care, *reduce* the drudgery of unpaid care, and *redistribute* unpaid care more equitably across the various points of the care diamond so that states and markets also do their fair share¹³. This “3R Framework” has informed important initiatives to support unpaid care and make progress towards gender equality within and beyond UN Women's programming. In recent years this framework has expanded through its adoption and use by various UN and other civil society organizations to also *reward* and *represent* paid care workers.¹⁴ UN Women uses a “5R+” framework that also advocates for increased *resourcing* of resilient care systems¹⁵.

⁷ Direct care includes physical, emotional, psychological and developmental care.

⁸ Indirect care includes household tasks, including collecting water and firewood, travelling and transport.

⁹ [UN System Policy Paper: Transforming Care Systems In The Context Of The Sustainable Development Goals And Our Common Agenda](#)

¹⁰ *Ibid*

¹¹ *Ibid*

¹² [Ravazi, S. 2007. UNRISD. The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions, and Policy Options. Geneva: United Nations Research Institute for Social Development.](#)

¹³ Elson, D. “Recognize, Reduce, and Redistribute Unpaid Care Work,” *New Labor Forum* 26, no. 2 (2017): 52–61, <https://doi.org/10.1177/1095796017700135>.

¹⁴ ILO 5R Framework for Decent Care Work: https://www.ilo.org/sites/default/files/2024-10/ILO%20Brief_In%20search%20of%20lost%20Rs_Domestic%20and%20care%20work_FINAL.pdf

¹⁵ UN Women. 2022. *A Toolkit on Paid and Unpaid Care Work: From 3Rs to 5Rs*. New York: UN Women. <https://www.unwomen.org/sites/default/files/2022-06/A-toolkit-on-paid-and-unpaid-care-work-en.pdf>.

The UN's Transforming Care Systems approach builds on the 5R+ framework and promotes integrated, gender-responsive policies that treat care as part of broader social policy systems.¹⁶ It emphasizes coordination across sectors such as social protection, infrastructure, health, education, and employment to address care needs holistically. By reducing and redistributing unpaid care work and improving conditions for paid care workers, this approach supports women's economic empowerment while reinforcing social and

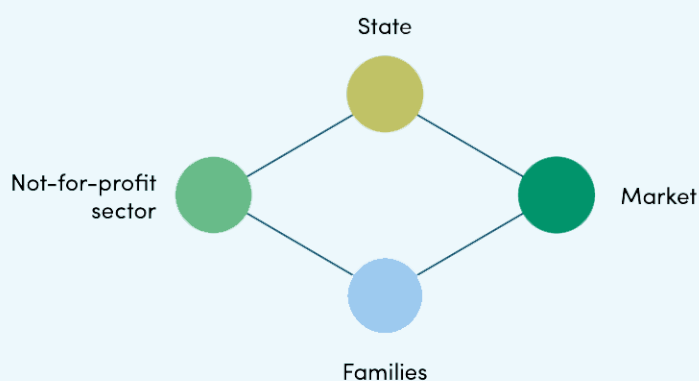
economic development more broadly. The Economic Commission for Latin America and the Caribbean and UN Women also jointly published a guiding framework in 2022 for developing national care systems. It advocates for a human rights-based and gender-sensitive approach, emphasizing co-responsibility among the state, market, community, and families—pillars of the care diamond¹⁷.

The diagram below sets out a visualization of the care diamond, extracted from UN Women 2019, 144, fig. 5.1.¹⁸

IDEAL

Ideally, care provision is balanced among different institutions, even if families are primary care providers.

Within the household, men and women should share the responsibility for care.

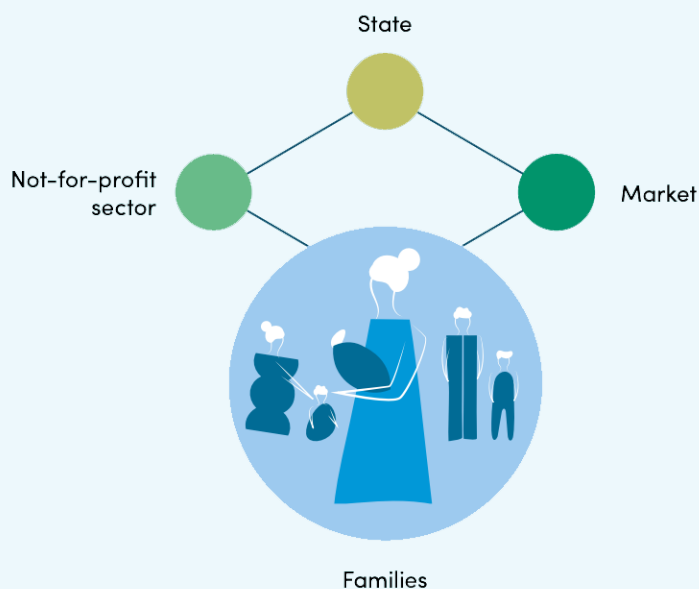


REALITY

In reality, the provision of care is not balanced across the four providers.

Families, especially when they are poor, pick up the slack, doing the bulk of care work.

Within families, women bear a disproportionate burden of this care.



¹⁶ United Nations. (2024). *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda: UN System Policy Paper*.

¹⁷ ECLAC and UN Women. 2022. *Towards Construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for Their Implementation*. Santiago: United Nations. <https://hdl.handle.net/11362/47899>.

¹⁸ UN Women. 2019. *Progress of the World's Women 2019–2020: Families in a Changing World*. New York: UN Women.

Care work in East and Southern Africa

Normative regional frameworks on the African continent provide a strong foundation for investing in the care economy. The 2003 Maputo Protocol sets out signatories' commitment to promote equal opportunities for men and women. Article XIII recognizes that both parents bear primary responsibility for the upbringing of their children and commits to taking the necessary measures to recognize the economic value of women's work in the home.¹⁹ The 2007 African Feminist Charter commits to improving the well-being of women and girls, who provide the majority of care work, and to recognizing their right to decent livelihoods.²⁰ The African Union Agenda 2063 identifies addressing women's unequal unpaid care work as vital to attaining the target Aspirations.²¹ Unpaid care is fully mainstreamed in the African Union Strategy for Gender Equality and Women's Empowerment (2018-2028) under Outcome 1.1 on education and care work, and under Outcome 1.2 on economic empowerment and financial inclusion.²²

Unpaid care work is largely undertaken by women and girls. In many societies across the East and Southern Africa region, social norms assign women and girls the majority of unpaid care responsibilities, much of which goes unrecognized as "work".²³ Women in the region spend 3.4 times more time than men on unpaid care work.²⁴ For example, women in urban areas in Ethiopia spend on average 28.7 hours per week on unpaid care activities, compared to 7.7 hours by men. In rural areas, women spend an average of 35.6 hours per week compared to 16.5 hours per week by men.²⁵

When unpaid care work is not adequately shared or supported, it can pose a barrier to women being

able to access economic, social, educational and leadership opportunities, resulting in high NEET (Not in Employment, Education, or Training) rates for young women in the region.²⁶ In Uganda, girls aged 10–14 years are 1.5 times more likely than boys of the same age to spend 21 or more hours on household chores per week.²⁷ Women also face reduced employment participation due to their majority share of unpaid care responsibilities.²⁸ For example, in Malawi women spend 20 hours per week on employment activities, compared to men's 27 hours (2023). In Uganda, women spend 3 hours per day on paid work activities, compared to 5 hours for men (2023).²⁹

The demographics of the East and Southern Africa region make investing in care critical. Feminist economists in the region have raised concerns about growing care deficits: the number of people needing care is outpacing the number of people available to provide it,³⁰ and growing rates of women entering the labour force is increasing the demand for care services.³¹ The region's demographics are characterized by a large youth population (with 41 per cent of the population under 15 years of age in 2022)³² and a growing older population and high fertility rates, further increasing demand on care services.³³ Migration out of the region is also resulting in families having to rely on paid caregivers, or on family members in the country giving up paid employment to take on additional care duties.³⁴

The HIV/AIDs epidemic has resulted in increased care needs, largely falling to women on an unpaid basis.³⁵ Climate change and environmental degradation further increase women's unpaid care responsibilities, through

¹⁹ [37077-treaty-charter_on_rights_of_women_in_africa.pdf \(au.int\)](#)

²⁰ See <https://awdf.org/the-african-feminist-charter/> For The African Feminist Charter translated into several major languages of the continent.

²¹ African Union. [Agenda 2063: The Africa We Want](#).

²² [African Union strategy for Gender Equality and Women's Empowerment \(2018-28\)](#).

²³ [UN-Women-Policy-brief-05-Redistributing-unpaid-care-en.pdf](#)

²⁴ Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva: International Labour Organization.

²⁵ Ibid

²⁶ UN Women. Youth Not in Employment, Education or Training in East and Southern Africa. [Four-Pager_NEET_Regional-report.pdf](#)

²⁷ United Nations Children's Fund, UN Women and Plan International, *A New Era for Girls: Taking Stock of 25 Years of Progress*, New York, 2020

²⁸ Ibid

²⁹ UN Women. *Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa*. 2023. [gpg_regional_un_women_final.pdf](#)

³⁰ Coffey, C., Espinoza Revollo, P., Harvey, R., Lawson, M., Parvez Butt, A., Piaget, K., ... & Thekkudan, J. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam.

³¹ Moussié, R., & Alfes, L. (2018). Women informal workers demand child care: Shifting narratives on women's economic empowerment in Africa. *Agenda (Durban)*, 32(1), 119-131. <https://doi.org/10.1080/10130950.2018.1427690>

³² Health Nutrition and Population Statistics: Population estimates and projections.

³³ Maharaj, P. (2020). *Family and kin care of elders in Sub-Saharan Africa. Health and care in old age in Africa*. Taylor & Francis Group.

³⁴ Coe, C. (2023). The commodification of social reproduction: A view of global care chains from a migrant-sending country. *Geoforum*, 141, 103750. <https://doi.org/10.1016/j.geoforum.2023.103750>

³⁵ Hunter, N. (2012). The economic and gender consequences of South Africa's home-based care policy. *Social Policy & Administration*, 46(6), 654-671. <https://doi.org/10.1111/j.1467-9515.2012.00861.x>

displacing communities and increasing the time needed to secure water, food and fuel.^{36,37} Energy and labour-saving technologies have the potential to both reduce the drudgery of women's care work responsibilities and support climate change mitigation, requiring sustained government investment.^{38,39}

The paid care sector remains small across the region, and is typically characterized by informal contracts, poor wages and vulnerability to exploitation. According to an International Labour Organization (ILO) report released in 2022, based on the most recent data available at that time, paid care workers in education, health, social work or domestic workers working within households remained low, ranging from 2.2 per cent in Zimbabwe; 3.3 per cent in Tanzania; 3.6 per cent in Malawi; 7 per cent in Botswana; 9.3 per cent in Ethiopia; 10 per cent in Rwanda; 12.9 per cent in Namibia; and 15.9 per cent in South Africa.⁴⁰ Additionally, while the paid care sector is small, it offers the potential for creating millions of formal jobs, thereby bolstering economic growth.⁴¹

Women also have a disproportionately high level of participation in paid domestic work, which is typically informal work. Seventy-five per cent of workers in Eastern Africa and 37 per cent in Southern Africa work in the informal sector; rates are higher for women than men.⁴² Most women work in the informal sector without access to social protection or care support. Informal employment is often linked to low wages (contributing to the Gender Pay Gap, long working hours, informal conditions that limits access to social protection and care services, unsafe working conditions and a high risk of sexual violence. Such precarious employment makes it even harder for women to balance paid work with their unpaid care duties.⁴³ Migration to participate in paid care and domestic work occurs within the East and Southern Africa region from lower to higher-income countries, as

well as outside of the region. Public services, including childcare and social protection measures are needed to more equitably distribute unpaid care work and to support women workers and care workers.⁴⁴

Challenges remain in adequately regulating and rewarding paid care. For example, research points to widespread discrimination against, and exploitative working conditions for domestic workers who provide care within households.⁴⁵ Migrant care and domestic workers are especially vulnerable to poor working conditions and exploitation.⁴⁶ Migrant care workers who are undocumented face additional challenges, as they cannot seek employment formally through recruitment agencies, and therefore⁴⁷ Additionally, societal perceptions often devalue "women's work".⁴⁸

Across the region, significant legislative and public policy advances have been made in care and domestic work. Some examples include time-use surveys that provide data to recognize unpaid care work and identify the work needed. For example, Ethiopia, Kenya, Madagascar, South Africa, Tanzania, and Uganda, have undertaken time-use surveys. Zimbabwe has started data collection on a time use survey module and Malawi plans to conduct a labour-force and time survey.⁴⁹ Countries such as Kenya are developing national care policies.⁵⁰

UN Women estimates that investments in universal childcare could generate significant employment opportunities and improve women's labour-force participation in the region.⁵¹

However, countries facing instability, such as Somalia, Sudan and South Sudan, face challenges with capturing basic demographic statistics.⁵² The full literature review and evaluation synthesis can be found [here](#) and provide further detail.

³⁶ Ibid

³⁷ [Unpacking the care society: Caring for people and the planet | UN Women Knowledge portal](#)

³⁸ Ibid

³⁹ Care Work And Women's Empowerment In The Low-Carbon Transition In West Africa

⁴⁰ [Care work and care jobs for the future of decent work](#)

⁴¹ [ITUC. Investing in the Care Economy. 2017.](#)

⁴² Bonnet, F., Vanek, J., & Chen, M. (2019). Women and men in the informal economy: A statistical brief. International Labour Office, Geneva, 20

⁴³ [Care work and care jobs for the future of decent work | International Labour Organization](#)

⁴⁴ Ibid

⁴⁵ Fapohunda, A. (2022). 'My mother was a kitchen girl': Legal and policy responses to the problem of care for women who provide care in South Africa. *Gender and Development*, 30(1-2), 321-339. <https://doi.org/10.1080/13552074.2022.2072014>

⁴⁶ United Nations Children's Fund, UN Women and Plan International, A New Era for Girls: Taking Stock of 25 Years of Progress, New York, 2020

⁴⁷ [Baison, P. \(2021\). 'Recruitment' and job-seeking mechanisms for Zimbabwean women care workers in the domestic services sector in South Africa. African Human Mobility Review, 7\(1\)](#)

⁴⁸ [Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa | Publications | UN Women – Africa](#)

⁴⁹ Ibid

⁵⁰ [Kenya Draft National Care Policy](#)

⁵¹ Ibid

⁵² [Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa | Publications | UN Women – Africa](#)

3. EVALUATION OBJECT

UN Women's strategies on the care economy

The care economy was a priority area in UN Women's Strategic Plan 2022–25⁵³ through implementation of the Entity's 5R+ Framework for Care.⁵⁴ This framework emphasizes **recognition** of the economic and social value of both paid and unpaid care work, ensuring it is visible in policymaking and national statistics. It focuses on **reducing** unpaid care work through public investments in care services and essential infrastructure such as water and energy. The framework promotes **redistributing** care responsibilities more equitably among men and women, as well as across communities, the state, the private sector and households. It also seeks to **reward** care workers with fair wages, decent working conditions and social protections, addressing the often precarious nature of care work. Finally, it highlights the importance of **representing** caregivers and care workers in policymaking, labour unions and advocacy initiatives to ensure their voices shape the policies that impact them. Additional Rs relate to the **resourcing** of **resilient** care systems.⁵⁵

The care economy also forms a key component of UN Women's Economic Empowerment Strategy (2024),⁵⁶ forming one of the three Gender Equality Accelerators under Women's Economic Empowerment. UN Women's work on care is intended to contribute to the following Sustainable Development Goal (SDG) targets: access to care through services (SDG 3, 4), access to care through quality physical infrastructure (SDG 6, 7), valuing and

investing in care (SDG 1) reducing time spent on unpaid domestic and care work (SDG 5.4), decent work (SDG 8.3, 8.5) and migration (SDG 10.7).

The Women's Economic Empowerment Strategy sets out to transform care systems by working with partners and governments to cost and finance care systems; develop comprehensive care policies and analyze their results; engage the private sector to assess gaps in the provision of care and promote investments in care policies and infrastructure; ensure decent work and representation by working with the private sector, trade unions and civil society; and shift norms and social perceptions of care work by working with women's organizations and men's group.⁵⁷

The Regional Office Strategic Note (2022–2025) commits to developing tools and guidance on investing in the care economy and social protection systems.

Theory of change

Figure 1 sets out UN Women's corporate "TransformCare" theory of change.⁵⁸ It was developed in 2024, and the activities have not yet been fleshed out. For the purposes of the evaluation, the evaluation team built on the activities identified in the portfolio analysis to introduce six key types of activities, mapped to target stakeholders in the change pathways.

⁵³ UN Women Strategic Plan 2022–2025 | Digital library: Publications | UN Women – Headquarters

⁵⁴ A Toolkit On Paid And Unpaid Care Work: From 3RS To 5RS

⁵⁵ Detail in Annex 4

⁵⁶ Women's economic empowerment strategy | Publications | UN Women – Headquarters

⁵⁷ UN Women. 2024. Women's Economic Empowerment Strategy. New York: UN Women. <https://www.unwomen.org/sites/default/files/2024-03/un-women-womens-economic-empowerment-strategy-en.pdf>

⁵⁸ "TransformCare" is the Gender Equality Accelerator on Care, but two slightly different theories of change have been presented. The theory of change combines both, integrating assumptions from the Gender Equality Accelerator Theory of Change on Care into the "TransformCare" theory of change.

FIGURE 1: Theory of change



Regional care economy portfolio

The full list of care economy programmes undertaken during the period under evaluation is set out in Annex 4. A total of 36 care economy programmes were identified in the region. Table 1 sets out some examples of programmes.

TABLE 1: Examples of care economy programmes in the East and Southern Africa region during the evaluation period

5R	PERIOD	OFFICE	BUDGET (US\$ MILLION)	THEMATIC AREA
Accelerating Progress Towards the Economic Empowerment of Rural Women				
Reduce	2018-23	Rwanda	0.8	WEE
Climate-Smart Agriculture				
Reduce	2020-2021	Malawi	0.2	WEE
Evidence-Based Policy for Advancing the Care Economy				
Recognize	2023-2025	Kenya	0.7	WEE
Climate-Smart Agriculture and Agri-Business Programme for Economic Empowerment of Rural Women and Youth				
Reduce	2018-23	Ethiopia	1.0	WEE
Joint Programme on Rural Women's Economic Empowerment				
Reduce	2021-22	Ethiopia	1.0	WEE
Making Every Woman and Girl Count				
Recognize	2018-22	Kenya	0.9	Gender Statistics
Strengthening Women's and Girls' Meaningful Participation, Leadership and Economic Rights				
Represent	2021-5	Tanzania	0.9	WPP
Generation Equality Forum Midpoint Moment Support [Tanzania]				
Reward, Reduce	2023-2024	Tanzania	0.4	WEE
Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work (3R Programme)				
Recognize, Reduce and Redistribute	2021-2026	Rwanda, South Africa, Senegal	3.2	WEE
Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Singida, Tanzania				
Recognize, Reduce and Redistribute	2021-2026	Tanzania	2.1	WEE

Interventions contributing to the care agenda without explicitly using terms related to the “care economy” or 3R or 5R frameworks were also included in the mapping exercise, covering: (a) agricultural programmes supporting energy and labour-saving technologies; (b) work on safe cities, such as providing lighting in markets and childcare centres; and (c) Women’s Empowerment Principles, working with companies to implement care-friendly policies.

