

Market systems approaches to enabling > women's economic empowerment through addressing unpaid care work

CONCEPTUAL FRAMEWORK

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Contents

1. Introduction	3
Research overview	4
2. Background on unpaid care and market systems approaches	5
B.1. What is 'unpaid care' and why does it matter?	5
B.2. What are 'market systems approaches'?	6
3. Conceptualising unpaid care work within market systems approaches	8
C.1. Integrating market systems and unpaid care	8
C.2. Why should market systems approaches incorporate unpaid care factors?	10
C.3. Why should market actors be interested – what is the 'business case'?	10
C.4. Challenges	11
4. Addressing unpaid care work within market systems approaches	11
D.1 How can programmes consider unpaid care?	12
5. Integrating unpaid care into market systems programmes	16
6. Conclusion and next steps	18

1. Introduction

Women make significant, unrecognised contributions to local economies, and to economic development; however they face multiple and overlapping barriers to realising their full potential in terms of access to education, information, decision-making power, or earning power (among others).¹ Research has shown that the economic empowerment of women can build self-confidence, enhance women's agency within the household and community, and contribute to improved education, health and security outcomes for families.²

Market systems programmes are increasingly recognising the important role that women play in market activity and including women's economic empowerment and gender equality objectives.³ These programmes will commonly include components for women's training, business development and marketing or finance. However, unpaid care work is a significant and regularly overlooked factor which affects women's economic, political and social activities. A recent assessment by the Donor Committee for Enterprise Development (DCED) found that, of the 30 programmes reviewed, very few were measuring changes in gender inequality at the household level, and those that did were only focusing on assets, income and market participation. Moreover, seventy-five per cent of the programmes were not disaggregating results by sex, and almost none of them were measuring changes in agency, institutions and norms or status of women.⁴ In addition, there is presently little experience in incorporating an analysis of unpaid care within market systems approaches.⁵

Unpaid care work includes direct care of people, such as child care or care of dependent adults, and the domestic work that facilitates caring for people, such as cooking, cleaning or collecting water or firewood. Although care services are usually uncounted, unpaid care is work, and often occupies the majority of work hours for rural families – and it is critical for development. For example, inadequate state provision of key infrastructure such as energy, water and sanitation facilities in developing countries mean that rural households, especially poor women and girls, spend large amounts of time collecting water and fuel. In sub-Saharan Africa, women and girls spend 40 billion hours a year collecting water, equivalent to a year's worth of labour by the entire workforce in France.⁶ One study found that women's hours of care work as a primary activity were 4 to 7.6 hours a day, and hours that women reported having some care responsibility averaged 10-13 hours per day.⁷

The provision of care is a social good and a valuable activity that is essential for maintaining society, including for functioning of markets.⁸ The implications of invisible, unequal and heavy unpaid care work by women – often a half to two-thirds of women's total work hours – include time poverty, poor health and well-being, limited mobility, and perpetuation of women's unequal status in society.⁹ If care is not recognised, this invisibility, the unequal distribution of care responsibilities, and the extremely heavy nature of some care tasks is problematic not only for human development but also for market programmes. In many market development interventions, women's ability to participate in paid work – either as a business owner or an employee – is based on assumptions around the elasticity of women's time. However,

¹ Oxfam (2012), 'Gender equality: it's your business', Briefings for Business No 7. International Edition.

² Dolan, C, Johnstone-Louis, M. and Scott, L. (2012), 'Shampoo, saris and SIM cards: seeking entrepreneurial futures at the bottom of the pyramid', *Gender & Development*, 20:1 33 – 47.

³ Coffey (2013), 'Mainstreaming women's economic empowerment in market systems development', Practitioner Guidelines, Coffey International Development.

⁴ Wu, D. (2013), 'Measuring change in women entrepreneur's economic empowerment: a literature review', Donor Committee for Enterprise Development (DCED).

⁵ Jones, L. (2012), 'Discussion paper for an M4P WEE framework: How can the making markets work for the poor framework work for poor women and for poor men?' The Springfield Centre.

⁶ Carmona, M.S. (2013) Extreme poverty and human rights, Report of the Special Rapporteur on extreme poverty and human rights, United Nations.

⁷ Rost, L., Bates, K. and Dellepiane, L. (2015) 'Women's economic empowerment and care: evidence for influencing', WE-Care Baseline Research Report, Oxford: Oxfam

⁸ Chopra, D (2013) 'A Feminist Political Economy Analysis of Public Policies Related to Care: A Thematic Review', IDS Evidence Report, 9

⁹ Esquivel, V. (2013), 'Care in households and communities', Background Paper on Conceptual Issues, OXFAM Reports.

excessive or unequally distributed unpaid care work can often be an impediment to women's engagement in paid economic activities,¹⁰ or it means that additional work represents a burden and not a benefit for women. Addressing long hours, low productivity and the unequal distribution of care work is therefore important as an enabling condition for women's economic empowerment. Yet market approaches often fail to recognise unpaid care work because it is outside of the paid economy or because they fail to disaggregate roles and responsibilities at the household level, leading to ineffective interventions or negative unintended consequences.¹¹ Where programmes do identify excessive and unequal care responsibilities, they often face challenges in designing responses using facilitation approaches to enable sustainability beyond the initial intervention period (i.e. interventions that cannot be maintained long term).

This framing document sets out how the provision of care can be integrated conceptually within a market systems approach – to be tested through field work and exchange with programmes and practitioners – when baseline research and analysis determine that care provision is a critical issue affecting how programmes benefit women and men. Finally, it will explore the use of market systems approaches to design interventions that employ 'systems thinking' and techniques of facilitation to deliver sustainable, scalable, system-wide solutions.

Research overview

This research is being led by the Institute of Development Studies, in collaboration with Oxfam GB and their Ethiopia team, and has been commissioned by the BEAM Exchange. The overall objectives for the research, which focuses on using market systems approaches to enable women's economic empowerment through addressing unpaid care work, are to:

- Develop the concept of unpaid care work within the framework of market systems;
- Provide a case for why addressing unpaid care work is important for achieving market systems outcomes and impacts;
- Document and take learning from approaches to identify and diagnose unpaid care work and how it intersects with specific markets; and
- Explore the potential to use participatory, market systems processes to design interventions that address unpaid care work.

This document addresses the first objective, setting out how the provision of care can be integrated conceptually within a market systems approach. It has been produced as the result of collaboration with market systems practitioners, gender experts and donors as part of a working group on the topic, and a peer learning session led by IDS and Oxfam at the 2015 SEEP conference.¹² Follow-up field research on the use of market systems approaches to design interventions has taken place in Ethiopia, in collaboration with Oxfam-supported markets development programmes. This second phase has also engaged with other programmes and actors in Ethiopia working on market systems approaches and women's economic empowerment, through a series of interviews and face-to-face meetings. The research will result in co-constructed knowledge on unpaid care work and its relation to market systems approaches and women's economic empowerment, increased knowledge around the potential to design market systems interventions to address unpaid care work and in widening the community of practice through the engagement of gender and market systems professionals.

¹⁰ Coffey (2013)

¹¹ Jones, L. (2012)

¹² The SEEP Network is a global network of international practitioner organizations working in the area of inclusive markets and financial systems. The conference session took place on 1st October 2015. For more information on the conference session, see, <http://www.seepnetwork.org/2015-session-descriptions--full--pages-20788.php>.

2. Background on unpaid care and market systems approaches

B.1. What is 'unpaid care' and why does it matter?

Unpaid care work involves time and energy in supporting human well-being, arising out of social obligations. It includes (i) direct care of people, such as child care or care of dependent adults; (ii) housework – such as cooking, cleaning or collecting water or firewood; and (iii) unpaid community work undertaken for friends, neighbours or more distant family members, and work undertaken out of a sense of responsibility for the community. It is **unpaid** because it arises out of social or contractual obligations, such as marriage or less formal societal relationships; **care** because it is a group of activities that serves people in their well-being; and **work**¹³ because it is an activity that has costs – time and energy.¹⁴ Unpaid care work does not include unpaid work (which is not care), such as unpaid labour on family farms or in household enterprises, which is also common and which is often better recognised in value chain and market systems programmes.¹⁵

Care work is a valuable activity, which may be provided through a combination of paid and unpaid activities by different actors, including households, communities, the market and the government. It is a social good that sustains society and makes markets function.¹⁶ It also involves emotions, and the provision of care within households and communities is shaped by power relations and social norms which often identify care as a 'natural' role of women. These norms also mean that care may not be considered an activity that requires training or skills or that produces value. Furthermore, care work, in the majority of the cases, cannot 'not' be done. When adult women do less care work, the work may be transferred to paid care workers or men, but most often responsibility shifts to other women, daughters or grandmothers and/or the quality of the care provided will be lower.