The mapping exercise identified that with a few notable exceptions, most interventions focused on the 3Rs of unpaid care (recognize, reduce and redistribute), in line with global commitments on unpaid care work, such as SDG 5.4. This emphasis on unpaid care is partly because the two key aspects of paid care – rewarding and representing workers (the two additional Rs) – were only formally introduced in 2018, although some initiatives addressing paid care existed before then, and a 5R+ framework was only adopted in 2025, after the evaluation was completed

The Regional and Global Strategy for the care economy, which forms the scope for this evaluation, did not set out specific time frames, implementation plans or logical frameworks. Therefore, no specific changes to the time frame or implementation plans were identified.

Thematic areas

Of the mapped projects, 31 sit within the *Women’s Economic Empowerment* thematic area; three projects were within *Governance & Participation in Public Life*, around strengthening the gender responsiveness of parliamentarians; and two projects in the *Ending Violence Against Women and Girls* thematic area addressed social protection needs. There were no projects in the Women, Peace and Security, Humanitarian Action and Disaster Risk Reduction thematic area.⁵⁹

Financial and human resources

The total budget across the 36 mapped projects was US\$ 34.71 million.⁶⁰ However, this figure includes some non-care components, as in some projects it was not

possible to extricate the budget specifically relating to care.

The projects were mapped to the relevant outcomes, and many were linked to more than one. Those linked to Outcome 1 (Increased provision of quality and care-supporting services) had a budget of US\$ 11.3 million, followed by projects linked to Outcome 3 (Shift in social norms) at US\$ 23.2 million, and projects linked to Outcome 2 at US\$ 0.1 million.⁶¹

In terms of human resources, within the Regional Office, the Care Economy Programme Analyst and Regional Programme Analyst lead the regional work on care, under the oversight of the Regional Women’s Economic Empowerment Specialist. Thirteen Women’s Economic Empowerment specialists across Country Offices lead the implementation of country-level programming. In addition, in Rwanda, a 3R coordinator and associate leads the programming in-country.

Stakeholder mapping and analysis

While mapping care interventions, the evaluation team also mapped the category of partners (governments, UN entities, civil society and women’s organizations, academia and the media) and target groups (governments and intergovernmental institutions, businesses, caregivers and care recipients) (see Annex 2).

The mapping exercise identified that care projects primarily target caregivers and care recipients, focusing on women and girls and governments. Social norms projects also targeted men and boys.

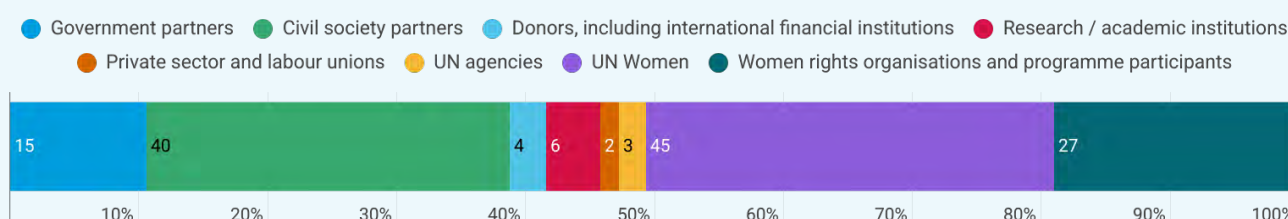
While the most common implementing partners were government bodies, including ministries, local authorities and National Statistics Offices, a number of projects also involved partnerships with civil society organizations and academic institutions.

Annex 5 sets out the full stakeholder mapping, including those selected for consultation.

Portfolio overview

Figure 3 provides an overview of the East and Southern Africa region’s care economy portfolio.

FIGURE 2: Stakeholders Interviewed by Category

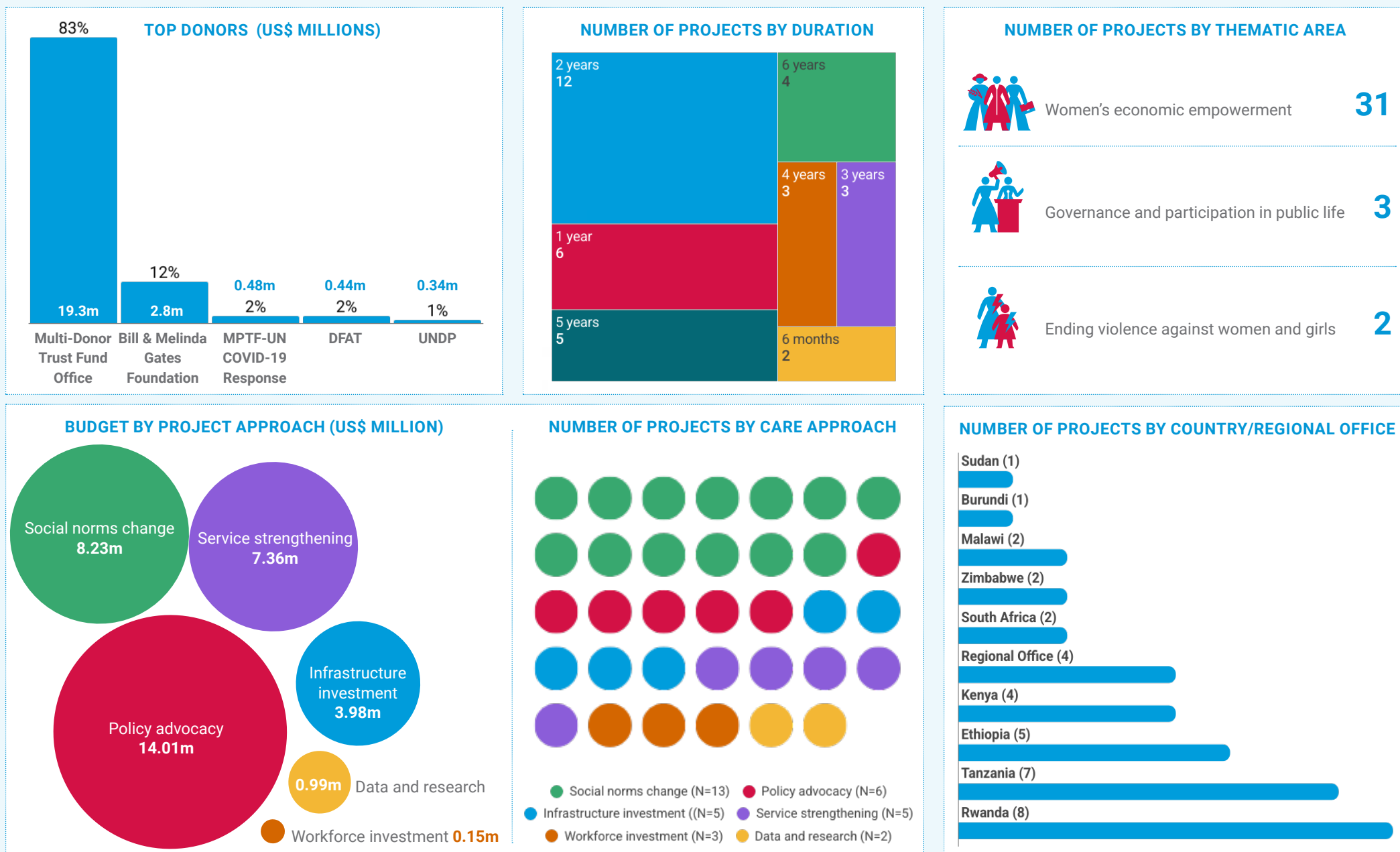


⁵⁹ The evaluation team carried out the mapping of projects, validated by UN Women programme teams. Refer to Section 4 – Methodology.

⁶⁰ This data was retrieved mainly from donor reports uploaded to the Donor Agreement Management System.

⁶¹ The budget may be higher as some projects are linked to more than one outcome

FIGURE 3: Developmental evaluation of UN Women's work in the care economy in East and Southern Africa 2018 -Q2 2024 – portfolio analysis



4. METHODOLOGY

Evaluation approach

The evaluation used a non-experimental, theory-based approach, using the theory of change to analyze the effectiveness, relevance and coherence of programming. The evaluation used mixed methods, drawing on both quantitative data (financial data and programme data) and qualitative data (from document review, interviews and focus groups). Gender equality and human rights formed a critical component of the evaluation as detailed below.⁶² As a developmental evaluation focusing on learning, the evaluation team worked closely with the East and Southern Africa Regional Office and Country Offices to exchange emerging evaluation findings and programming developments.

Stakeholder analysis and methodology: Stakeholder analysis was used to select a diverse group of stakeholders to engage in the evaluation, including women and men, and those who are marginalized and difficult to reach. Data was triangulated across different sources and stakeholders.

Evaluation criteria and questions: The evaluation was intended to generate learning to help inform future programming, rather than assess effectiveness or performance. Therefore, the evaluation questions are exploratory and learning focused. Findings are arranged against the Organisation for Economic Co-operation and Development's Development Assistance Committee criteria of effectiveness, relevance and coherence.

Reporting: Human rights, gender equality and leave no one behind analyses are integrated in all sections of the report (findings, lessons learned, recommendations).

Evaluation questions

The evaluation sought to answer the following overarching questions.

EFFECTIVENESS:

Approaches

- What are UN Women's current approaches to care economy work in the East and Southern Africa region?
- What synergies are there across these different approaches?

Outcomes

- What is working well and what could be improved?
- What outcomes have been observed?
- What are the main enablers and barriers to this area of work? (What are the key assumptions?)

Theory of change and measurement

- Is the "TransformCare" theory of change holding true for programmes in the region and what needs to be refined?
- What measurement approaches are most effective, i.e. how can results be tracked?

RELEVANCE AND COHERENCE

- What is UN Women's comparative advantage in its care economy work in the region?
- What are the entry points and way forward for future programming? How can work on care be better coordinated with other stakeholders, including UN agencies?
- What is the role of the Regional Office in supporting this work?

The full evaluation matrix is set out in Annex 7.

⁶² Building on the *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance*

Secondary data collection

Secondary data collection was undertaken during the inception phase. It consisted of a portfolio analysis, literature review, and an evaluation and knowledge products synthesis.

The **portfolio analysis** involved mapping existing activities and approaches to care economy interventions, including measurement approaches and reported outcomes, through review of project documents, monitoring reports, reviews and evaluations, and financial information.

The analysis reviewed all projects that started between 2018 and 2024. Projects were identified by searching key terms in PGAMS, RMS and DAMS⁶³ to identify projects contributing to the care economy. Annex 2 sets out the list of documents reviewed.

The **literature review and evaluation and knowledge products synthesis** were intended to provide a foundation of knowledge on the care economy; a means to identify gaps in UN Women's care economy programming; and opportunities to strengthen programming in the region. Key search terms, and inclusion and exclusion criteria, were used to identify relevant literature sources. UN Women's Global Accountability and Tracking of Evaluation Use system was used to identify relevant evaluations using key terms. To identify knowledge products, key terms were used to search the UN Women website.

Further information on the approach and search terms used can be found in the inception report.

Primary data collection

Primary data collection included:

A **survey** of all UN Women Country Office Women's Economic Empowerment focal points was undertaken between 21 May and 30 June 2024 to gather qualitative information on the main areas of care programming in each country. The survey was shared with the 13 focal points and achieved a response rate of 69 per cent.

Three country case studies were undertaken in Kenya, Tanzania and Ethiopia, involving interviews with project implementers, selected participants and rightsholders, and other county/district-level stakeholders, between October and December 2024. Site visits to various locations, including Addis Ababa in Ethiopia, and Dar es Salaam, Dodoma and Singida in Tanzania. The criteria for the selection of the country case studies are set out in Annex 3.

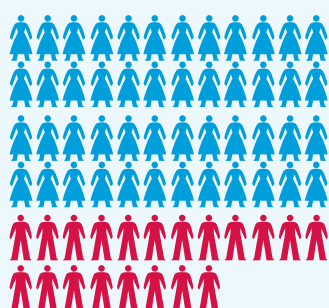
- **Virtual interviews** with regional and country-level stakeholders between October and December 2024, based on a purpose sampling approach to ensure a diverse range of perspectives. The stakeholder mapping is set out in Annex 5.

Two data collection data tools were developed – one for UN Women and partners, and one for external stakeholders. The tools cover questions based on the evaluation matrix and emerging findings from the portfolio analysis, literature review and evidence synthesis. The data collection tools are set out in Annex 8.

In total, the evaluation team targeted a sample of 106 stakeholders: 142 stakeholders were reached, including 27 as part of focus group discussions with rightsholders in Tanzania, see Figure 4 below.

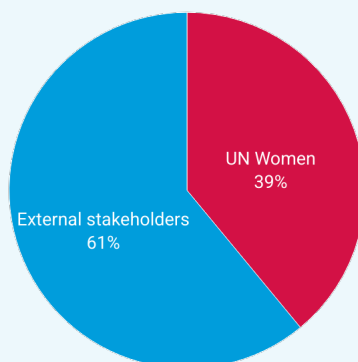
FIGURE 4: Stakeholders consulted as part of the evaluation

Stakeholders consulted by gender

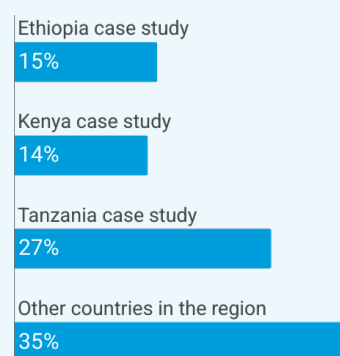


69% female - 31% male

Internal vs External stakeholders



Stakeholders consulted by location



⁶³ Programme Agreement Management System (PGAMS), Results Management System (RMS) that is used for monitoring Strategic Notes (SNs) and Donor Agreement Management System (DAMS).

All data was disaggregated by country, and gender where relevant. No specific questions on disability were asked of respondents in the focus group. The list of stakeholders consulted is set out in Annex 2.

Data was managed as per the data management plan, set out in Annex 9.

Analysis

The evaluation matrix formed the framework for analysis. Qualitative data were analyzed in a tabular analysis framework, which was developed based on the evaluation matrix. Quantitative data were analyzed in Excel to identify trends.

The evaluation team presented the preliminary findings to the Evaluation Management Group on 11 February 2025 to validate the findings and identify other perspectives and information to be incorporated in this report.

Findings were also analyzed according to country contexts, considering factors such as social, economic and political conditions; policy framework; level of paid care economy work; and disaggregated by conflict/post-conflict/stable contexts.

Ethics

The evaluation complied with the relevant UNEG and UN Women standards on ethics.⁶⁴

Integrity:

The evaluators ensured compliance with UN Women's Code of Conduct and delivered the evaluation with honesty, professionalism and impartiality. They operated independently from programme delivery and documented any areas of disagreement between the evaluation team and the Regional Office, along with any changes to the evaluation findings.

Accountability:

The evaluation followed a transparent process through the inception report and sampling approach. Analysis was conducted transparently using NVivo and Stata. All evaluation findings were clearly mapped to the evaluation objectives and questions, with explicit references to the underlying evidence.

Beneficence and do no harm:

The evaluation team sought informed consent, clearly explaining the purpose of the evaluation and how the information would be used. Explicit oral consent was obtained, and the evaluators highlighted the potential benefits and harms of participation. All responses were kept confidential, and participants were informed that they could stop the interview or focus group discussion

at any point. The evaluators carefully considered the setting, scope, structure and participant selection in interviews and focus group discussions to avoid any harm to participants, particularly those affected by violence. This process was guided by UN Women protocols. Vulnerable participants included survivors of violence, individuals living with HIV and others with intersectional vulnerabilities related to age, status and background.

Respect:

The evaluation meaningfully engaged stakeholders as active participants in the evaluation process by engaging them in the scoping of the evaluation. The evaluation team shared the evaluation brief with all stakeholders and respondents. To ensure fair representation of diverse voices, the sampling approach considered coverage of various categories of stakeholders, including those who were hard to reach.

Limitations and mitigations

Data collection sensitivity

The evaluation team shared data collection tools with the Regional Office and relevant Country Offices for review to address potential cultural and political sensitivities.

Identification of care economy programmes

This evaluation marks the first review of this thematic area at the regional level. It emphasizes that UN Women's work on the care economy had not always been explicitly labelled as such. Therefore, careful mapping of existing work in this area during the inception phase was critical. For example, agreed search terms and multiple rounds of validation were undertaken with UN Women personnel.

Bias and reliability of findings

To mitigate the risk of bias and ensure the reliability of findings, the evaluation team triangulated evidence and avoided relying on single points of evidence. Data validation occurred through presentations of emerging findings to the Evaluation Management Group and Evaluation Reference Group.

Stakeholder ownership of findings and use of evaluation

To enhance ownership of the findings and recommendations among the Regional and Country Offices, as well as the Evaluation Reference Group, the evaluation employed two separate workshops to validate findings and co-create recommendations.

⁶⁴ The evaluation adhered to UNEG and UN Women Ethical Guidelines and Code of Conduct, UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations and integrated gender-responsive and human rights approaches into the evaluation.

Dissemination and use

Table 2 below sets out the dissemination plan for the targeted primary and secondary users of this report.

Evaluation management and quality assurance

The Director, IEAIS and the Chief, IES reviewed and signed off on all evaluation products, ensuring compliance with relevant guidance. Supported by the evaluation analyst, the Team Lead held overall responsibility for the evaluation, including data collection, analysis and reporting.

The evaluation also underwent the Global Evaluation Report Assessment and Analysis System (GERAAS) process, which assessed the quality of the report and the level of confidence readers could place in the evaluation.

The external Evaluation Reference Group and the Evaluation Management Group (see Annex 10 for composition and terms of reference) were responsible for providing technical review and support, ensuring a high-quality and transparent process. The IES peer reviewer contributed an additional layer of review.

TABLE 2: Dissemination approach for the evaluation report

DISSEMINATION APPROACH	HOW THIS WILL BE TRACKED
UN Women East and Southern Africa Regional Office Evaluation team to host a validation meeting and share a two-page brief and host a meeting to discuss findings and next steps.	Uptake of findings and extent to which the validation meeting results in concrete, actionable next steps.
Country Office and headquarters colleagues Evaluation team to host a validation meeting and share a two-page brief and host a webinar.	Number of stakeholders the brief is shared with. Number of colleagues who attend the webinar.
National partners and others working in the sector Evaluation team to share a two-page external facing brief and infographic.	Number of stakeholders the brief is shared with.



Photo: © UN Women/Mwangi Kirubi
2022 Regional Sharefair on Care Economy

5. FINDINGS

EFFECTIVENESS

Evaluation question 1. What are the current approaches undertaken by UN Women in East and Southern Africa in its care economy work?

FINDING 1

In the East and Southern Africa region, UN Women has adopted a multifaceted approach to advancing the care economy, through service strengthening, policy advocacy, workforce investment, social norms change, infrastructure development and data-driven research. These initiatives aimed to reduce the drudgery of unpaid care work, recognize the important contributions of care work through data driven research, improve care-related employment conditions, redistribute care responsibilities through infrastructure development and workforce investment, and shift social norms to promote shared caregiving responsibilities.

The review covers the period from January 2018 to June 2024.

Outcomes

UN Women's care economy initiatives in the region contributed to the three target outcomes set out in the corporate "TransformCare" theory of change. Many projects contributed to more than one outcome.

1. **Outcome 1:** Increasing the provision of quality and low-carbon care-supporting services, infrastructure and energy and labour saving technologies. Fifty-eight per cent of projects aimed to contribute to this outcome, focusing on capacity-building, training, mentoring, advocacy, policy influence, technical assistance, research and direct service delivery.
2. **Outcome 2:** Increasing decent, paid jobs in the purple, green and digital economies, especially benefitting women informal workers, domestic workers and migrant women workers. Seventeen per cent of projects supported this outcome,

advancing policy advocacy, conducting research and providing technical assistance.

3. **Outcome 3:** Shifting social and economic norms to recognize care work as a valuable and shared responsibility among households, the state, businesses and non-profits. Fifty-six per cent of projects aimed to contribute to this outcome, with a strong emphasis on engaging communities, as part of civil society⁶⁵, particularly men and boys, youth and people with disabilities to challenge and transform gendered norms around care work.

Activity categories

Based on the portfolio review, six categories of activities were integrated into the theory of change. Details on the percentage of programmes falling into each category are set out below. Programmes were mapped to all relevant activities, with many incorporating more than one activity.

⁶⁵ As set out in the care diamond.

Strengthening services

UN Women has a strong share of initiatives aimed at strengthening services to reduce the drudgery of and redistribute the responsibilities of unpaid care work on women and girls, enabling them to participate more fully in the labour market and social life. These initiatives account for 21.1 per cent of UN Women's care programming in the region by budget value, and a budget of approximately US\$ 7.35m, and contribute to the *Theory of Change Outcome 1: Increased provision of care supporting services, basic infrastructure and energy and labour-saving technologies*.

UN Women also integrated social protection programmes with care services in the region, either by providing childcare at vocational training sites or through stipends that support women's labour-force participation. These initiatives aim to improve women's economic opportunities and contribute to household income.

Most of these efforts involved partnering with governments. In Ethiopia, according to stakeholders interviewed, collaborations with the Ministry of Women and Social Affairs, the Ministry of Finance and civil society organizations such as the Union of Ethiopian Women Charitable Association have led to strong advancements in childcare services. These efforts include training caregivers, running awareness campaigns and establishing day-care facilities in ministerial offices and community estates. In Rwanda, UN Women worked closely with government partners to strengthen care services through initiatives such as the "Piloting Early Childhood Development Centres in Nyaruguru" project, which expands community-based centres, trains caregivers and provides essential resources.

Workforce investment

Given the relatively recent expansion of the care framework to cover paid care, and UN Women's focus on unpaid care, workforce investment to address the inequalities faced by women in the care sector, particularly those in informal and low-income settings, represents 0.42 per cent of programming in the region by budget value and a budget of approximately US\$ 145,000. These activities contribute to the *Theory of Change Outcome 1: Increased provision of care supporting services, basic infrastructure and energy and labour-saving technologies*; and *Outcome 2: Increased decent paid jobs*.

Many women in the care sector work under precarious conditions, receiving low wages and lacking access to essential benefits such as maternity leave and health-care. Traditional benefit schemes often exclude informal workers, and UN Women's programming in the region has focused on extending benefits and developing comprehensive care systems to promote equitable access to opportunities and to address power imbalances.

This area of programming requires collaboration with governments, civil society organizations and the private sector, including trade unions, to develop policies and programming that seek to transform care systems.

UN Women worked with government stakeholders to target policy changes. In Zimbabwe, the "National Working Group on Unpaid Care and Domestic Work" brings together various stakeholders, including government, civil society (such as OXFAM) and multilateral entities (such as UN Women) to advance the care agenda, mobilize other social actors and drive meaningful change.

UN Women used capacity-building as a key approach in the region. The Regional Office hosted a Regional Knowledge Sharefair on the Care Agenda in November 2022, convening policymakers, researchers, civil society organizations, and development partners to discuss and advance the care economy agenda in the region. Additionally, UN Women has held several capacity building initiatives, at the regional and country level. UN Women Rwanda partnered with three national non-governmental organizations to assess the capacity of women's agricultural cooperatives in three districts in terms of care service provision, and selected four cooperatives to implement care solutions. An independent evaluator listened to the testimony of teachers and parents about how 3R initiatives had enabled thousands of women to engage in agricultural cooperatives.⁶⁶

UN Women engaged with the private sector through Women's Empowerment Principles programming in the region. In Kenya, partnerships with Women's Empowerment Principles signatories support policies that benefit parents and caregivers, promoting broader gender equality in the workforce. In Ethiopia, UN Women worked with private-sector actors, including banks and Women Empowerment Principles signatories to promote decent work for paid care workers, advancing gender equality in care-related employment⁶⁷

⁶⁶ Evaluation of the "Transformative Approaches to Recognize, Reduce, and Redistribute Unpaid Care Work in Women's

⁶⁷ Interviews with civil society

Policy advocacy

UN Women's policy advocacy in the East and Southern Africa region covers areas including redistributing care responsibilities across the state, the private sector, communities and households while promoting universal access to quality care services. This work represents 40.36 per cent of programming in the region by budget value and a budget of approximately US\$ 14m . This approach is categorized by strategic partnerships, technical assistance to governments and data-driven advocacy to influence policy development, budget allocation and programming, and to raise public awareness. Such initiatives contribute to Theory of Change Outcomes 1 and 2, as well as Outcome 3: Shift in social and economic norms on care.

Many of these programmes involved support to national governments to develop policies to advance the care agenda. In Ethiopia, UN Women advocated for tax reforms that reduced financial barriers to care work, including cutting the washing machine tax from 80 per cent to 0 per cent and eliminating taxes on female sanitary products. In Kenya, UN Women provided evidence-based capacity development and technical assistance for the country's first National Care Policy⁶⁸ and supported integration of gender data into Kenya's National Medium-Term Plan and the Nairobi County's Strategy On Transportation.⁶⁹ In Ethiopia, UN Women supported the inclusion of care priorities in the draft Gender Equality and Women's Empowerment Policy and⁷⁰ As part of the "Knowledge Sharing About Unpaid Care in Sub-Saharan Africa" project in collaboration with Farm Radio International, government representatives in Ethiopia, Malawi and Tanzania committed to reviewing and implementing policies related to unpaid care work⁷¹

UN Women worked with civil society in the region to establish national coordination mechanisms and advocacy platforms. In Ethiopia, the Entity partnered with Oxfam to disseminate key tools including the Care Policy Scorecard.⁷² As part of the UN Women and ILO Joint Programme, UN Women and ILO developed *A guide to public investments in the care economy: Policy support tool for estimating care deficits, investment costs, and economic returns*. This tool was contextualized and applied in the five countries of the global programme,

including Ethiopia, where it was used to make the case on the importance and opportunities of investing in care systems, including the estimated economic and social returns, and research in South Africa, Rwanda, Tanzania and Kenya was used to develop the tool. In Kenya, the Country Office collaborated with civil society organizations to establish a coordination mechanism, supporting a national working group in developing the draft care policy.

Data and research

Data and research form an important component of UN Women's strategy to support the generation of evidence that informs gender-responsive policies and advocacy. This work represents 2.8 per cent of programming in the region by budget value and a budget of approximately US\$ 996,313 (including Women Count funding that covers time use modules as part of other surveys). These data-driven and research initiatives contribute to Outcome 3: Shift in social and economic norms on care work. Time-use surveys play a crucial role in understanding unpaid care and domestic work across demographics, quantifying the time spent on childcare, housework and formal employment. Complementing time-use surveys, labour-force surveys provide data on employment trends, working conditions and informal labour, and care assessments and care mapping provide additional inputs to inform policy and programming. These have been undertaken across the region, including in Tanzania, Ethiopia and Kenya. Additionally, the Regional Office has commissioned a significant number of research at the regional and national level, to support policy discussions and advocacy.

UN Women's initiatives in the region focus on fostering partnerships with government and civil society, strengthening national statistical capacities, developing knowledge products and integrating care work into national development agendas. For example, UN Women supported the Uganda Bureau of Statistics in conducting a time-use survey in 2017.

UN Women facilitated important knowledge exchange initiatives in the region to share this data and research, most notably through the regional ShareFair on the care economy in 2022.

⁶⁸ Interviews with government

⁶⁹ Ibid

⁷⁰ Interviews with civil society

⁷¹ Final Narrative report (October 2023-July 2024) Knowledge Sharing About Unpaid Care in Sub-Saharan Africa .

⁷² [Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care - Oxfam Policy & Practice](#)

Infrastructure, equipment and technology investment

UN Women made some investments in care-supportive infrastructure to reduce the unequal distribution of unpaid care work and promote women's economic empowerment, represents 11.45 per cent of programming in the region by budget value and a budget of approximately US\$ 3.9 . These activities contribute to Theory of Change Outcome 1: Increased provision of care supporting services, basic infrastructure and energy and labour-saving equipment.

By developing care-supportive infrastructure and introducing energy and labour-saving technologies, these efforts aim to free up women's time on unpaid care activities.

Key strategies include introducing energy and labour-saving technologies, expanding transformative care services and supporting climate-resilient agricultural practices, working with caregivers, governments and the private sector. Many of these activities were part of climate-smart agriculture programming. For example, in Ethiopia, the "Gender Transformative Climate Smart Agriculture and Agribusiness programme" integrates energy and labour-saving technologies to align care work strategies with sustainable agriculture. UN Women's collaboration with the Ministry of Women and Social Affairs helped to embed infrastructure development into key sectors such as water, energy and agriculture. In Kenya, public-private partnerships have supported initiatives such as boreholes, to provide affordable water access to rural women. Climate-smart agriculture programmes have also introduced energy and labour-saving technologies such as water harvesting systems and energy-efficient cookers⁷³.



Photo: © UN Women Rwanda | ECD Launch in Kirehe district - 14th Dec 2022

⁷³ Interviews with rights holders

Social norms

A key approach has been to target social norms to promote equitable caregiving responsibilities and challenge discriminatory gender roles, represents 23.7 per cent of programming in the region by budget value and a budget of approximately US\$ 8.2 . These initiatives contribute to Theory of Change Outcome 3: Shift in social norms on care work.

Key activities include educational campaigns, community discussions and advocacy, often with specific components focused on mobilizing boys and men. This approach was often combined with others, particularly service strengthening and policy advocacy, focusing on the 5R+ framework. Lessons from programmes in Ethiopia and Kenya note that it takes time to change norms and translate awareness-raising into policy reforms, highlighting the need for sustained programming and combining activities with other approaches.

Approaches included engagement within communities, media and government to shift norms. UN Women engaged men in discussions on how households manage care responsibilities in Rwanda; partnering with universities to engage men and boys in Uganda; and using media platforms to raise awareness about unpaid care work in Kenya, Malawi and Ethiopia. In Ethiopia, UN Women partnered with the Ethiopia Broadcasting Authority to provide training on gender-sensitive reporting, seeking to challenge gender stereotypes, encourage male participation in care work and advocate for greater women's representation in media leadership roles. More recently, through the Making Migration Safe for Women project (2023–2025), UN Women Ethiopia organized media training on gender-responsive reporting on migration, particularly addressing issues affecting domestic care workers. In other programmes contributing to but not directly related to care, livelihood programming for women in Somalia challenged traditional gender roles in terms of employment and unpaid care work. In South Africa, the Country Office hosted the national Men's Parliament to discuss how men could support the redistribution of women's unpaid care work and support women's cooperatives.

Change pathways

The “*TransformCare*” theory of change states that outcomes are to be achieved through three change pathways, namely **governments and intergovernmental institutions, businesses, and caregivers and recipients**.

- **Caregivers and care recipients** were the focus of **50 per cent** of mapped interventions, with activities centred on capacity-building, training and mentoring, often linked to Outcome 1 on increased provision of care-supporting services.⁷⁴
- **Governments and intergovernmental institutions** were targeted in **47 per cent** of projects, with activities including advocacy, policy influence, capacity building and technical assistance to implement care policies and interventions.
- The **business sector** was engaged in **5 per cent** of projects, primarily through advocacy and policy influence to foster private-sector engagement in care-related initiatives.
- **Men and boys** were targeted in **5 per cent** of projects, with efforts to promote shared caregiving responsibilities through capacity-building, training, mentoring and shifting of social norms.
- **Persons with disabilities** were supported in **3 per cent** of projects, with advocacy and capacity-building for gender-sensitive disability inclusion and access to care services.

Finding 3 includes analysis of partnership approaches.

Approaches

The theory of change sets out four main approaches to care economy programming:



TRANSFORM: This approach aims to address the root causes of the undervaluing and unequal distribution of care work. Sixty-five per cent of mapped programmes used this approach, through capacity-building, mentoring, and advocacy and policy influence.



COLLABORATE: This approach involves working with UN agencies, women’s rights organizations, civil society groups and the private sector to advance the care economy. All programmes engaged a range of partners (see Finding 3 on partnerships).



LEVERAGE: This approach builds on existing initiatives within and outside UN Women. Across the region, offices leveraged UN Women initiatives such as Women Count, Equal Pay Coalition, Generation Equality, the Action Coalition on Economic Justice and Rights, Global Accelerator on Jobs and Social Protection, the Women’s Empowerment Principles and partner frameworks such as the Oxfam Care Policy Scorecard. Tracking contribution to care outcomes as part of these initiatives represents a key area for strengthening (see Finding 7).



SCALE: This approach focuses on testing and scaling interventions across different countries and settings. Across programmes that used this approach, key partners include governments (40 per cent) and UN entities (30 per cent).



Photo: © UN Women Malawi

⁷⁴ In Tanzania, under the 3R Programme, 110 trainees were supported to develop innovative technologies addressing care-related needs across multiple sectors. Additionally, through Phase II of the Joint Programme on Accelerating Progress Towards Rural Women’s Economic Empowerment (JP RWEE), 61 women and 41 men gender champions were trained to strengthen their capacities in using the Anti-GBV accountability tool *RESPECT* (a framework for preventing violence against women), as well as in early childhood development and the care economy.

Evaluation question 2. What synergies are there across these different approaches?

FINDING 2

UN Women's initiatives have connected local and national efforts, using research to shape policy, gain government support and shift social norms on unpaid care work. The region has also incorporated holistic approaches that simultaneously target all three outcomes on care services, decent work and social norms. The evaluation identified good links between local and national-level work. In Kenya, stakeholders reported that local community-level work informed national-level advocacy and the design of the national policy on care. In Tanzania, there were links between the "transform" and "leverage" theory of change approaches, whereby a UN Women project on advancing the rights of people with disabilities leveraged an existing national subsidy mechanism for people with disabilities.

Across the region, UN Women effectively used research to advocate and inform programming. Many Country Offices noted that existing UN Women research, including the time-use survey where available, and the mapping of existing care services and care actors was used to situate and inform the design of new programmes. In Kenya, the Country Office noted that the time-use survey and national care assessment provided the evidence to convince government to prioritize the care agenda, which informed norms change around unpaid care work and was used to inform policy change. Once passed, the national care policy is expected to provide the foundation for other work, influencing government budget allocation, programme delivery and infrastructure improvement to ultimately realize change.

In Ethiopia, the time-use survey was used to inform national guidelines for care work and the incorporation of care work into the national gender equality and women's empowerment policy. In Tanzania, external stakeholders reported that UN Women's knowledge products on care work were utilized in various advocacy efforts, supporting social norms transformation and influencing policy.

There have also been good examples of programming that incorporated multiple approaches to contribute to all target outcomes set out in the theory of change.

For example, in Ethiopia, programmes such as the Climate-Smart Agriculture Programme target Outcome 1 on care services through introducing energy and labour-saving technologies; Outcome 2 by supporting increased decent paid jobs for rural women and youth; and Outcome 3 through improving social norms around women's participation in the workforce.



Photo: © UN Women Ethiopia Country Office

Evaluation question 3. What is working well and what could be improved?

FINDING 3

Across the region, UN Women has effectively influenced policies, through capacity building, technical assistance, and partnerships with government to leverage data for action. Greater investment in the paid care workforce, sustainable infrastructure and knowledge management is needed. Expanding and strengthening collaborations and integrating social norms change with service improvements would enhance long-term impact.

Overall, donors and implementing partners commented positively on UN Women's capacity to bring people together, capture the attention of government and implement programmes in the region. The primary donor of the 3R project praised UN Women's capacity to mobilize and deliver on an ambitious set of projects under nearly impossible pandemic conditions and recognized the strengths of UN Women's relationships to facilitate this.

Specific findings on what is working well and what could be improved is organized against the six main activities and approaches used, as set out in the *"TransformCare"* theory of change, followed by sections on mainstreaming care and working with different stakeholders.

Strengthening services

Where efforts exist to improve services, these are largely appreciated by communities. However, an inherent challenge with these programmes, many of which focus on childcare services, is addressing the full scope of women's caregiving responsibilities, including unpaid agricultural work and care for vulnerable populations.

However, limited evidence exists regarding the effectiveness of UN Women's work to strengthen services over the long term, because data on the impact of the services delivered is not routinely and comprehensively collected.