There is increasing evidence about the extent and implications of unpaid care work, especially in poor or marginalised communities. For example, the United Nations Research Institute for Social Development (UNRISD) research on the political and social economy of care, based on data from six countries¹⁷ finds that for all countries, the time spent on unpaid care work by women is more than twice that for men, while men spend more time on paid work. When both paid work and unpaid care work are combined, women are found to do noticeably more work overall than men.¹⁸ Findings from Action Aid's programme 'Making Care Visible' in Nepal and Kenya, are that women are working 1.4 hours for every 1 hour worked by men.¹⁹

A report of the Special Rapporteur on extreme poverty and human rights, finds that this heavy and unequal unpaid care responsibility is a barrier to women's greater involvement in the labour market, affecting productivity, economic growth and poverty reduction. Across women's lifetimes, it also undermines progress towards gender equality and entrenches a disproportionate vulnerability to poverty.²⁰ Ultimately, it undermines the rights of carers, most

¹³ We are aware that some authors refer to unpaid care responsibilities, such as supervision, as well as 'work.' Our understanding of unpaid care work also includes the responsibility to look after others, which may imply reduced mobility even if no work is involved.

¹⁴ Elson, D. (2010), 'Gender and the global economic crisis in developing countries: a framework for analysis', *Gender & Development*, 18:2 201-212.

¹⁵ In practice this difference is not so clear – in part because households themselves may not draw this distinction and in part because there may be unpaid activities, such as providing meals for labourers on family farms, which blur the line between care and productive work. Also, care tasks are often carried out simultaneously to productive work. However, the key point here is that this report focuses on unpaid care work, and not on family labour in productive activities.

¹⁶ Chopra, D., and Sweetman, C. (2014), 'Introduction to gender, development and care', *Gender & Development* 22:3 409-421.

¹⁷ Argentina, Nicaragua, India, the Republic of Korea, South Africa and Tanzania.

¹⁸ Budlender, D. (2008), 'The statistical evidence on care and non-care work across six countries, gender and development programmes', Paper number 4, Geneva: UNRISD.

¹⁹ Budlender, D. and Moussié, R. (2013) *Making Care Visible: Women's unpaid care work in Nepal, Nigeria, Uganda and Kenya*. ActionAid

²⁰ Carmona, M.S. (2013)

often women and girls, and limits their opportunities, capabilities and choices, often limiting their economic alternatives, if any, to irregular, low paid and/or unsafe work.²¹

While care work is indispensable for society and for markets, what is problematic is that unpaid care is often (i) **invisible**, because it is unpaid, and therefore under-valued or ignored, for example in market or economic analyses, in public policy, and often by households and carers themselves; (ii) characterised by **extremely heavy care tasks**, most notably in poor communities without adequate services; and (iii) **unequal**, meaning that poor, marginalised communities spend more hours on care work, with the biggest responsibility falling on women and girls.²² The amount and patterns of care work within a household is determined by factors availability of time- and labour-saving technology; the availability and cost of substitutes to undertake housework; the economies of scale derived from different family arrangements; social norms and the role of income in individuals' bargaining in or out of housework, as well as social norms. The provision of infrastructure and services by the community, state or market also have a substantial impact on the quantity and nature of care work a household is required to undertake.²³ Where social norms deem care as a personal, private and family issue, they often leave other stakeholders, such as the state, free of their responsibilities to provide services, infrastructure and policies that support care.

The unequal, heavy and invisible nature of unpaid care work can contribute to time poverty, limited mobility and poor health and well-being. This in turn affects families' food and nutrition security, for example and the overall health of the household.²⁴ Care work is also undercounted and undervalued because care tasks are often carried out simultaneously to paid and productive work, or when the carer is also studying, eating, resting or socialising, with these activities recorded in time-use studies. The 2015 Household Care Survey captured 'secondary activities' of care and hours when respondents were responsible for looking after dependents.²⁵ When this simultaneous care is included, adult women reported an average of 11.5 hours per day of care responsibility, almost double the 5.9 hours of care work as a primary activity. The under-recognition of unpaid care work also means an underinvestment by households, communities and the state to make care activities lighter and more productive.