The extent to which service strengthening is prioritized and scaled is limited by the current focus on the 3Rs, rather than the full 5R+ framework, which account for paid care work. There is a prevailing assumption, including within governments, that paid care work is less of a priority, which has led to its underemphasis in policy and programmatic frameworks. The expansion of the care framework from the 3Rs on unpaid care to the

5R+ framework including rewarding and representation of paid care workers was only undertaken in 2018. UN Women personnel and partner organizations in the region expressed a need to view unpaid and paid care as two interdependent issues: the question of unpaid care cannot be adequately addressed without investing in the paid care workforce (see below). Notably, the new UN Women Capacity Building Manual is focused on the full 5R+ framework, including the 6th cross-cutting R of resourcing, recognizing the importance of long-term financing and macro-economic policy reform to enable the development of comprehensive care systems. Expanded efforts to include paid care workers will build on UN Women's experience with equal pay for equal work and correcting the undervaluing of female-dominated sectors.

Limited investment in, and evidence on, service strengthening is a region-wide issue that extends beyond UN Women's efforts in the East and Southern Africa region. Evidence shows there is less focus on paid care work compared to unpaid care in the region.⁷⁵ The Mastercard Foundation commissioned a rapid-evidence review in 2024 that illustrated the limited evidence base for the effectiveness of service strengthening approaches. However, the review did identify a range of initiatives across the regions of Africa: in East and Southern Africa, there are some attempts to work with women to create day-care centres at low-income levels (Kidogo and Tiny Totos). In Tanzania, the Muungoni childcare centre is one of three established by UN Women through the UN Joint Programme on Accelerating Progress Towards Rural Women's Economic Empowerment. The initiative, implemented in collaboration with FAO, IFAD and WFP, aims to strengthen rural women's livelihoods, rights and resilience.⁷⁶

⁷⁵ [WEF_The_Future_of_the_Care_Economy_2024.pdf \(weforum.org\)](#)

⁷⁶ [Investments in early childhood development centres in Zanzibar are unlocking women's earning power | United Nations in Tanzania](#)

Workforce investment

While some important exceptions exist, to date, UN Women has not focused on investing in the paid care workforce in the region. An exception is in Ethiopia, where UN Women partnered with the Ministry of Women and Social Affairs, the Ministry of Finance, the Ministry of Industry and various civil society organizations to establish day-care facilities in all ministerial offices – an initiative that is currently being extended to the private sector through the Ministry of Industry. This work included training paid caregivers to work in the day-care facilities to increase quality care services. Care and disability projects in Kenya, Mozambique and Tanzania also focused on working with caregivers of persons with disabilities to advocate for their rights, including transforming caregiving into paid work.

Underinvestment in the paid care work component of the full 5R+ framework limits the transformative potential of care programming. In Tanzania, the full potential impact of UN Women's investments in building a child-care centre in Ikungi remain unrealized because the childcare workers lack decent working arrangements. In this case, the amount that parents paid to the childcare centre is insufficient to cover the childcare workers' salaries, and the local government has yet to fulfill its promise of support. In Zanzibar, a childcare centre established under the Joint Programme "Accelerating Progress Towards Rural Women's Economic Empowerment" has enabled women to focus on agricultural productivity.⁷⁷ While a UN Women Country Office funded programme currently pays the childcare workers' salaries through an implementing partner, the long-term sustainability of the centre currently depends on the community assuming financial responsibility for workforce compensation. In the future, adoption of the full 5R+ framework could prompt planning for an adequate supply of childcare workers, decent working conditions within childcare centres and local government investment to guarantee that early childcare forms part of local development plans.

Workforce investment also needs to consider decent working conditions. This includes access to potable water and electricity to enable food preparation and adequate hygiene. In Tanzania, for example, most homes for the elderly are quite old and require renovation. The current state of such working environments serves as a disincentive to people who might otherwise take up work, exacerbating what is a severe shortage of caregivers for the elderly. There is also a need to advocate for social protection, including parental and sick leave in places of formal employment. Accomplishing such

advances in formal workplaces will involve partnerships with Ministries for Labour and Infrastructure, trade unions, the private sector and ILO.

Addressing care related staffing shortages through efforts to increase the number of available care providers could increase participation in economic empowerment initiatives. In South Sudan, for example, some cash-for-work programmes have small creches for children of the women involved in the programmes. However, these creches often lack caregiver capacity to meet the potential demand for their services.

Domestic workers make up a substantial share of women's (informal) labour-force participation but, to date, little UN Women programming in the region has addressed the key role they play in the region's care economy. This includes filling in care gaps in households where women are participating in the labour market and formalizing domestic work. There is a demand for awareness-raising to see domestic work as both a care issue and a labour rights issue, and around implementation of laws where they exist. Some collaborations with ILO in Ethiopia and Tanzania provide a foundation upon which to expand this area of work. In South Africa, UN Women collaborated with the global network, Women in Informal Employment: Globalizing and Organizing, to undertake research on key policy changes to advance domestic workers' rights. However, lack of funding meant it was not possible to take forward the research for policy advocacy. Interest in partnering with UN Women Country Offices on domestic work exists among civil society organizations and labour union stakeholders in Burundi and Zimbabwe.

There are promising approaches that other stakeholders have taken to working with care workers and the private sector to support the care economy that UN Women could consider adopting. A five-year programme in Ethiopia developed a digital platform that connects service providers (such as cleaners) with clients and provides training to service providers. External reviews identified that the programme effectively supported informal workers with upskilling and increased their income-generating activities.⁷⁸ In Kenya and South Africa, Women in Informal Employment: Globalizing and Organizing worked with trader organizations to support municipalities to include childcare facilities for women vendors and traders. This has supported increased numbers of women traders in the target markets.

⁷⁷ Interviews with women participants and implementing partner.

⁷⁸ [Mesirat, Spearheading Ethiopia's gig economy.](#)

Policy advocacy

UN Women successfully influenced government policies in the region, such as the policy recognizing women's unpaid care work in divorce settlements in Rwanda and in Ethiopia's removal of washing machine taxes, recognizing women's household responsibilities, through a strong relationship with the Ministry of Finance.⁷⁹ Time-use surveys targeting policymakers have been highly effective in sparking high-level conversations on care. Stakeholders also pointed out that balancing policy advocacy work with community work can be an effective approach. In Kenya, UN Women's work with childcare facilities served as the evidence base for advocacy and resource mobilization for the national care policy.⁸⁰

Civil society organizations highlighted successes with policy advocacy approaches at the local level, which UN Women could consider adopting and scaling in the region. Oxfam's WE-care programme in Kenya mobilized women in informal settlements to advocate for care services, reportedly leading to increased government expenditure on accessible water points by 30 per cent and childcare centres by 11 per cent.⁸¹ Civil society organizations also shared successes in working with community elders and local leaders to engage county governments, resulting in counties allocating budgets for water supply in Kitui and establishing childcare centres with markets in Mombasa.

Continued and strengthened policy advocacy work is needed to encourage government ownership of the care agenda. Civil society and government stakeholders across the region pointed out that having a legal framework is an important foundation to engage governments on care issues. For example, in Rwanda, a strong sense of government ownership of the 3R programme, and some local-level funding, has not thus far materialized into the necessary government resources at the national level to scale initial achievements. This requires engaging women's movements, trade unions and carers to inform policy and using data to show impact of women's participation in the labour force; making a business case (showing cost and returns in terms of creating jobs and contributing to gross domestic product⁸²); and framing it in terms of other benefits, for example environmental when the project is infrastructure related.

Even when national care policies are passed, countries often face barriers to implementation due to challenges with funding, widespread government adoption, acceptance by communities and enforcement. There is opportunity for UN Women to support not only the passing of policy, but also policy implementation in the region. UN Women could support legal implementation frameworks, such as bills or action plans, to translate policy into practice.

Enforcement mechanisms and dedicated budgeting are critical to ensure that care policies move beyond adoption to real impact. Without clear enforcement and sufficient financing, including for monitoring and accountability, policies risk remaining on paper. Budgeting for enforcement should be prioritized before translating policies to communities to avoid raising expectations without the means to deliver. There are opportunities to build the capacities of governments on resourcing for care systems.

Government engagement should go beyond gender ministries to engage with Ministries of Finance to secure budget allocations; other ministries (such as education, infrastructure, labour and social protection) to ensure an integrated care approach; and that care policies are linked with existing frameworks (such as early childhood policies) to avoid duplication and support clear responsibilities for implementation.⁸³

Policies need to be socialized and the concept of care "demystified" with communities and the private sector. This could include translating policies into accessible formats (audio, video, Braille, local languages) and communicating policies to communities. Public participation in budgeting can also ensure care issues remain a priority at local levels.

Data and research

UN Women's research and data work is recognized as being catalytic in the region. UN Women is widely recognized as a trusted and credible partner in this area, and in linking research and data to action.⁸⁴

Across the region, UN Women has had great success in using time-use surveys for policy advocacy. Through the Women Count project, UN Women's support to time-use surveys in Kenya, Ethiopia, Tanzania and Uganda was highly appreciated.⁸⁵ These cases illustrate how time-use survey data can become the foundation for government policy, budget allocation and programming

⁷⁹ Interviews with government stakeholders and partners.

⁸⁰ Interviews with government and civil society.

⁸¹ [Making Care Count: An Overview of the Women's Economic Empowerment and Care Initiative](#)

⁸² There is opportunity to do more to leverage the UN Women ILO costing tool.

⁸³ Interviews with civil society and government stakeholders across the region.

⁸⁴ Interviews with government, civil society and research institutions.

⁸⁵ Interviews with government and civil society stakeholders.

(see Finding 4). Government stakeholders and civil society noted the importance of conducting periodic time-use surveys to identify improvements resulting from policy and programming. For example, time-use data has been used in Tanzania to assess gender-sensitive public spending on water and sanitation. However, such surveys can be very expensive, resulting in Ethiopia and Uganda not being able to invest in follow-up time-use surveys more than 10 years later. Stakeholders in Kenya also suggested it is important to complement existing time-use survey modalities with disaggregated data to capture differences and provide a picture of vulnerable women's experiences with the care system, and with qualitative data, drawing on more open-ended questions to explore issues of social and economic well-being.

UN Women effectively leveraged other innovative, lower-cost approaches where time-use surveys are not feasible or where interim statistics are needed to track the effects of care policies and programming. UN Women partnered with ILO in 2024 and 2025, developing a TUS module that can be attached to the labour force survey. The ILO module has been rolled out with financial and technical support from UN Women in Malawi and Zimbabwe. Government stakeholders and civil society in Ethiopia recommended incorporating care-related indicators into the Health and Demography Survey and sectoral administrative data (such as those held by the Ministries of Health, Education and Agriculture) to establish national-level data and indicators for measuring care work programmes. Aligning with government data presents another opportunity. The gender-labelling criteria produced by Ethiopia's Ministry of Women and Social Affairs, which includes indicators on care work, holds potential as a key measurement approach. In Rwanda, UN Women commissioned a baseline survey covering eight districts that informed design of the care programme and the Tanzania and Mozambique Country Offices are working on focused care needs assessments for people living with disabilities.

There are examples from other UN Women offices and UN Women partners that could be expanded to other countries interested in care programming. In Chile, the UN Women office conducted a rapid gender analysis of how much care work women were undertaking in comparison to men in 2020. When a lot of men said they do zero hours of care work, UN Women used this data point for advocacy through a policy brief, which was shared widely as a "starting point" for conversation. In 2020, ILO launched a pilot multi-country labour-force

survey that collected data on unpaid care work through existing labour-force surveys, to support analysis on paid and unpaid work time, labour-force participation and opportunities for decent work.⁸⁶

UN Women effectively leveraged data and research on care to influence government action in the region. A compendium of case studies prepared by UN Women in Ethiopia noted that many effective interventions prioritized working with governments to gather data on unpaid care work as a first key step to care programming.⁸⁷ In Ethiopia, government stakeholders reported that UN Women's data and research work influenced them to recognize care in sectoral budgeting and to expand the school feeding programme to redistribute women's domestic unpaid care responsibilities. UN Women supported the Kenya National Bureau of Statistics to make data and analysis on care available, and supported gender mainstreaming in Kenya's medium-term plan and County Integrated Development Plans. This led to the government allocating resources for gender data and the development of the national care policy.

Knowledge products were highlighted by civil society, government, academic and donor interviewees as instrumental in advancing the measurement and understanding of care work in their countries. For example, donors reported using UN Women's knowledge products to help define their own frameworks for addressing care.⁸⁸

Of particular use were UN Women's global frameworks, guides and training materials; specific national analysis; and timely analysis during the COVID-19 pandemic. Stakeholders highlighted the following products as particularly useful:

- A toolkit on paid and unpaid care work: From 3Rs to 5Rs.
- A guide to public investments in the care economy: Policy support tool for estimating care deficits, investment costs, and economic returns
- Knowledge products during COVID-19 on the gendered effects of the pandemic.
- Country-specific analysis, such as Gendered Employment Analysis and Policy Recommendations in Ethiopia.
- Training materials, including online courses on the care economy, and gender and economics training manuals.

⁸⁶ ILO. (2021). *LFS modular time use measurement project. Closing the gender data gap on unpaid domestic and care work*. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@stat/documents/publication/wcms_821251.pdf

⁸⁷ [Good Practices, Lessons, Opportunities and Challenges in the Care Economy in Ethiopia | Publications | UN Women – Africa](#)

⁸⁸ For example, Global Affairs Canada referred to *World survey on the role of women in development: Report of the Secretary-General* (2019): *Why addressing women's income and time poverty matters for sustainable development* (UN Women report, 2020) in their framework: Canada's feminist approach to addressing unpaid and paid care work through international assistance accessed in https://www.international.gc.ca/world-monde/issues_developpement-enjeux_developpement/priorities-priorites/fiap_care_work-paif_prestation_soins.aspx?lang=eng 3 January 2025.

Beyond UN Women-developed tools, a number of UN Women and external stakeholders highlighted the utility of Oxfam's Care Policy Scorecard for tracking national care policies. For example, UN Women's West and Central Africa Office has adapted this scorecard for use in the region.

However, knowledge management requires improvement so that UN Women personnel within the region, and stakeholders external to UN Women, can easily access and make use of existing knowledge products. Across its global offices, UN Women possesses a wealth of resources relevant to the care economy, including those categorized under interlinked topics such as climate change. However, it is not always easy for Country Offices to identify the relevant information they need to inform their programming and advocacy efforts, and the majority of the knowledge products are in English. Offices were rarely aware of what other Country Offices were doing or producing. Civil society organizations also wanted access to UN Women's knowledge products. The 3R to 5R Toolkit document brought together a list of useful resources but this is a static product – it is not updated with new resources as these become available (see Finding 11 for discussion on the role of the Regional Office to support knowledge management).

Infrastructure, equipment and technology investment

UN Women's infrastructure investments have had a tangible and appreciated impact in communities. This includes building and refurbishing and renovating infrastructure, such as childcare centres, as well as investments in energy and labour-saving technologies such as rain-harvesting equipment, food warmers, and safe and efficient cookstoves, among others. UN Women's equipment development work in Rwanda was considered by the donor and an independent evaluator with experience throughout the region to be effective. While few of these investments have been accompanied by pre and post-hoc studies of time use, participants' testimonies and observations captured through different evaluations attest to their use and positive impact.

However, such infrastructure projects require planning for sustainability to ensure that communities are empowered to fix energy and labour-saving technologies when they fall into disrepair. Examples of broken and useless technologies existed in several countries. This included water pumps, food warmers and coolers,

and cookstoves. In Rwanda, women received food warmers and coolers, cookstoves and scooters through the "Transformative approaches to recognize, reduce, and redistribute unpaid care work in women's economic empowerment programming (3R programme)." While these technologies were immediately useful, they were ultimately limited in their transformative potential because no one (including donors, implementing partners, UN Women or government) stepped in to facilitate repairs. Underscoring the need to plan for the sourcing and cost of repair parts, these experiences also highlight opportunities for job creation if investments were to be made in training local communities and women participants in repair services. Working with the private sector and governmental partners can support sustainability and adoption after the end of the project.⁸⁹

A related issue was lack of resources to operate energy and labour-saving technologies over the long term. In Tanzania, for example, participants of the Joint Programme "Accelerating Progress Towards Rural Women's Economic Empowerment" received gas cookstoves; however, they reported that they only received two months' worth of gas and were unable to afford the fuel to operate them. This scenario highlights the need to plan how technology can be financed longer term, including through, for example, investing in sustainable energy solutions such as biogas.

Social norms

Several social norms influence the care agenda in the region. Interviewees highlighted norms related to the division of household care responsibilities and trust in external care institutions, which affected women's care responsibilities, the use of existing services, and ultimately their engagement in paid labour.

UN Women's work on shifting social norms related to care mainly focused on changing community attitudes around the division of household care responsibilities. There is evidence that this work has changed attitudes of the general population towards care, although there is more limited evidence on the material impacts on the lives of women and girls (see Finding 4). In terms of community-level work, there are promising approaches used by others that UN Women could learn from, including bringing men and women together to discuss norms, using approaches such as the SMART Couples,⁹⁰ Gender Champions,⁹¹ or SILC + GTA⁹² which support more equitable household decision-making.

⁸⁹ FAO. 2019. Fostering the uptake of labour-saving technologies How to develop effective strategies to benefit rural women. Rome. <http://www.fao.org/3/CA2731EN/ca2731en.pdf>

⁹⁰ [Marital Relationship Empowerment Relationship That Works](#)

⁹¹ <https://www.genderchampions.com/>

⁹² [SILC-GTA-Facilitation-Manual-1.pdf](#)

While social norms is a separate outcome in the theory of change (see Finding 6), it forms an important contributor to all target outcomes. It is important to consider how social norms affect target care outcomes, across all programming. For example, in terms of division of household care responsibilities, an 2018 Oxfam study showed that even when women reduced time spent on domestic activities due to improved care infrastructure, without other interventions to shift norms on allocation of care responsibilities, women often redistributed this to other unpaid caregiving work.⁹³ An academic review of 26 programmes highlighted the need to integrate norms change efforts within existing policies, such as social protection and family support.⁹⁴ In Tanzania, UN Women supported a building of social norms and infrastructure intervention, whereby the Country Office supported a local government event to engage community representatives in discussions on care work, blending awareness-raising with practical solutions through exhibitions of energy and labour-saving technologies and affordable cookstoves.

In terms of trust in external providers, interviewees across several countries noted that uptake of childcare centres has been low due to social norms around the acceptability of using non-family caregivers and the role of culture and religion in determining acceptable childcare providers. There has been some promising work across the region, including through the Rwanda Office's work in engaging men through the 3R programme.

Currently, only a subset of care economy programming in the region incorporates social norms components. UN Women has focused on expanding women's economic opportunities and advocating for care policy reforms, but these efforts have not always been paired with building narratives around egalitarian care norms or strengthening feminist movements to advocate on these issues.

Conversely, social norms programming has mainly been at the community level and often operated separately from efforts to improve care infrastructure, service quality and the availability of paid caregivers. UN Women's draft social norms framework highlights the importance of targeting not only families and communities but also the institutions which tend to broker such norms, such as the state, religion and market. There have been more limited efforts with women-led organizations and worker unions in the region to advocate for stronger care services and changing norms within

government and employers to invest in care infrastructure. Shifting norms requires complementary changes in infrastructure, policy and services – such as energy and labour-saving technologies and culturally appropriate care facilities.

Finally, a context-specific approach to social norms around care is essential to reflect diverse cultural and geographical contexts. Interviewees stressed that norms vary even within countries, requiring a balance between cultural practices, women's goals and care redistribution. Conceptual clarity is also key. In the local language in Malawi, the same term is used for domestic work and unpaid care, challenging discussions. An external synthesis of 35 men's engagement interventions in the region found that well-contextualized strategies were more effective than standardized, intensive approaches.⁹⁵ UN Women offices in other regions have tackled this need for contextualization by developing regional strategies that allow Country Offices to adapt approaches to their specific contexts.

Mainstreaming care across current programming

In the region (as elsewhere), economic empowerment programming that shifts women into paid work without also addressing their unpaid care responsibilities can result in women shouldering dual roles and increased workload, creating tensions within households, and affecting women's ability to sustain their engagement in paid work. In Ethiopia, civil society highlighted how women in economic projects, such as agro-ecology programmes, struggle to balance work with caregiving due to entrenched social norms. When training conflicts with household duties, women can experience heightened pressure or exposure to gender-based violence. Interviewees highlighted the importance of mainstreaming care considerations across all Women's Economic Empowerment programming.

To mitigate these tensions, programming that makes new demands on women's time should consider and where possible make linkages to existing care support services. This may involve investment in service strengthening; workforce development and social norms programming; and engagement of communities in designing context-specific solutions.

Examples of UN Women programming in the region that address this challenge exist and can be built upon. Programmes such as the Women's Economic

⁹³ [Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe - 2017 Household Care Survey report - Oxfam Policy & Practice](#)

⁹⁴ Alemann, C., Mehaffey, R., & Doyle, K. (2023). Core Elements Of Gender-Transformative Fatherhood Programs To Promote Care Equality And Prevent Violence: Results From a Comparative Study of Program P Adaptations in Diverse Settings Around the World. Washington, DC: Equimundo

⁹⁵ Pierotti, R., Delavallade, C., Brar, R. 2023. Engaging Men for Women's Economic Empowerment: Overview of the Evidence.

Empowerment Forum, the Joint Programme on Rural Women's Economic Empowerment programme and Climate-Smart Agriculture and Agri-Business promoted decent employment, while at the same time investing in the care economy. These efforts incorporate social norm transformation, community awareness and male engagement, recognizing that without redistributing care work, women's participation adds to their workload.

Working with different stakeholders – government, private sector, civil society, UN agencies and caregivers associations

UN Women is widely recognized in the region for its strong relationships with governments and leadership in advancing the care economy agenda. The most effective programmes were those that secured national ownership through strong government participation. A lesson from programming in Kenya was that formalizing partnerships with government through memorandums of understanding with local and national government entities and supporting government coordination units enhanced resource commitment for care interventions, resulting in sustained fund allocation, personnel recruitment and the establishment of childcare facilities. The 3R evaluation highlighted that working with national gender commissions on the care agenda was a good entry point for national ownership of care programming. A number of government and civil society stakeholders highlighted gender commissions as a good entry point.

Going beyond achieving national ownership, cross-sectoral mechanisms that maintain continuity through changes in government and government priorities, and bring together relevant stakeholders, are vital to continue momentum. For example, adoption of the care policy in Kenya has been stalled due to changes in government. Experiences of trial and error in other UN Women offices provide potential pathways through such challenges. From outside the region, the Nepal Country Office managed a forthcoming change in government by creating sub-committees out of the national steering committee. Following this, the government decided to create a permanent committee on gender equality which will help sustain efforts through government changes. Stakeholders emphasized the need to deepen relationships with Ministries of Finance to overcome fiscal barriers to advancing the care agenda. UN Women's efforts have paid off in the past, as evidenced by achievements in Ethiopia to reduce taxes on washing machines through collaboration with the Ministries of Finance and Gender.

Identifying the right role for private-sector actors and selecting suitable partners is crucial. The private sector plays a significant role in paid care services and employment in the region. However, partnerships with

large corporations have faced scepticism, including concerns from donors regarding safeguarding, quality control, accountability and minimum standards. Despite these risks, there are promising opportunities to engage with small and medium enterprises and social-impact businesses that align with UN Women's goals. In Somalia, financial institutions highlighted existing programmes that support women entrepreneurs, which UN Women could build upon by helping women establish care centres through an incubator approach. This would not only support job creation and economic development but also enhance women's participation in the labour market. Similarly, in Phase II of the 3Rs project in Rwanda, UN Women is exploring ways to engage women as business owners within the private sector. Donors have also shown interest in working with social enterprises in Kenya as potential employers of women carers. The Kenya Country Office successfully engaged companies to implement care-friendly policies.

Beyond direct care services, the private sector is a key enabler of infrastructure and energy and labour-saving technologies. In Rwanda, UN Women partnered with companies to provide subsidized rainwater harvesting equipment and cookstoves, demonstrating the potential for impactful collaborations.

Additionally, private sector actors can also play an important role in implementing social protection policies such as maternity leave. Some of the work with Women Empowerment Principles signatories have contributed to changes in these areas (See Finding 1, workforce investment).

Overall, across the sector there have been limited collaborations with the private sector. IDRC is currently undertaking a research project on private sector engagement as part of the Scaling up Care initiative, which represents an opportunity for collaboration.

Partnering with the media can significantly enhance awareness of care issues and support the transformation of social norms. The media has been an important ally in raising awareness about care, particularly through UN Women's partnership with Farm Radio International on the "Knowledge Sharing about Unpaid Care in Sub-Saharan Africa" programme in Malawi, Ethiopia and Uganda. Project reports estimate that the programme reached 29 million listeners on unpaid care work, through radio episodes that incorporated first-hand experiences of unpaid care workers.

There are tangible benefits in partnering with established civil society organizations working on care and in increasing engagement with key stakeholders at the regional level. For example, the World Bank is coordinating a care working group that aims to gather different actors and models. Oxfam and CARE International are

key stakeholders working in this sector but UN Women has yet to establish partnerships with these stakeholders in the region. Organizations such as Oxfam and CARE have different ways of working from UN Women and can sometimes work more nimbly; although they do not have the same access to governments.

UN Women and civil society noted some challenges in working together, particularly when the parties involved have different operating mechanisms – for example, UN Women has many more levels of bureaucracy and procedure to navigate than civil society organizations, which can therefore be more agile in certain circumstances.

However, such partnerships can be fruitful and successfully leverage of each other's strengths. In Rwanda, partnership with Action Aid amplified the work done across both organizations. Partnering with women's rights organizations has also played a unique role in driving grassroots advocacy and ensuring care policies reflect the needs and realities of communities and support the building of public demand and social acceptance for care policies. Partnering with regional civil society organizations may also open opportunities for access to new streams of donor funding.

There is opportunity to enhance UN Women's collaborations with other UN agencies in the region, by building on the Entity's contributions relative to other organizations working on care such as UNDP, UNICEF and ILO to mitigate competition and identify opportunities for collaboration (see Finding 8). UN Women's

collaboration with ILO on the costing tool demonstrates a strong example of effective partnership based on respective strengths. A lesson from this experience is that working with other UN agencies can support scaling, with defined roles enabling collaboration over competition. There is also opportunity for UN Women to support United Nations Country Teams to prioritize the care agenda through awareness-raising and supporting links to other agencies' mandates.

Partnerships with caregiver and care receivers' organizations, including domestic worker organizations, are an area for future growth. Overall, the focus on the 3R framework has meant that efforts to strengthen the caregiving and domestic workforce are the exception rather than the rule.

There is also an opportunity to work more closely with trade unions. At the national level, for example, the Confédération des Syndicats du Burundi and Association des Employeurs du Burundi in Burundi expressed interest in a partnership with UN Women. Many other such opportunities exist: the International Domestic Workers Federation has a regional presence through members.⁹⁶ Consideration of how UN Women works with ILO will be required if there is overlap in activities in a given country. In the first instance, UN Women should involve these organizations in social dialogue around a care agenda to define mutually beneficial areas for collaboration at both regional and country levels. The Communities of Practice model, discussed below, presents an opportunity to invite such discussion.



Photo: © UN Women Rwanda | Transforming the Care Economy for Gender Equality Workshop

⁹⁶ in Ethiopia (Mulu Tesfa Domestic Workers Association), in Kenya (Kenya Union of Domestic, Hotels, Educational Institutions and Hospital Workers), Lesotho (Kopanang Domestic Workers Association of Lesotho), Malawi (Commercial Industrial & Allied Workers Union), Rwanda (Syndicat des Travailleurs Domestiques et Indépendants de l'Economie Informelle), South Africa (South African Domestic Service and Allied Workers Union), Tanzania (Conservation, Hotels, Domestic, Social Services and Consultancy Workers Union) and Zimbabwe (Zimbabwe Domestic and Allied Workers Union).

Evaluation question 4. What outcomes have been observed?

FINDING 4

Observed outcomes include increased access to care-supporting infrastructure. Policy advocacy, and research and data, have led to notable progress in the development of national care policies, gender-responsive budgeting and implementation of care services at the local level. While some shifts in social norms around care work are evident, tracking remains limited.

This finding summarizes the key evidence against the outcomes and change pathways set out in the theory of change.

Outcome 1: Increased provision of quality care-supporting services, basic infrastructure and energy and labour- saving technologies

The evaluation identified several examples of programming that provide basic infrastructure and energy and labour-saving technologies, including water harvesting, food warmers and clean cookstoves. UN Women has also been involved in projects to build and refurbish childcare facilities. Interviewed participants noted the utility of such infrastructure and technology to reduce the drudgery of care labour.⁹⁷ In Rwanda, the 3R evaluation noted that high-quality early childhood development centres built as part of the programme were supported by local communities and government agencies, which contributed to their sustainability.⁹⁸ The UN Women Ethiopia Country Office and ILO supported Ethiopia's Ministry of Women and Social Affairs to improve national standards on childcare centres in terms of hygiene, environmental health requirements and the ratio of caregiver to child, which is expected to strengthen the quality of childcare provision.⁹⁹

However, the results of such provision on the time spent by women and girls on care or employment outcomes is rarely tracked (see Finding 7). There are some exceptions: the 3R evaluation highlighted that the childcare services and access to energy and labour-saving infrastructure provided in Rwanda freed up women's time on domestic care and enabled them to engage in economic activities.¹⁰⁰ The final donor report for the 3R programme in Rwanda reported that

the programme had increased women's labour-force participation by 6.7 per cent and decreased women's time spent on unpaid care by 6.1 per cent, and a rapid impact assessment is being undertaken as of May 2025 to verify these figures. However, in most cases, such indicators are not tracked. Interviews also highlighted some issues around lack of resources to repair technologies and childcare facilities not functioning due to poor supply of paid caregivers, poor working conditions and limited demand for services.

Outcome 2: Increased decent paid jobs

To date, limited focus has been placed on generating paid care jobs in the region due to the emphasis on unpaid care work. UN Women's support to governments in the region to assess the costs and returns of implementing care policies and to develop care policies are expected to have supported paid care work, though resulting outcomes have not been tracked.

One exception is where the Ethiopia Country Office supported the Enat Bank to sign up to the Women's Empowerment Principles, through engagement and capacity building, which led to the bank implementing a programme to train and connect domestic workers with clients, which reportedly led to an increase in income for these workers.¹⁰¹

Outcome 3: Shift in social and economic norms on care work

There is some evidence from regional programming of changing household attitudes towards care work. In Rwanda, partnerships with the Rwanda Men's Resource Centre and ActionAid involved community

⁹⁷ Programmes included the Kenya Economic Empowerment of Women through Climate-Smart Agriculture in Arid and Semi-Arid Central Areas in Kenya, UN Joint Programme on Rural Women's Economic Empowerment in Rwanda and the Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Singida, Tanzania.

⁹⁸ [Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Women's Economic Empowerment Programming \(3R Programme\)](#) evaluation.

⁹⁹ Programme donor narrative report.

¹⁰⁰ [Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Women's Economic Empowerment Programming \(3R Programme\)](#) evaluation.

¹⁰¹ [UN Women. Good practices, lessons, opportunities, and challenges in the care economy in Ethiopia. 2023.](#)

dialogues and capacity development initiatives to raise awareness about women's unpaid care and domestic responsibilities and change perceptions about men and boys' involvement. As part of the final 3R evaluation,¹⁰² the independent evaluator observed people stop in a market for several hours to discuss how men could increase their unpaid care responsibilities. Examples were given of men engaging to clean up the market and undertake chores at home. In Uganda, a partnership with researchers from Makerere University documented examples of men changing how they undertook care work in the household.¹⁰³ In Rwanda and South Sudan, some men and boys who participated in peer-group activities reported that they now actively participate in care and domestic tasks in the home.¹⁰⁴ However, concrete tracking of behavioural shifts on how men and women spend their time remains weak (see Finding 7).

Country Offices also supported the shifting of institutional norms. The Ethiopia Country Office delivered a joint programme with ILO¹⁰⁵ that advocated for investing in the care economy and recognizing the value of unpaid care work. Policymakers reported that through the technical working group and quarterly expert meetings established by the joint programme, the programme effectively shifted norms around the importance of inclusive policies to address unpaid care and to support women to participate in the labour force.^{106 107} In Tanzania, the government of the Singida district held an event in 2023 to promote the recognition of care work, securing community representatives from all 28 wards.¹⁰⁸ Progress has been made in shifting national policy perspectives, particularly in Kenya, Ethiopia, Tanzania and Rwanda, as evidenced by the drafting and adoption of national policies on care, demonstrating the effectiveness of advocacy based on sustained partnerships and framing of benefits for partners.¹⁰⁹

Key change pathways

Government and intergovernmental institutions adopt and implement policy frameworks that address the 5R+ framework

As a result of UN Women support, various government institutions have adopted and implemented policy frameworks on the care economy. The Kenya Country Office supported the government to draft a National Care Policy, accompanying action plan and draft funding allocation.¹¹⁰ The Ethiopia Country Office supported the government through multistakeholder dialogues and policy assessments to incorporate provisions on unpaid care and domestic work in the updated gender policy, which now emphasizes public investment in the care economy and mainstreams the 5R+ strategies across sectors. Care was also incorporated into Ethiopia's 10-year development plan.¹¹¹

Governments and intergovernmental institutions collect care-related data to inform policymaking and budgeting

Care-related data is a powerful catalyst for policy action on care, but most countries lack comprehensive national data. UN Women played a key role in supporting national time-use surveys across the region.¹¹² UN Women has also supported governments with other assessments, for example gender-responsive budgeting assessments (Ethiopia); analyses to estimate the costs and returns of investment in care and on existing care deficits (Ethiopia, Rwanda and Tanzania); and baseline surveys to improve programming in Rwanda and South Africa.

This data has been used to inform policymaking: for example, in Ethiopia, the Country Office supported the Ministry of Women and Social Affairs to estimate care deficits, investment costs and returns on investing in early childhood care and education.¹¹³ This facilitated policy dialogue on costing, financing and implementation of care service investments.¹¹⁴

¹⁰² Evaluation of the UN Women 3R programme. 2023.

¹⁰³ Key informant interviews with academia.

¹⁰⁴ Interviews with implementing partners.

¹⁰⁵ Entitled UN Women-ILO Joint Programme on Promoting decent employment for women through inclusive growth policies and investments in the care economy.

¹⁰⁶ Programme donor report.

¹⁰⁷ [Good Practices, Lessons, Opportunities, And Challenges In The Care Economy In Ethiopia](#)

¹⁰⁸ Interviews with government stakeholders.

¹⁰⁹ Interviews with government and civil society stakeholders.

¹¹⁰ Interviews with government and civil society stakeholders.

¹¹¹ Programme donor report.

¹¹² In Ethiopia, Kenya, Mauritius, Madagascar, South Africa, Tanzania, Uganda and Zimbabwe.

¹¹³ Programme donor reports.

¹¹⁴ Ibid

Collaborations with regional bodies, such as the Southern Africa Development Community, have led to assessments of gender data gaps in financial inclusion and asset ownership. These efforts have informed policies aimed at promoting women's economic empowerment.¹¹⁵

Governments and intergovernmental institutions increase investments in care infrastructure and social protection schemes

UN Women's advocacy efforts have played a key role in using such data to influence governments to increase investments in care infrastructure. In Tanzania, through strong relationships with local government authorities, the Country Office influenced district budgetary allocations towards unpaid care in strategic plans.¹¹⁶

The Ethiopia Country Office's support to an assessment on the gender responsiveness of fiscal policy led to the Ministry of Finance introducing a Gender Budget Statement, guiding all ministries to allocate resources for care infrastructure and social protection, including introducing energy and labour-saving technologies for women in agriculture. Following this guidance, the Ministry of Agriculture allocated budget for initiatives that address care work, such as energy and labour-saving technologies for women in agriculture.¹¹⁷ No particular examples were identified with intergovernmental institutions.

Businesses adopt standards, certifications, training and regulations to ensure quality care service delivery

There has been limited programming in this area. Donors expressed concern about private-sector compliance with standards and the reliability of oversight mechanisms. Small-scale community-based childcare enterprises may offer a more viable solution. (see Finding 3).

Businesses implement policies that enable employees to balance their paid and unpaid care responsibilities and positively portray care work

There is some evidence of this through work on the Women's Empowerment Principles: for example, in Kenya, the Country Office worked effectively with companies signing up to the principles, raising the issue of care and encouraging companies to implement family-friendly policies. Companies such as Safaricom and Bamburi reported implementing flexible working policies to support employees to balance their care responsibilities. However, to date, companies do not systematically report on progress, either internally nor externally, and outcomes are not well tracked.¹¹⁸

Caregivers are supported to influence the outcome of policymaking processes, claim their rights in the workplace and shape social norms change initiatives

UN Women offices in the region have engaged civil society organizations that represent caregivers at the regional and country level in social dialogue. Examples include the knowledge ShareFair held in Nairobi in 2022, and sub-national events such as the Care Day event in Singida, Tanzania which included representatives from 28 districts.¹¹⁹ Country Offices in Ethiopia and Malawi worked with Farm Radio International on radio broadcasts, where caregivers, primarily women, were able to share their experiences and perspectives on gendered care work. This was also used to inform national and pan-Africa convenings. In Ethiopia and Malawi, caregiver testimonies directly influenced commitments to recognize unpaid care in government budgets and promote the equitable sharing of domestic responsibilities.¹²⁰

However, there remains unmet demand. Some regional and national civil society organizations, large and small, expressed perceived exclusion from previous UN Women-led dialogues. Communication challenges appear to have been due to personnel turnover within UN Women and the civil society organizations. Civil society organizations representing caregivers noted that they would appreciate more opportunities to shape these initiatives.¹²¹

¹¹⁵ [Women Count East and Southern Africa.pdf](#)

¹¹⁶ Interviews with government stakeholders.