Social norms often identify care as a personal, private and family issue. These norms mean that care may not be considered an activity that requires training or skills or produces value. Also, social norms determine culturally acceptable roles for men as well as women, and men can face a backlash for going against these norms. Individual men who attempt to do more care tasks, or women who attempt to do less, may be considered 'unnatural'. Widespread evidence shows that criticism, shaming and violence may be mechanisms to enforce these 'natural' gender roles. Often it is woman who do not want men doing care work for fear of being stigmatized by the community.²⁶

B.2. What are 'market systems approaches?'

Market systems approaches aim to **reduce poverty by transforming an economic system** (market system) in which poor households could or do participate by buying or selling goods,

²¹ Chopra, D. (2015), 'Balancing paid work and unpaid care work to achieve women's economic empowerment', IDS Policy Brief, 83. Brighton: IDS.

²² Throughout the rest of this report, the discussions of the problems of unpaid care work are intended to refer specifically to this invisible, extremely heavy and unequal nature of the work, rather than to all care activities in general.

²³ Esquivel, V. (2013)

²⁴ Grassi, F, Landberg, J., and Huyer, S. (2015), 'Running out of time: The reduction of women's work burden in agricultural production', Rome: Food and Agriculture Organization of the United Nations (FAO).

²⁵ Rost, L et al. (2015)

²⁶ Budlender, D. and Moussié, R. (2013)

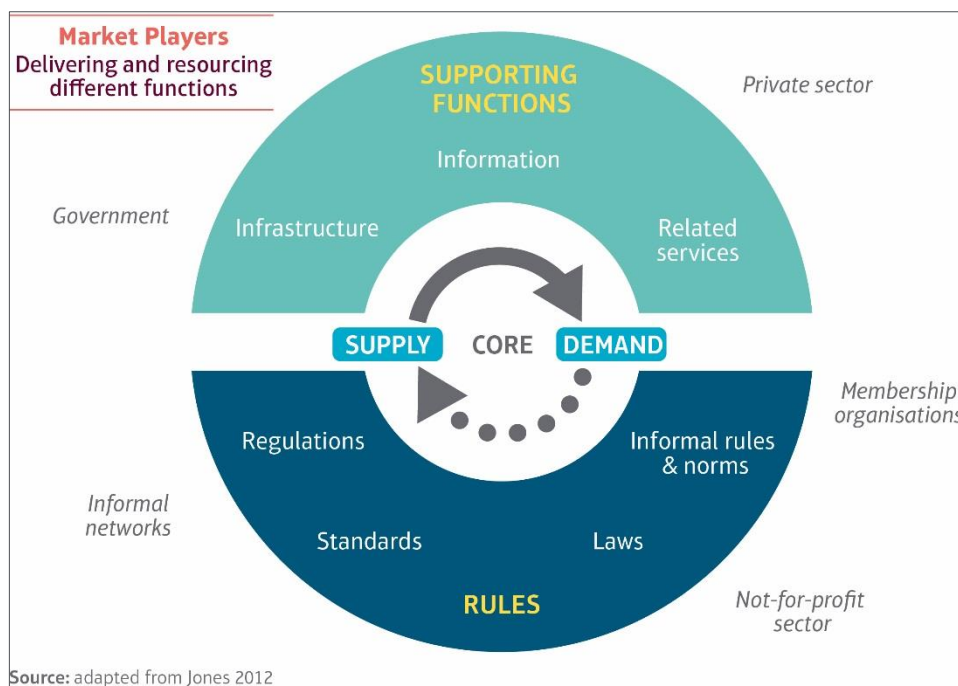
²⁷ This section is based on information on the BEAM Exchange website (www.beamexchange.org) and The operational guide for the making markets work for the poor (M4P) approach

services or labour. Figure 1 represents how a market system can be depicted, applicable to any sector.

A market system, as represented in Figure 1, includes:

- A **core market** where goods or services are exchanged – often through a chain of transactions (value chain)
- **Supporting services**, resources and infrastructure (e.g. roads, inputs, transport, credit)
- **Formal and informal rules** that influence how market exchanges take place (e.g. gender norms affecting women’s access to certain type of jobs).

Figure 1. Market system



How the market system functions determines the impact of that market on poor women and men. Market systems programmes seek to **catalyse change** to make markets more financially rewarding or accessible for marginalised communities, and resilient in the long term. They do so following certain principles:

- Tackling underlying causes of market failures, rather than the superficial symptoms,
- Designing interventions to leverage the incentives and capabilities of system stakeholders to reach long-term changes, and
- Using systems thinking to guide the implementation of interventions, acknowledging that markets involve interrelationships between many stakeholders. Each has a unique set of characteristics based upon their position, role and experience of the market system, with system and power dynamics emerging from the interaction between them.

3. Conceptualising unpaid care work within market systems approaches

C.1. Integrating market systems and unpaid care

The ultimate goal of market systems approaches is poverty reduction for women and men. Market systems programmes that seek to ensure women also benefit tend to focus on enabling women's access to assets and services that enhance the efficiency of their participation in and their benefit from markets, including training, business development skills and finance. However, unpaid care work is also a factor affecting women's ability to participate in markets. Yet, if the market system is understood to only include the portion of men's and women's resources and activities associated with marketed goods and services, then one of the key insights of the systems approach – that services, infrastructure, norms and institutions outside the core value chain transactions affect how markets function – is underutilised.

There are three key ways in which unpaid care work affects women's ability to benefit from market opportunities. These are through impacts on women's time, mobility and agency.

- Time - women's time is rarely elastic, particularly in poor households. Women's daily activities require involve a mixture of tasks pertaining to domestic care work, subsistence, productive work and rest and productive work. The exact nature of this work is context specific, but in all contexts, the time spent on unpaid care work is substantial. The more that women increase or decrease time spent in one sphere directly affects time availability in the others.
- Mobility – social norms dictate women's responsibility to look after dependents or prepare meals at specific times of the day, for example. These responsibilities in turn limit women's mobility and their ability to engage in certain economic activities or to find more stable employment.
- Agency and decision-making power – the invisibility of care work contributes to the perception of women 'not contributing' to the household economy, and women's low control over household income and resources. This low decision-making power then affects their ability, for example, to buy labour saving equipment to facilitate care work. Low decision-making power is also related to confidence and status in market-related decisions.

These factors are inter-related. For example, women's time poverty affects their ability to participate in community or co-operative decision-making bodies; or where women are unable to leave their house and participate in marketing of crops, they may lose control over the money that is earned from their production.

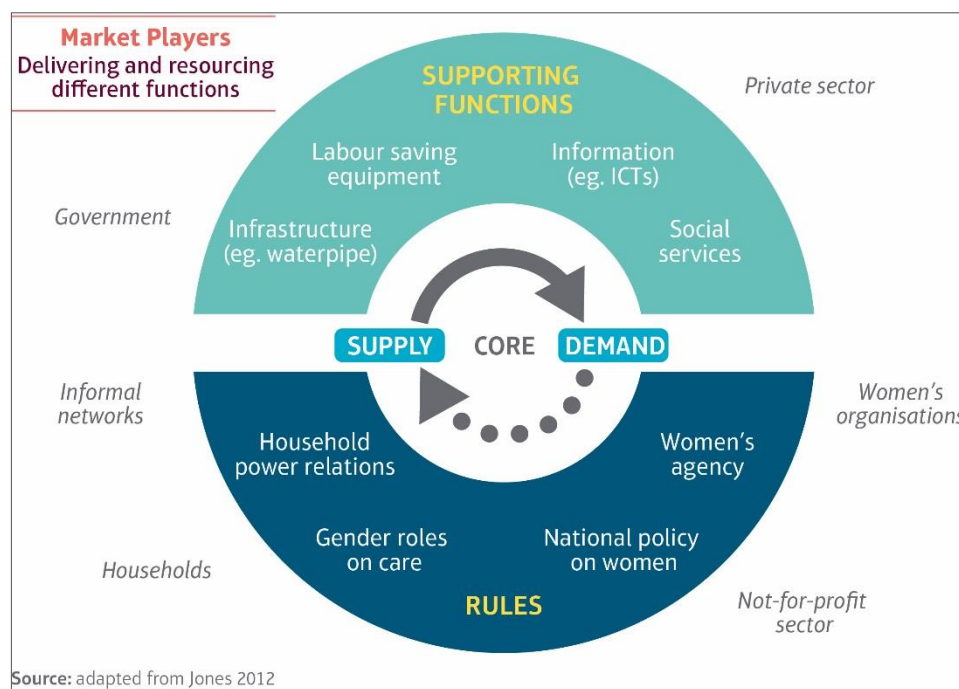
Enabling and dis-enabling services and institutions