¹¹⁷ Ibid

¹¹⁸ Interviews with private sector and country office stakeholders.

¹¹⁹ Interviews with civil society.

¹²⁰ Farm Radion Knowledge Sharing About Unpaid Care in Sub-Saharan Africa – final narrative report.

¹²¹ Interviews with civil society.

Evaluation question 5. What are the main enablers and barriers to this area of work?

FINDING 5

Key enablers for advancing the care agenda include catalytic data, community co-design, local ownership and sustainability mechanisms. Barriers include siloed policy approaches, limited regional care expertise in certain areas, weak government commitment, restricted civil space for gender equality and short project timelines.

Enablers

The availability of trustworthy data on care is a major enabler of action with public sector and private-sector actors. As discussed in Finding 3 on data and research, time-use surveys can be “catalytic” when it comes to illustrating the magnitude of care as a development issue. Less costly approaches to data generation, such as through integrating questions in existing sources such as household surveys, can also be powerful enough to start public discussion about who undertakes care and how it can be better supported. One of the main entry points with governments and the private sector to facilitate investment has been talking points that communicate the expected returns, number of jobs, etc. that arise from investment in care. Existing tools, such as UN Women and ILO’s costing tool, enable discussions about fiscal space and gender-responsive budgeting.

Co-designing programmes with communities helps tailor initiatives to local contexts, increasing their uptake and sustainability. When communities are actively involved in programme design, initiatives are more likely to address actual rather than perceived needs and remain culturally and practically relevant. For example, civil society partners in Somalia noted that some women preferred small food-processing machines over kitchen gardens. They also favoured caregivers from their own cultural or religious backgrounds over those with professional experience. A UN Women programme in Tanzania faced challenges when newly built care centres remained unused because mothers could not afford the fees. These examples highlight the importance of meaningful community engagement in programme design, building on strong needs assessment and sustainability planning, to ensure programming relevance and effectiveness.

Partnerships with local-level governments provide opportunities to pilot context-appropriate care programming and build momentum for higher-level advocacy. Examples from UN Women’s work within the region illustrate that when barriers are encountered at the national level, work with local-level governments can provide a pathway forward. Local-level partnerships provide opportunities for government ownership, civil society participation and co-design with communities, all of which foster sustainability over the long term.

Barriers

Siloed sectoral thinking limits comprehensive solutions to care inequalities. Domestic workers both enable care in other households and have unmet care needs themselves. However, research, policy and programming in these areas has conventionally been siloed, with domestic work typically approached as a labour and household issue. UN Women’s new Women’s Economic Empowerment strategy, with its stand-alone focus on the care economy, and a shift towards a 5R+ framework, presents an opportunity to adopt and operationalize a cross-sectoral approach to addressing paid and unpaid care and domestic work more comprehensively.

Unmet demand for care-specific expertise hinders research and data collection, which forms the foundation for policy and programming. In interviews, donors highlighted that they perceive a shortage of regional care economy specialists to be a challenge in undertaking evidence-based work. To build partnerships with regional expertise, the East and Southern Africa Regional Office could engage universities, research institutions, think tanks and consultants both in the region and internationally.

Government ownership and investment in energy and labour-saving infrastructure and technologies remains inadequate. While shifting social norms within households is important, real progress requires reducing the labour and time requirements of care – such as fetching water, preparing food and cleaning – through changing norms at the institutional level (between state, private sector and community) and targeted infrastructure and technology investments. Government and the private sector need to take ownership of infrastructure development and in the creation, distribution and maintenance of energy and labour-saving technologies, in collaboration with communities. In particular, governments need to deliver on their responsibilities to provide large-scale care infrastructure including roads for transport, water, electricity and energy, among others.

Gender equality frameworks face increasing resistance, with some countries restricting civil space for women's rights and transitioning gender ministries to family ministries. Others underfund these ministries, limiting their ability to advance care agendas. UN Women could frame care as a broader societal issue and collaborate with Ministries of Finance and Labour to elevate its importance and secure resources.

Short project cycles hinder lasting change in care-related programming. Social norms shift slowly and require sustained community engagement alongside investments in services and infrastructure. Poor planning for sustainability erodes trust when communities receive new childcare centres but lack trained personnel or funding, or when energy and labour-saving technologies break without repair options.

Evaluation question 6. Is the “TransformCare” theory of change holding true for programmes in the region and what needs to be refined?

FINDING 6

Overall, regional programming aligns with the “TransformCare” theory of change, although programming can be uneven across different activities, approaches and outcomes. There are important linkages between social norms and other outcomes. Other relevant issues for the region include the intersectionality of care – encompassing the needs of the elderly, persons with disabilities, and those affected by migration, conflict, climate change, and other humanitarian contexts – as well as the critical role of civil society in these systems.

The global “TransformCare” theory of change, formalized in 2024, provides a structured framework that closely aligns with much of the work already underway in the East and Southern Africa region. While the framework was not in place during most of the evaluation period, many elements of UN Women’s programming, even those not explicitly labelled as care programming, reflected its core principles. Understandably, given the framework was not in place for most of the programmes reviewed under this evaluation, although coverage across the different outcomes, change pathways, activities and approaches is mixed (see Finding 1). For example, UN Women’s care programming in East and Southern Africa tends to focus more on Outcome 3 (shift in norms) and Outcome 1 (increased provision of quality care supporting services and energy and labour-saving technologies) rather than Outcome 2 (on decent paid jobs).

Interviewees agreed that the theory of change is also relevant for conflict/post-conflict contexts, although certain change pathways (such as those working with governments) may be less relevant in specific contexts depending on the status of the government.

There is good evidence for the assumptions. Finding 5 discussed the theory of change assumptions, namely political will, strong government counterparts, civil society and sufficient funding, as key enablers and barriers, and suggested other factors that are relevant assumptions for the East and Southern Africa regional context.

In terms of refinements to the theory of change, a few areas require particular attention in the region, as highlighted by UN Women interviewees. First, there is an important link between Outcome 2 on “increased decent paid jobs in the purpose green and digital economies” and social protection and equal pay for equal work, two other priority areas for UN Women. Second, the theory of change draws as its foundation the care diamond, but beyond care recipient organizations under outcome 2, civil society is not included as a separate stakeholder within the change pathways, despite being important partners for UN Women. Third, Outcome 3 is an important enabler for the other outcomes. Norms not only shape what happens within families, but also communities, markets and decision-making processes in government, highlighting the importance of combining efforts to shift discriminatory social norms with investments in care infrastructure, energy and labour-saving technologies and affordable and quality paid care services. Within the region, three other specifically relevant issues include migration, conflict, elderly care and care of persons living with disabilities. Women migrate as caregivers to other countries, which also means they are unable to provide care within their communities. Elderly care remains a significant challenge. While some countries do have policies and provisions, there is limited investment in elderly care overall. A similar situation exists with care provision for persons living with disabilities and support for their caregivers.

Evaluation question 7. What measurement approaches are most effective?

FINDING 7

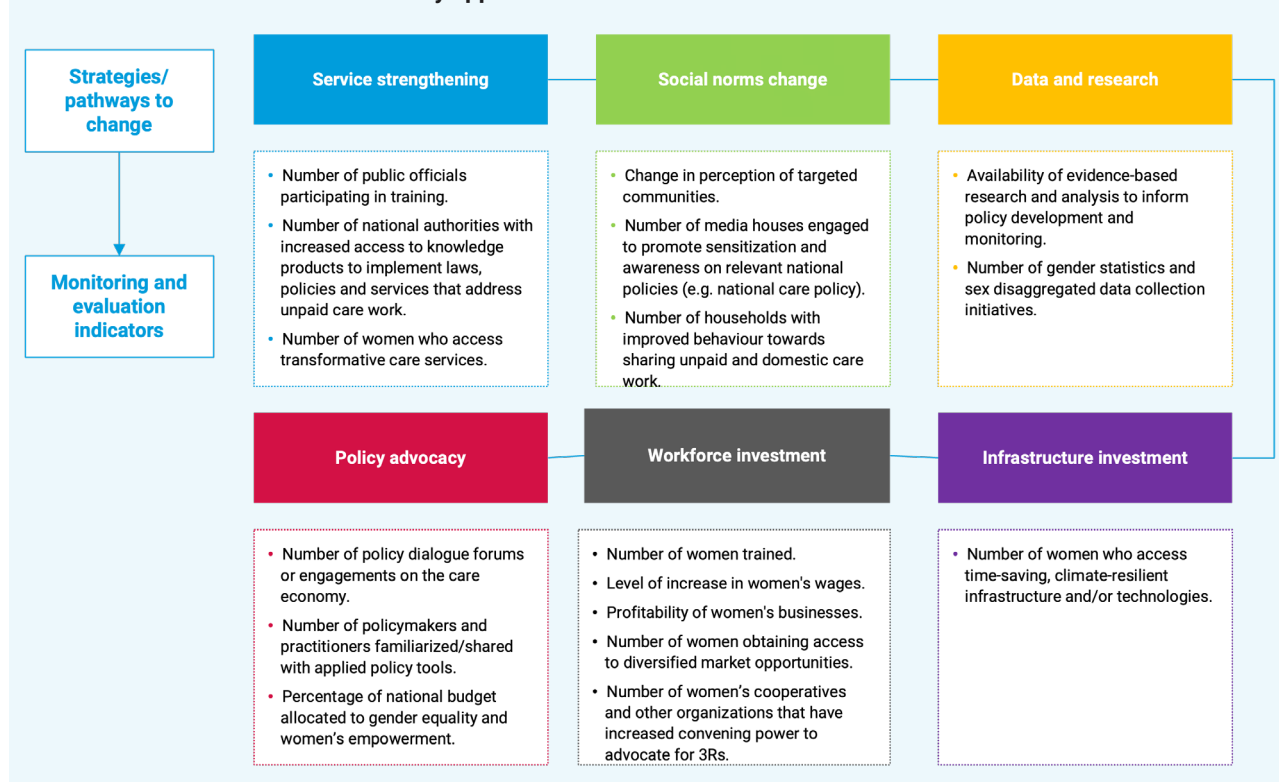
Opportunities exist to enhance measurement by defining contributions to the care agenda; aligning indicators with the “TransformCare” theory of change; utilizing rapid care assessments and social norms tools; assessing the impact of knowledge products; and tracking policy changes with government data and tools such as the care policy scorecard.

Overall, approaches used to measure changes around the care agenda are still at a nascent change. This is due to the cost and complexity of the default measurement approach, the time-use survey, and inherent challenges with measuring time spent on care in any context.¹²² As the corporate theory of change has only recently been introduced, the UN Women Country Office personnel interviewed as part of the evaluation were generally not fully conversant with the theory of change, nor are programmes systematically reporting against the change pathways, target outcomes and approaches.

Most of the UN Women projects reviewed that focused specifically on the care economy had established a project-specific theory of change in which the 3Rs or 5R+ framework are explicit or implicit. Monitoring

strategies focused primarily on quantitative outputs (e.g. participants, interventions and partnerships) (see Figure 5 below). Longer-term projects specifically focused on care were more likely to track outcome-level change in terms of time use, policy development and access to care services. For example, the regional *Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work* programme tracked changes in women’s labour-force participation, policy development and improved care services. Most programmes disaggregate data by sex and age, but fewer disaggregate by disability, informal workers, migrant workers or refugees. Additional disaggregation would help shed light on how well programmes are reaching vulnerable populations.

FIGURE 5: Indicators used across key approaches



¹²² ILO. (2021). *Labour force survey modular time use measurement project. Closing the gender data gap on unpaid domestic and care work.* https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@stat/documents/publication/wcms_821251.pdf

Programmes contributing to the care agenda but where the main focus is not on care, generally did not articulate expected contributions to the care agenda or track this systematically through specific indicators. Rather, there were anecdotal reports of contributions to the care agenda. In Kenya, UN Women programme personnel and external stakeholders pointed to programming work with businesses on the Women's Empowerment Principles. Businesses reported that through UN Women's engagement, advocacy and capacity building, businesses adopted family-friendly policies; however, this was not systematically collated or analysed. For programmes involving energy and labour-saving technologies, the amount of equipment distributed was tracked, but not the impact of the technology. Many childcare programmes noted the intended outcome of supporting women's participation in the labour force but rarely tracked impacts on women's employment.¹²³

Many of these programmes are premised on the expectation—explicit or implied—that they will reduce the drudgery of unpaid care work or contribute to redistribution of care work more equitably. As a result, there are opportunities to strengthen measurement of care outcomes, including the economic impact and qualitative impact of time saved from programmes not explicitly focused on care, such as Climate-Smart Agriculture programming. While supporting care may not be a primary objective of these programmes, capturing such benefits, can inform more holistic policy and programme design.

While energy and labour-saving technologies and childcare aim to reduce the drudgery of unpaid care work for women, few of the UN Women programmes reviewed systematically measure changes in time use or impacts on employment. UN Women and other stakeholders have had some successes in using lighter assessment tools to measure time use at baseline and endline of programmes, to complement time-use surveys at a more granular level (see Finding 3 on data and research), but such tools need broader adoption. Several civil society organizations across the region stated they had used the Rapid Care Assessment tool,

which enables the caregiver to use a time calculator to provide a rough estimate of how much time they spend on care, during the baseline, mid-term and endline of programmes.¹²⁴

The literature also points to the need to track where labour savings are transferred, to see if this results in a reduction of unpaid care work, and to supplement quantitative data with qualitative data to uncover dynamics that may otherwise be hidden. Time savings are often reallocated to other care work for example.¹²⁵ According to interviews with participants, a non-UN Women clean cookstoves programme in Ethiopia had the unintended consequence of *increasing* women's time spent cooking. In Rwanda, qualitative interviews and observations as part of the 3R evaluation conducted in 2022 uncovered issues with the maintenance and usability of the cookstoves.

The literature notes the importance of gender analysis and monitoring to support gender-responsive approaches, understanding who makes decisions on technology and income use, to track whether the technologies introduced have been adopted by women and the actual effects on women's empowerment.^{126, 127}

UN Women offices in the region have found it challenging to measure changes in norms around care responsibilities, especially given that change often takes a long time. Some civil society organizations in Ethiopia reported success using measurement methods such as the Social Norms Analysis Plot (SNAP) which provides practical guidelines to evaluate norms change.¹²⁸ Other civil society organizations reported using the International Men and Gender Equality Survey (IMAGES), which uses a variety of measures to investigate attitudes to household division of labour and men's participation in caregiving and as fathers. The new draft UN Women social norms framework recommends using longitudinal measurement, tracking changes in narratives, the strength of countervailing narratives and whether any such changes have resulted in tangible outcomes in the lives of women and girls.

¹²³ [Donor-investment-in-the-care-economy_final.pdf \(globalallianceforcare.org\)](#)

¹²⁴ Kidder, T., Pionetti, C., Chipfupa, U., & Remme, J. (2016). *Participatory methodology: Rapid care analysis*. Oxfam. <https://doi.org/10.21201/2016.620147>

¹²⁵ Mudge, et al, 2020. [gender_sensitive_labor_saving_technologies_and_practices_brief_2021.pdf \(crs.org\)](#)

¹²⁶ Mudge, et al, 2020. [gender_sensitive_labor_saving_technologies_and_practices_brief_2021.pdf \(crs.org\)](#)

¹²⁷ FAO, IFAD and WFP 2020. A compendium of fifteen good practices. Rome. <https://www.ifad.org/en/w/publications/gender-transformative-approaches-for-food-security-improved-nutrition-and-sustainable-agriculture-a-compendium-of-fifteen-good-practices>

¹²⁸ [TP_Social_Norms_measurementFINAL.pdf](#)

Monitoring the implementation and effect of policy change is also critical to track whether policies contribute to outcome-level change. A particular gap in UN Women's programming in this area is indicators measuring the effectiveness of policies, policy implementation and resultant effects on women and girls. Analysis of care policies often do not include analysis of implementation.¹²⁹ A UN study on national fiscal stimulus packages highlights the importance of monitoring the effects of a policy and using sex disaggregated data to be able to fully assess the impact of a given policy on gender equality.¹³⁰ Some UN Women offices in other regions report tracking relevant government data, such as the number of care centres (Nepal); government budget allocations for care (Nigeria); and legal cases for the impact of social dialogue on the national care law (Chile). Interviewed stakeholders also noted that tools such as Oxfam's Care Policy Scorecard, which draws on the 5R Framework, can be used to 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.¹³¹

Dedicated resources to follow up with stakeholders are required to track the policy influence of knowledge products. Country Offices were not able to report on specific uses of their knowledge products, although the evaluation identified multiple examples of where knowledge products were used (see Finding 3 on data and research). This should not be taken to mean that the knowledge products are not useful – many of the UN Women implementing partners interviewed mentioned finding local knowledge products useful even when they were unable to recall specifics. To better measure the impact of UN Women's knowledge products, targeted efforts are required to consult the stakeholders expected to use the products, to understand which products have been useful in the past and how they have been used. A communities of practice model (discussed below) would present further opportunities to disseminate existing and new knowledge products and follow up with participants to learn whether and how they found them to be useful.



Photo: © UN Women/James Ochweri | Christina Hilonga looks over the children having a nap at the Puma Childcare facility in Singida, Tanzania

¹²⁹ Rossella Ciccio, Emanuela Lombardo, Care policies in practice: how discourse matters for policy implementation, *Policy and Society*, Volume 38, Issue 4, December 2019, Pages 537–553, <https://doi.org/10.1080/14494035.2019.1702278>

¹³⁰ [Consolidated report: National fiscal stimulus packages from a gender equality perspective | Publications | UN Women – Headquarters](#)

¹³¹ Butt, A. P., Parkes, A., Castro Bernandini, M. D. R., Paz Arauco, V., Sharmishtha, N., & Seghaier, R. (2021). *Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care*. Oxfam. <https://policy-practice.oxfam.org/resources/care-policy-scorecard-a-tool-for-assessing-country-progress-towards-an-enabling-621287/>

Evaluation question 8. What is UN Women's comparative advantage in its care economy work in the region?