Women's time, mobility and agency are in turn influenced by a number of other factors that form part of the services, resources, infrastructure and institutional environment that underpin the market system and act as enablers or disablers of markets that work for women, depending on their presence or absence. These include:

- Power relationships within the household or within the community, which influence decision-making, such as choices about the type of community or public investment in infrastructure, with women lacking voice and control over how time is used, how income is spent, or how decisions are made within the household.

- Social norms that govern women’s and men’s behaviour, which may dictate traditional unpaid care roles that have to be carried out by women, or which are not considered appropriate for men.
- Unequal formal rules or policies which maintain unequal structures that, for example, obstruct women’s access to land; provide lower public investment towards care-related infrastructure; or hinder women’s representation in leadership positions.
- Access to social networks or other organisation that increase women’s collective action and, for example, the ability to challenge or change formal and informal rules.
- Access to information, which in turn facilitates access to markets, services, inputs or public goods. Women’s relative lack of access to information contributes to their isolation and undermines their ability to access public goods or defend their rights – which requires first knowing about their existence.
- Availability of social support services like health care and childcare, and goods equipment and infrastructure that facilitates and increases the productivity of care reduces unpaid care work or makes it easier to combine productive and reproductive work (e.g. mobile telephones can overcome the constraint of reduced mobility).
- Geographic accessibility of markets, training, collective organisations, etc.
- Perception of unpaid care work as requiring low skills and contributing little value, linked to women having lower self-confidence, and lower status and negotiating power in families.

Figure 2. Factors related to unpaid care within market systems



C.2. Why should market systems approaches incorporate unpaid care factors?

Agricultural sector research shows that interventions often increase household time burdens.²⁸ This is true for women, men and children, but often women in particular face heavy loads.²⁹ For example, women's increased access to market opportunities may lead to overwork and negative health impacts for women. Or it may oblige women to transfer their caregiving responsibilities to others within their family (e.g. daughters), lowering the quality of care provided (e.g. quality of food) or harming the younger daughter (e.g. not allowing her to go to school). On the other hand, well-designed systemic programmes can reduce time burden, both in relation to agricultural activities (e.g. through value chains that include collection at the farm gate, rather than household members having to take it to market) and through improving the productivity of care activities (e.g. reducing time to collect firewood).

C.3. Why should market actors be interested – what is the 'business case'?

The consequences for women when programmes do not take unpaid care into account are often readily apparent. In addition, there are important incentives for markets actors to address care issues. Diagnosis that identifies women and households who could or do participate in the market system, but are spending excessive time in doing care activities, can build understanding of the issues amongst market actors, and support for market or workplace interventions targeting unpaid care work.

A recent report by Markel et al. summarises the most common incentives to attract the private sector to include and empower women: (i) accessing untapped employee talent; (ii) improving supply chain reliability; (iii) reaching female customers; (iv) opening new distribution channels; (v) enhancing the brand and reputation of the business; and (vi) furthering social impact.³⁰ A survey of companies by McKinsey found that, of those that invest in programmes targeting women, 34 percent reported increased profits and 38 percent indicated the expectation that their profits will rise due to their efforts to empower women.³¹

In the horticultural industry, for example, a study by Bamber and Fernandez Starck³² found that women's roles are often linked to harvesting, packing, storage and processing – areas where employers perceive women to have better skills. Since these are also tasks that directly impact the quality of agricultural supply or the amount of losses from post-harvest waste, there are good business reasons to support changes that allow women to engage and benefit from market activities. Addressing unpaid care issues can also allow companies to attract and retain female employees. TexLynx, a textile company in Pakistan has set up initiatives such as employee day-care centres to support their workers to balance their productive and care work.³³

Some companies have also argued that improved care services support 'thriving communities' and thus the sustainability of the sector or the supply chain. For one thing, when women control additional income, they spend it on food, health, clothing and education for their children, making a positive impact on household well-being as well as long-run human capital formation and economic growth.³⁴ Addressing aspects of workers lives that lead to exhaustion can also lead to more productivity. This logic leads many employers to provide transportation to avoid workers walking many miles at dawn to arrive at work, or hours on crowded public