FINDING 8

UN Women's comparative advantage in care programming in the region lies in its combination of gender expertise, positioning and networks to mobilize and convene stakeholders, and its holistic gender approach.

UN Women provides key expertise in gender and care.

Stakeholders in Malawi highlighted UN Women's technical leadership, such as developing care work guidelines for radio broadcasters. Across the region, UN Women has been instrumental in sharing best practices across countries, including its role in the 2024 International Conference on Dialogue and Pan-Africanism, where it presented regional care economy policy examples.

UN Women also brings added value in terms of its holistic focus on gender and its intersectional approach.

The care agenda is a broad one. UN Women's intersectional, life-course, gender approach allows the Entity to integrate care work across social, economic and environmental contexts, fostering partnerships with agencies on specific areas, such as UNICEF (childcare), ILO (employment) and IOM (migrant care workers). Whereas ILO has a strong grounding in paid care from a labour perspective, stakeholders noted that UN Women provided a useful complement in its expertise in unpaid care, as well as approaching care from a gender perspective beyond economic dimensions. This is particularly relevant as a move to a 5R+ approach is pursued, as paid and unpaid care are interdependent issues that need to be tackled together. While dynamics with ILO varies across contexts due to intersecting mandates, Country Offices have successfully collaborated through clearly defined roles, reinforcing the need for greater joint efforts to address the often siloed unpaid and paid care agendas. Strengthening its feminist economics expertise and collaborating with ILO could further bridge gaps between UN Women's unpaid and paid care work.

UN Women's strong relationships with civil society and governments at different levels position it as a trusted convener and advocate for care policies.

Civil society stakeholders noted that UN Women is attuned to the needs of communities, which enables the Entity to effectively advocate for policy change in the region. Civil society and government stakeholders pointed to UN Women's neutrality and credibility which enable it to bridge civil society and government, facilitating collaboration. In Kenya, UN Women's convening power revitalized the Women's Economic Empowerment Practice and advanced care policy development. In Ethiopia, civil society and government noted UN Women played a pivotal role in supporting the government to integrate care into national frameworks. In Kenya, civil society stakeholders and UN Women personnel noted that UN Women's relationships with key government actors, such as the Cabinet Secretary and the President, enabled it to push for policy changes; and the Kenyan State Government selected UN Women to channel Gates Foundation funding for care policy work. Donors also praised the Regional Office for its ability to leverage its extensive relationships to identify strategic opportunities for effecting change, which enabled it to respond quickly during the COVID-19 pandemic.

A deeper reflection is needed on what UN Women's role should be in supporting infrastructure and energy and labour-saving technology investments.

Given the typically small scale of such initiatives, the challenges in sustaining them, and the fact that UN Women is not a large scale delivery agency, UN Women's added value may be better leveraged through advocating for and influencing broader public and private sector investments, rather than directly financing supply-side interventions.

Evaluation question 9. What are the entry points and ways forward for future programming?

FINDING 9

Entry points for future programming in the region include expanding from a 3R to a 5R+ framework that recognizes unpaid and paid care as interconnected issues, and developing specialized focus areas at the intersection of care with humanitarian action and peacebuilding, social protection, paid domestic work, climate and agriculture, and gender-based violence.

Opportunities exist to strengthen future programming in different contexts, in both stable and humanitarian/conflict contexts, and in contexts with stronger and more nascent care policy frameworks. In countries with care policies, efforts should focus on implementation, sustaining initiatives through government transitions and strengthening government ownership. UN Women's experience in the region is that where national ownership is limited, shifting efforts to sub-national levels can be an effective approach. Where policies are absent, pilot programmes at the district level with local governments and civil society can provide scalable solutions.

In humanitarian and peacebuilding contexts, establishing a normative framework is essential, given the unique challenges of instability, male displacement and implications for women's caregiving responsibilities, gender-based violence, limited livelihood opportunities and lack of infrastructure. Interviews with civil society, government and private-sector stakeholders in humanitarian contexts highlighted the relevance of addressing women's disproportionate care responsibilities (even in these contexts), which affected their ability to participate in the labour market. UN Women headquarters has initiated work in this area to develop a conceptual framework, with key inputs from the East and Southern Africa Regional Office. The Regional Office can complement this framework with a regional strategy, fostering partnerships between care experts and humanitarian researchers.

- **More programming around paid caregiving and decent work for paid caregivers will be critical for the long-term effectiveness and sustainability of efforts to redistribute and reduce the drudgery of unpaid care.** Interviewees stressed the interconnected relationship between time spent on unpaid care and the availability of quality paid care services. The lack of a paid care workforce was not only a barrier in higher-per capita income countries or those with more developed care policies. In South Sudan and Mozambique, even

informal childcare initiatives within cash-for-work schemes struggled to offer a consistent service due to insufficient caregiver availability. Donors urged UN Women to implement an expanded 5R framework in the region, which the new corporate 5R+ approach should help push ahead.

- Future programming efforts should seek to rebalance the care diamond, shifting responsibility for care from families and households to state (local and federal) actors, markets (responsible private sector actors) and where appropriate, well-supported not-for-profit actors in civil society and the community. UN Women can build on past investments in childcare facilities, for example those in Tanzania, focusing on supply of trained caregivers and their decent working conditions. Not every programme needs to address all 5Rs, but in every context the Regional and Country Offices should consider how their programming and that of other stakeholders addresses the reduction of time spent on unpaid care but families and households *and* the supply of quality paid care services by outside institutions.
- UN Women should collaborate with the ILO, beginning by defining the comparative advantage of each entity, i.e. ILO's labour expertise and UN Women's gender lens approach and decades of expertise in advocacy, data collection and programming around unpaid care. The costing tool has been warmly received and effectively applied in many different country and sub-national contexts around the world. Country offices should be exposed to these experiences and lessons through Communities of Practice so that they can leverage them for future applications to make the case for investment in care, including at district and municipal levels when barriers to national level support exist.

Intersections with other areas of work can be further developed to move to more holistic programming:

- **Care and social protection:** Growing global interest in this intersection presents an opportunity for UN Women to build on its existing portfolio of social protection work in the region and beyond. There was demand for increased efforts in this area even in countries with weak social protection systems such as Somalia and South Sudan.
- UN Women can leverage its unique relationship with Regional Economic Communities, the African Union, and regional development banks to foster dialogue and action around social protection systems that support unpaid caregiving and paid care and domestic workers (on domestic workers, see below). The existing partnership with the African Development Bank on a new portfolio of social protection and care work is promising in this regard. The Regional Office's ongoing development of a regional strategy for social protection offers a major opportunity to shape and strengthen a systems approach to both social protection and care that sees these as interconnected policy areas. In particular, the social protection strategy recognizes the key role of social protection in supporting unpaid care, opening opportunities for the development of programming that sees social protection as an entry point addressing the 3Rs. An area for improvement could be in further emphasizing the role of social protection in decent work for paid caregivers and paid domestic workers, thus taking further steps to address the full 5Rs.
- **Care and paid domestic workers:** Domestic work is a critical part of care work. It is a form of "indirect care" that typically doesn't involve person-to-person contact, but supports the "direct care" activities that do, like preparing food that is used to feed a frail elderly person, or washing clothes used to dress an infant.¹³² In the world of development and social policy programming, however, paid domestic work and paid care work tends to be organized and represented distinctly: different labour unions, different policies and legislation (e.g. early childhood education and care workers may be unionized or formalized, when domestic workers are typically not), and different civil society organizations representing them. In practice, not all civil society and government work on the care economy and care systems incorporates domestic workers—nor does domestic worker programming incorporate paid caregivers.

This intersection of care with paid domestic work surfaced as a "missing link" in several countries, including Ethiopia, Kenya, Tanzania, Burundi and Zimbabwe. The issue of standards including decent work and access to social protection is significant for domestic workers, who make up one of the biggest shares of informal sector workers in Africa. Data gaps around domestic work may be a strong starting place: in Ethiopia, for example, interviewees stressed the lack of research and data collection on domestic work as a barrier to effective advocacy for legal protections for the high number of female domestic workers in Ethiopia and the large population of Ethiopian migrant domestic workers in Arab countries—dynamics present in many other ESARO countries. Again, collaborations with the ILO could be highly impactful given ILO's labour expertise and UN Women's gender expertise. Because the issue of domestic work is deeply integrated with national economies in the region, UN Women should also leverage its convening power with Regional Economic Communities, national governments and women's and labour organizations to advance dialogue about domestic workers' rights including decent working conditions and access to social protection.

- **Care and climate-smart agriculture:** Some of UN Women's most appreciated interventions have been around energy and labour-saving technologies. UN Women should return to the lessons learned from those projects, and leverage these to reinvigorate old private-sector partnerships and create new ones that address the impacts of climate change on women's caregiving responsibilities and often related roles in agriculture. A key lesson from such past projects is that the partnership does not have to be primarily 'care focused' in order to have a profound impact on care within households. Rather, private sector or public sector partners may have a primary interest in agriculture, climate, or technology, and UN Women should be strategic in identifying opportunities to address care through these. Past successes, for example in Rwanda, should be used to attract new partnerships and funding.
- Future projects will require better data collection towards monitoring and evaluation that goes beyond 'numbers of units distributed' to capture the real impact on women's time use.

¹³² [UN Women. Progress of the World's Women 2019-20: Families in a Changing World. Pp. 143.](#)

Care and ending violence against women: Donors and implementing partners highlighted the need for additional programming in this area. Women face risks of violence when fetching water and fuel, or balancing work arising from women's economic empowerment programming and care responsibilities. Integrating care into economic empowerment and social norms programmes can help address these vulnerabilities. Given that ESARO is in development of its regional social protection strategy, there may be opportunities to build on UN Women's prior commissioned work, *Addressing Violence Against Women Through Social Protection: A Review of the Evidence*, which takes a systems approach to identifying opportunities to integrate efforts to end violence with a range of social protection design and delivery components, many of which are shared with care systems.¹³³

Data-driven advocacy is an entry-point in countries where UN Women has previously had limited care programming. Reliable care data is vital for government buy-in. In this way, persistent data gaps present both a barrier to effective advocacy and programming (as discussed above in the case of domestic workers), as well as an opportunity for UN Women to exercise its research and data expertise and develop evidence-driven work. Where time-use surveys are not available, UN Women has had successes with cost-effective alternatives suited to advocacy such as service mapping exercises and targeted time-use surveys, e.g. government officials in Chile, to drive policy change. Data that shows the positive effects of investments in energy and labour-saving infrastructure on the economy and

of women engaging in paid labour was highlighted by many interviewees as effective in convincing governments to invest (see Finding 3 on data and research). UN Women's costing tool has been particularly effective in engaging governments in the region, as it identifies concrete needs and opportunities, fostering government ownership of the tool.

Scaling effective approaches is a key opportunity to achieve greater impact. Many care programmes remain at the local level, and scaling and better linkages with other development issues is required to achieve greater impact. This requires collaboration between civil society, women's rights organizations, government, traditional leaders, the private sector and international partners,¹³⁴ including through strengthening communities of practice (see Finding 10).

There have been some innovations to pilot scalable interventions, such as the 3R programme in Rwanda, through expansion in subsequent phases of the programme, and by strengthening government engagement and buy-in. For example, scaling of the early childhood development KIDOGO project is being tested in Nakuru Country in Kenya. The International Development Research Centre guide on Scaling Care in Africa shows a range of examples that can be scaled, depending on the context and specific country needs.¹³⁵ As discussed in Finding 7 on measurement, the "scale" approach requires further improvement around measurement of the impact of pilot programmes to persuade governments they are worth scaling.

Specific opportunities and the way forward for individual countries are set out in Annex 14.



Photo: © UN Women Ethiopia Country Office

¹³³ Cookson et al (2023). *Addressing violence Against Women Through Social Protection: A Review of the Evidence*. UN Women Policy Brief no. 26. New York: UN Women.

¹³⁴ [WEF The Future of the Care Economy 2024.pdf \(weforum.org\)](https://www.weforum.org/publications/2024/01/24/WEF-The-Future-of-the-Care-Economy-2024.pdf); <https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en>; 3R evaluation

¹³⁵ https://issuu.com/idrc_crdi/docs/scaling_care_innovations_-_booklet

Evaluation question 10: How can work on care be better coordinated with other stakeholders, including UN agencies?

FINDING 10

Advancing the care agenda requires coordinated efforts across sectors. UN Women can support this by strengthening communities of practice, national platforms and regional partnerships while facilitating knowledge exchange and inclusive governance.

Coordinated efforts across government, civil society and the private sector are needed to advance the care agenda. Across the region, stakeholders noted the need to strengthen existing platforms to move from competition to collaboration, from piecemeal work and duplication to more coordinated programming. The level of collaboration between these actors is at different stages in countries across the region. For example, there is a vibrant community of practice on care in Uganda, although stakeholders noted there is still potential to strengthen work in this area by greater involvement of the private sector, labour unions and the government; and Kenya's care economy working group is playing a pivotal role in supporting the country's care policy.

Overall, national coordination on the care economy is the role of the government, but UN Women Country Offices are well placed to support coordination across the region. As discussed in Finding 8 on UN Women's comparative advantage, the Entity is well-positioned to support knowledge exchange and convening. UN Women is recognized for having raised the profile of the care economy within the region, reflecting its convening power. The ShareFair convened by the Regional Office in 2022 was cited as an excellent example of building community and understanding around the care economy. The range of stakeholders consulted, from governments to donors and civil society organizations, asked for UN Women's leadership on further convening on the care issue at regional and national levels. This included requests for knowledge-sharing, through training for government in particular and communities of practice.

Communities of practice were viewed as a needed and exciting space for mutual learning. The East and Southern Africa region could use its convening power and adopt the global Community of Practice on Care model at the regional level that emerged from the joint programme with ILO. This platform involves quarterly meetings to share learning and address questions on issues such as the costing tool. This approach would harness UN Women's convening power; establish it as a thought leader in the region; and facilitate collaboration with other UN agencies and international non-governmental organizations such as Oxfam and

CARE. Government stakeholders and trade union members in Ethiopia and Tanzania expressed interest in participating in national or regional communities of practice on care, and other stakeholders in the region such as the International Development Research Centre were also interested.

Other opportunities to support national coordination platforms drawing on lessons learned from UN Women programming include:

- **Enhancing the capacities of lead organizations and networks within these platforms.** For example, UN Women Ethiopia is supporting the Network of Ethiopian Women's Associations as well as the Union of Ethiopian Women Charitable Associations through capacity-building and connections to funding agencies, which has been validated as an effective strategy for improving care work coordination through the national task force and technical childcare working groups.
- **Supporting the government to put together inclusive governance structures** to develop and take forward national policies on care was an effective approach used by UN Women in Kenya. Stakeholders suggested that this approach could be further strengthened by building a collaboration framework and road map that builds on the strengths of individual actors.
- **Establishing clear standard operating procedures and terms of reference for coordination; documenting models of care,** including elderly care, people with disabilities, childcare and those with illnesses; and sharing successful strategies were highlighted by civil society and government stakeholders in Kenya as key opportunities to strengthen coordination.
- **Supporting stronger coordination of care work by mapping existing stakeholders on care** to identify potential collaborations and where UN Women (versus other actors) is best placed to lead.

Evaluation question 11: What is the role of the Regional Office to support this work?

FINDING 11

The East and Southern Africa Regional Office has effectively supported Country Offices with expertise, joint proposals, seed funding and cross-learning both internally and externally. Expanding support in measurement, economic analysis, regional engagement, knowledge management and standardized tools could enhance impact.

The Regional Office has played a critical role in supporting Country Offices' care economy programming, providing expertise and building the capacity of Country Offices and external stakeholders. For example, Country Offices reported that the Regional Office gender statistics specialist was instrumental in supporting the methodology and development of survey instruments/questionnaires and manuals for the time-use survey. The Regional Office has also delivered capacity-building and technical assistance to government stakeholders in Kenya, Tanzania and Ethiopia, as well as UN Women personnel. In Ethiopia, country stakeholders reported that this support led to revision of the National Standard for Establishing Childcare Centres; strengthened the national task force on the care economy; and elevated the importance of developing a national care policy. It also served as an entry point for further collaborations between the Country Office and government stakeholders.

The Regional Office provided expertise and support in the development and implementation of programming. Country Offices suggested the Regional Office could provide further to support/expertise to conduct economic analyses related to the care economy. There are few feminist economists within UN Women in the region, and there is demand from interested donors for data on potential investments, job creation and revenue generation that can persuade governments to invest in care programming.

The Regional Office also supported Country Offices in securing funding. Joint fundraising led globally with regional support resulted in the 3R programme. However, Country Offices requested more support with joint fundraising and regional programming.

The Regional Office strategically provided seed funding in specific cases with catalytic potential. For example, it funded initial policy work in Kenya, building on the time-use survey, which sparked the interest of the Gate Foundation, which committed additional funding.

The Regional Office played an important role in facilitating cross-learning and collaboration across the region, both internally and externally. Country Offices highlighted the Regional Office's facilitation of cross-learning across countries, including through the regional ShareFair on the care economy.

Externally, the Regional Office linked the Kenyan statistics office with other countries, such as Uganda and Tanzania, to facilitate sharing of good practice and lessons learned. External stakeholders in Ethiopia noted that UN Women's support in cross-learning on including domestic workers and marginalized groups in care economy initiatives would be particularly valuable.

There is opportunity for the Regional Office to explore how to scale up its regional work. Stakeholders suggested there is opportunity for the Regional Office to move beyond engaging with national entities and implementing partners to further prioritize engagement with regional bodies working on care, including civil society organizations such as CARE and Oxfam, and multilaterals such as the World Bank; and scaling its engagements with regional platforms, such as collaborative action for childcare platform and those focused on paid childcare and advancing the rights of domestic workers. Stakeholders suggested that the Regional Office could undertake further work with the regional economic communities on care, using training as an entry point, such as that with the African Development Bank on social protection and care, to discuss normative and policy work and influence national and subnational policy, norms and budgeting.

There is an opportunity for the Regional Office to support Country Offices to strengthen the effectiveness, coherence and efficiency of programming by collating and creating standardized tools and resources, and organizational information on models that have worked; working together to co-create solutions; and supporting joint fundraising for regional programmes.

Country Offices noted they were developing resources from scratch (e.g. toolkits on engaging the private sector on care issues, conceptual documents and concept notes, simple communication products for different target audiences) and that there was opportunity for the Regional Office to support the preparation of a corporate or regional standard tool. The Regional Office could also provide support with targeted knowledge management and dissemination to offices based on need. This could involve identifying relevant tools, including those used by UN Women offices in other regions, and matching them with implementation teams. Such a role could involve connecting related areas of knowledge, such as care and climate.

The Regional Office could also support Country Offices in reviewing knowledge products and concept notes to prioritize products that meet a specific need and have a specific use case. Developing concrete dissemination plans would help to address the lack of advance planning for the excellent knowledge products produced, which too often are not fully utilized.

To better manage the list of relevant knowledge products, the Regional Office could explore developing a live google document with searchable keywords, which could be shared both internally and externally. This would

help mitigate the problem of static resource lists that are already available for some of UN Women's knowledge products and also cement UN Women's position as a thought leader in this space.

Communities of practice also present an opportunity for the Regional Office to share key knowledge products and learning. Country Offices suggested that the Regional Office could provide further support with strengthening measurement approaches (see Finding 7), for example through documenting the impact of changes in time spent on care responsibilities due to programmes such as Climate-Smart Agriculture.

More can be done to strengthen peer-to-peer knowledge-sharing across UN Women's Country Offices.

For example, some Country Offices such as Chile and Georgia have had considerable success with social dialogues and the use of knowledge products to catalyse action. While differences in country contexts need to be accounted for, there is significant scope and enthusiasm for sharing experiences about different tactics and "what works". The Regional Office for East and Southern Africa could play a role in supporting this through interactions with headquarters and other Regional Offices to identify opportunities for cross-learning. The internal global community of practice for UN Women colleagues could also be a platform for knowledge-sharing with other regions.



Photo: © UN Women/Mwangi Kirubi
2022 Regional Sharefair on Care Economy

6. LESSONS LEARNED

1

National and local research on care can be catalytic

UN Women has effectively used research, time-use surveys and other types of care assessments in the region to engage governments, at the national and local level, to invest in care. In other contexts where care programming is nascent, investing in data and research on care can be an effective way to highlight the magnitude of the issue and convince governments of the need and benefits of investing in care. UN Women and ILO's tool for estimating care deficits, investment costs and economic returns is a powerful approach in making the business case for investment.

Linked to Findings 3, 4, 5 and 9

2

Energy and labour saving infrastructure and technologies require attention in terms of maintenance and sustainability

Energy and labour-saving infrastructure and technologies were much appreciated by communities. In particular, rain-harvesting technologies, procured in partnership with local businesses, food warmers and food coolers made a tangible difference in women's lives, including by enabling them to spend more time selling at the market. However, the evaluation identified several cases where the infrastructure and technology were no longer used following the end of the programme, due to issues around maintenance and repair and the funding required to sustain the equipment. Ensuring the sustainability of such investments requires engaging with relevant stakeholders, such as local governments, the private sector and the women themselves to address challenges with ongoing funding, maintenance and supply of replacement parts. It is also important to focus programming based on UN Women's value add, and to advocate or support other delivery focused organizations or agencies to deliver large scale infrastructure programming.

Linked to Findings 3, 7 and 9

3

Paid and unpaid care work are inextricably linked, both are required to make transformative impacts in empowering women

The evaluation identified cases where UN Women had invested in building childcare centres that were unused because the centres could not secure childcare workers. Programmes that seek to reduce unpaid care and support women's entry into the paid workforce need to carefully consider how to avoid leaving a care vacuum, so that people who need care are still able to receive it and the quality of care is not reduced. This does not mean that every programme needs to address all 5Rs but, in every context, it is important to consider how the programme interacts with the broader context and existing care provision.

Linked to Findings 3, 5 and 8

7. CONCLUSIONS

This section outlines the overall conclusions of the evaluation. The region has made important contributions to the care agenda, utilizing a range of approaches across programmes focused on care and through programmes with a care component. There is significant interest in advancing the care agenda from donors, governments and civil society. As UN Women is seen as both a thought leader and a reliable partner in the region, there is significant opportunity to further grow and scale programming in this area.

CONCLUSION 1:

UN Women employs a multi-faceted approach to advancing the care economy in East and Southern Africa. Social norms, policy advocacy, infrastructure investment and service strengthening were the most common approaches used. Workforce investment and data and research were less commonly used approaches. This highlights the need to increase focus on paid components of the care agenda, around rewarding and representing paid care and the use of data to enhance evidence-based decision-making and better support paid care work. While the “TransformCare” theory of change sets out three main target groups, the majority of programmes targeted caregivers and care recipients, and government institutions – very few targeted the private sector, representing a key opportunity to scale. There were good synergies across the approaches used by UN Women in the region, which link local and national efforts and use research to drive advocacy. There have been some examples of holistic programming that targets all three outcomes of strengthening care services, promoting decent work and transforming social norms, representing a key area for UN Women to scale to achieve transformative impact.

*Effectiveness – approaches.
Linked to Findings 1 and 2.*

CONCLUSION 2:

Across the region, UN Women’s care programming has been especially effective in policy advocacy, data-driven initiatives and infrastructure investments; however, there has been more limited evidence for the effectiveness of service strengthening and workforce investment. UN Women’s efforts have expanded access to care-supporting infrastructure, including childcare facilities and energy and labour-saving technologies, although sustainability remains a challenge due to insufficient funding for maintenance and workforce investment. Research and data have been an important entry point into the care agenda, generating awareness and public discussion. Policy advocacy has driven significant progress in national care policies, gender-responsive budgeting and local-level service implementation. While there are signs of shifting social norms around care work, stronger mechanisms are needed to track behavioural changes and enhance caregiver participation in decision-making processes. Effectiveness is achieved by strong partnerships, data-driven advocacy and local ownership, while sustainability concerns, siloed policy approaches and short project timelines present ongoing barriers.

*Effectiveness – outcomes.
Linked to Findings 3, 4 and 5.*

CONCLUSION 3:

The “TransformCare” theory of change remains relevant for programmes in East and Southern Africa, although the scale of implementation is uneven across outcomes and activities. Strengthening links between decent paid jobs, social protection and gender equality, along with integrating civil society into change pathways, could enhance impact. Measurement approaches for care outcomes are still evolving, with opportunities to scale the use of rapid assessment tools, improve policy impact tracking and enhance disaggregation of data. Strengthening monitoring systems, particularly for policy implementation, time-use shifts and social norms change will be key to improving programme effectiveness and sustainability.

*Effectiveness – measurement.
Linked to Findings 6 and 7.*

CONCLUSION 4:

Across the region, UN Women’s care programming is highly relevant and coherent, leveraging the Entity’s gender expertise, strong networks and convening power to integrate care into national policies and advocate for systemic change. This cross-sectoral approach enables collaboration with key stakeholders, including governments, civil society and UN agencies, fostering holistic solutions that link unpaid and paid care work.

Future programming would be strengthened by adopting a holistic 5R+ framework and increasing focus on paid care components; integrating paid and unpaid care; and expanding work at the intersections of care with humanitarian action, social protection, climate action and ending violence against women. Strengthening coordination mechanisms; scaling evidence-based, locally relevant interventions; and building government ownership and partnerships with the private sector (particularly in the areas of workforce development, policy implementation and data-driven advocacy) would enhance the impact of UN Women’s efforts across diverse contexts. Planning for sustainability, especially investments in energy and labour-saving infrastructure and technologies, would strengthen implementation. There is a need to consider how UN Women positions its small-scale initiatives in the region –whether they serve as pilots or entry points for larger change. When designed with communities and clear plans to measure impact and ensure sustainability, such initiatives can be effective and accessible. However, without this framing and follow-through, they risk offering limited value for money.

*Relevance and Coherence.
Linked to Findings 8, 9, 10 and 11.*



Photo: © UN Women Rwanda
ECD Launch in Kigoma

8. RECOMMENDATIONS

The evaluation team presented preliminary findings to the Evaluation Management Group, comprising care economy focal points at the Regional and Country Offices on 11 February 2025. The session was also used to discuss a feasible way forward and to co-create the recommendations presented below. Each recommendation is prioritized, includes the timeline for implementation and is linked to corresponding findings.

RECOMMENDATION 1.

With “TransformCare” as a foundation, scale programme coverage on decent care work, social norms, and social protection.

Based on findings 3 and 9.

Priority: HIGH	Timeline: MEDIUM-TERM
Suggested steps to be taken: • Building on the evaluation and other learning events, identify effective programming approaches that address all three target outcomes and work across the three change pathways involving government, caregivers and care recipients and their representatives, the private sector, and civil society. Key opportunities include working with the private sector to comply with standards for decent work and to work with governments to formalize unpaid care work, creating standards for care infrastructure and services being developed by the private sector and ensure accessibility and affordability of the services. • During development of programme documents for new programming, in the needs assessment analysis of existing policies and programming targeting care services, incorporate social norms, decent care work and social protection provisions. This will help facilitate identification of where UN Women should focus its programming and opportunities to link its efforts with local and national initiatives and policies to maximize impact and sustainability.	
To be led by: Regional Office Women’s Economic Empowerment policy specialist, with the support of the Care Economy specialist and Women’s Economic Empowerment specialists across the Country Offices.	
Rationale and expected impact: Most programmes reviewed focused on unpaid care. Programmes are most effective when they address inter-related issues, e.g. combining shifting discriminatory social norms with investments in care-supportive infrastructure, energy and labour-saving technologies and affordable and quality paid care services; and influencing policy with on-the-ground local programming to inform advocacy work. UN Women’s “TransformCare” approach provides a strong foundation for scaling the Entity’s work on paid care.	

RECOMMENDATION 2.

Pursue thematic intersections where need exists and strengthen cross-thematic work on the care economy

Based on Findings 3 and 9.

Priority: HIGH	Timeline: MEDIUM-TERM
Suggested steps to be taken: • Engage with other thematic colleagues, at the headquarters, regional and country level, to identify opportunities where incorporating care components would strengthen programming. This could build on some of the examples and lessons highlighted by the evaluation. • Review needs and opportunities to incorporate care components across all new programming to increase impacts. • Consider how programming can be designed to address intersectional aspects, such as age, disability, migration status, conflict contexts, and rural/urban divides	
To be led by: Regional Office Women's Economic Empowerment policy specialist, with the support of the headquarters Care Economy team, the regional Care Economy specialist and Women's Economic Empowerment specialists across the Country Offices.	
Rationale and expected impact: Integrating care programming with economic empowerment, climate, humanitarian and social protection programming will help reduce gender inequalities and drive systemic change by addressing overlapping issues and fostering holistic solutions. Integrating care with social protection can strengthen support for vulnerable populations. Advocating for adequate recognition and rewarding of domestic work is crucial, as domestic workers form a significant part of the informal labour force, support care work and have care needs. The care-climate nexus presents opportunities to reduce women's responsibilities for care work through energy and labour-efficient technologies while creating green jobs. Linking care and gender-based violence issues is essential, as women balancing work and caregiving, and engaging in entrepreneurship programmes or training, may face increased gender-based violence risks. UN Women headquarters is pursuing development of conceptual work at the nexus of care and humanitarian crises, and the demand for such advances in the East and Southern Africa region mean that the Regional Office could shape and build upon this work.	

RECOMMENDATION 3.

Establish and strengthen regional and national convening spaces.

Based on Findings 8, 9 and 10.

Priority: MEDIUM	Timeline: MEDIUM-TERM
Suggested steps to be taken: • Engage key players at the regional level, including donors, UN agencies (such as ILO), the African Union and other regional economic communities, the private sector and civil society stakeholders (such as Oxfam and CARE) to build new communities of practice or support existing ones, both at the regional and national level. • The East and Southern Africa Regional Office could work with the West and Central Africa Regional Office to strengthen the African Union's involvement in the care agenda, building on the West and Central Africa Regional Office's strong work in this area. • Build on existing mappings and partnerships to ensure communities of practice are inclusive, including other UN Women personnel, UN agencies, civil society, government and intergovernmental actors, and researchers. • Review lessons from the global community of practice to identify effective components that can be adopted at the regional level. For example, the Chile country office expressed interest in sharing lessons from their policy successes in mobilizing public interest by holding local social dialogues throughout the country. Several other UN Women Country Offices also offered to share insights on supporting policy implementation and supporting government adoption of post programme care services.	
To be led by: Regional Office Women's Economic Empowerment policy specialist, with the support of the women's economic empowerment team	
Rationale and expected impact: UN Women's comparative advantage in the region includes its convening power on the care agenda, e.g. convening of broad-based actors working in the care economy. UN Women is viewed as the most relevant and best placed actor to involve the African Union and other regional economic communities on issues around the care agenda. Strengthening its role in regional and national convening spaces would reinforce UN Women's existing networks; solidify its leadership position in the care economy and its visibility in funding opportunities; help leverage and disseminate its rich knowledge on what works to advance the care agenda, both from within the region and globally, with the aim of strengthening the effectiveness of the current care policy and programming; and support the continued socializing of the care agenda with other stakeholders. To a great extent these efforts would involve establishing new spaces that bring together smaller existing efforts.	

RECOMMENDATION 4.

Strengthen regional knowledge development and management, including formal knowledge products as well as more tacit knowledge

Based on Findings 3, 5, 7 and 11.

Priority: MEDIUM	Timeline: MEDIUM-TERM
Suggested steps to be taken: • Work with headquarters colleagues to identify good practices from other offices, both within and across the regions, that could be captured and shared within the region, drawing on case studies and impact assessments. • Create and compile toolkits, conceptual documents and communication materials that have been effectively used by Country Offices to reduce duplication of effort. • Liaise with headquarters to identify relevant tools and experiences from Country Offices outside the region to leverage effective approaches and learning. • Support Country Offices to prioritize investing in knowledge products with a clear use case and dissemination plans, including to policy makers, communities and grassroots organizations. • Consider creating a live, searchable document with useful tools on the care economy to serve as a reference for internal and external stakeholders. Share relevant knowledge products with Country Offices who may not be aware of all available resources. • Support country offices to apply tools developed at regional and global level to measure and assess the need for investment in care services and infrastructure.	
To be led by: Regional Office Women's Economic Empowerment policy specialist, with the support of the regional Care Economy specialist and regional Knowledge Management team.	
Rationale and expected impact: Across its global offices, UN Women possesses a wealth of resources relevant to the care economy, yet many are difficult to locate. Beyond formal knowledge products, Country Offices in the region and beyond also have extensive learning and insights about what has worked. Sharing tools and resources (such as concept notes, briefs and presentations on care) and/or creating standardized resources, would create efficiencies and strengthen quality.	

RECOMMENDATION 5.

Strengthen measurement of the contribution of UN Women's programming to target care outcomes.

Based on Finding 7.

Priority: MEDIUM	Timeline: MEDIUM-TERM
Suggested steps to be taken: • Support programmes during the development stage, including through the Regional Project Appraisal Committee process, to ensure documents clearly articulate contribution to target care outcomes, where relevant, and draw on indicators being developed for the new TransformCare programme to track these outcomes. • Socialize the global "TransformCare" theory of change and examples of how programmes across different thematic areas can contribute to target outcomes with regional thematic leads. Support country Women's Economic Empowerment focal points to deliver this at the Country Office level. • Collate and share good practices across the region to tackle areas that require strengthening, including: effective indicators for measuring target care outcomes; tracking the use of knowledge products by consulting target stakeholders; disaggregation of data beyond sex and age to other dimensions as relevant, such as disability, informal workers or migration status; using baselines and endlines and longer-term tracking to analyse the effects of programming on women and girls, e.g. policy implementation, care infrastructure and services, and to track changes in time spent on care/employment; and qualitative approaches to identify unintended consequences, changing dynamics around care responsibilities, decision-making within the household and other barriers or levers to care outcomes.	
To be led by: Regional Office Women's Economic Empowerment policy specialist, with the support of the regional Care Economy specialist and regional Monitoring and Reporting specialist.	
Rationale and expected impact: Enhancing approaches to measuring care outcomes across all relevant programmes would improve the evidence base for what works in different contexts, support cross-learning across offices and provide more robust evidence of UN Women's impact on the lives of women and girls.	

RECOMMENDATION 6.

Strengthen work on social norms by integrating social norms considerations into all care programming; targeting institutions and not only communities in norms change; and by adopting a holistic approach to changing norms by pairing social norms interventions with efforts to improve care infrastructure and reform policies

Based on Findings 3 and 5.

Priority: MEDIUM	Timeline: LONG-TERM
Suggested steps to be taken: • Support Country Offices working on care to undertake assessments of specific social norms implicated in the care economy agenda in their specific contexts. To prepare for future programming, consideration should be given to communities and relevant institutions, and should draw on corporate guidance currently being developed. • Support Country Offices to review programming to see where efforts on changing norms within institutions can be strengthened, e.g. by engaging women's organizations and workers' unions to collectively lobby for improved care services and by advocating for governments and companies to increase investment in care infrastructure.	
To be led by: Regional Office Women's Economic Empowerment policy specialist, with the support of the regional Care Economy specialist.	
Rationale and expected impact: Current efforts to promote social norms change are not consistently integrated into broader care economy initiatives, limiting their overall impact. While UN Women has focused on shifting community attitudes, lasting change requires engaging institutions such as governments, employers and markets that shape care norms and infrastructure investments. There have also been limited efforts to support feminist movements and unions to advocate for stronger care services and investment in care infrastructure. Strengthening interlinkages between social norms and other programming, and targeting institutions would increase the likelihood of structural reform and effectiveness of programming.	

Produced by the Independent Evaluation Service (IES) of the UN Women Independent Evaluation, Audit and Investigation Services (IEAIS)

The UN Women Independent Evaluation Service is co-located with the Internal Audit and Investigation Services under the Independent Evaluation, Audit and Investigation Services (IEAIS). The UN Women Independent Evaluation Service's main purpose is to enhance accountability, inform decision-making, and contribute to learning about the best ways to achieve gender equality and women's empowerment through the organization's mandate, including its normative, operational, and coordination work. The Independent Evaluation Service also works to strengthen capacities for gender-responsive evaluation within UN entities, governments, and civil society organizations.

UN WOMEN EXISTS TO ADVANCE WOMEN'S RIGHTS, GENDER EQUALITY AND THE EMPOWERMENT OF ALL WOMEN AND GIRLS.

UN Women As the lead UN entity on gender equality and secretariat of the UN Commission on the Status of Women, we shift laws, institutions, social behaviors and services to close the gender gap and build an equal world for all women and girls. Our partnerships with governments, women's movements and the private sector coupled with our coordination of the broader United Nations translate progress into lasting changes. We make strides forward for women and girls in four areas: leadership, economic empowerment, freedom from violence, and women, peace and security as well as humanitarian action.

UN Women keeps the rights of women and girls at the centre of global progress – always, everywhere. Because gender equality is not just what we do. It is who we are.



220 East 42nd Street
New York, New York 10017, USA
Tel: 212-906-6400
Fax: 212-906-6705

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