²⁸ Johnston, D., Stevano, S., Malapit, H., Hull, E., Kadiyala, S. (2015) 'Agriculture, gendered time use, and nutritional outcomes a systematic review', IFPRI Discussion Paper. Washington DC: IFPRI

²⁹ Esquivel, V. (2013)

³⁰ Markel, E., Hess, R. and Loftin, H. (2015) 'Making the business case: Women's economic empowerment in market systems development', USAID: Leveraging Economic Opportunity (LEO) Report #11.

³¹ McKinsey & Company (2010), 'The business of empowering women', Social Sector Office, London: McKinsey.

³² Bamber, P and Fernandez Starck, K. (2013) 'Global value chains, economic upgrading, and gender in the horticulture industry' in Staritz, C. and Reis, J. (eds) (2013) Global value chains, economic upgrading, and gender. Case studies of the horticulture, tourism, and call center industries. The World Bank: International Trade Department. Gender Development Unit

³³ Markel et al. (2015)

³⁴ Food and Agriculture Organisation (FAO) (2011) Women in agriculture, closing the gender gap for development, The State of Food and Agriculture 2010-2011, Rome: FAO

transportation. A similar argument can be made about unpaid care work grinding grains or carrying water at dawn: leading a mining company in Zimbabwe to offer water storage tanks and equipment, which reduces the intensity of household water collection.

C.4. Challenges

Some market systems practitioners and market actors, such as companies, see unpaid care work and related enabling and dis-enabling factors as irrelevant or unrelated to their core business. They may fear that including unpaid care as part of their diagnosis and intervention design will move them beyond their core competencies or dilute their focus on improving market productivity and incomes. Or, if they do recognise the importance of unpaid care, they may not know how to facilitate sustainable, long-term solutions to it.

It is true that including unpaid care within a market systems approach may require additional knowledge, tools, skills and resources. However, it is precisely the systemic nature of market systems approaches that provides a strong basis for understanding care work as part of the wider market system, through:

- Documenting unpaid care in a gendered market analysis of the access, control, roles and responsibilities of the target group.
- Identifying where care work affect's women's ability to purchase productivity – enhancing inputs and services, access to market opportunities or access to public goods – and therefore their ability to engage in paid economic activities or reach expected productivity and quality levels.
- Addressing underlying systemic constraints to unlock 'pro poor opportunities for growth' such as strengthening women's participation in public fora, which influence decision-making around infrastructure and support services.

4. Addressing unpaid care work within market systems approaches

D.1 How can programmes consider unpaid care?

The first step for programmes is to undertake a gendered market analysis. This needs to consider unpaid care (and not only the productive activities done by women and men), how it impacts or is impacted by the way the market system and its subsystems currently work (e.g. reduced acceptance of women in various jobs, low involvement in management or decision-making functions), as well as how it may impact or be impacted by any interventions being planned.

There are theoretically three different (though not mutually exclusive) ways³⁵ programmes can consider unpaid care. These are:

1. Adapting programme delivery to take account of unpaid care work (mainstreaming).
2. Designing interventions to address specific constraints.
3. Focusing on unpaid care as a strategic market sector.

1. Adapting programme delivery to take account of unpaid care work (mainstreaming)

This is a 'do no harm' approach that requires being aware of unpaid care, not assuming that women's time is elastic and can stretch to new activities, and avoiding policies or practices that undermine care.³⁶ As new economic opportunities are created and taken up by women, it is also important to understand how women had used their time previously, how the functions that women once performed are now being provided and the impact of these changes – for example on girls within the household, if they have to take on the care work.

This mainstreaming approach also considers the equity of impact (for women and men) of results across different elements of the market system. While women may be involved in farming, they may have limited time or mobility due to care responsibilities, and so be unable to attend training that would improve their productivity or travel to market to meet with buyers. In India, for example, women work in the cotton industry, but have reduced social mobility, partly because of unpaid care work. This means they are often unable to be represented in the decision-making bodies of cooperatives.³⁷ By understanding such constraints, market activities can be designed to be more accessible to women, or care work can be reduced or redistributed.

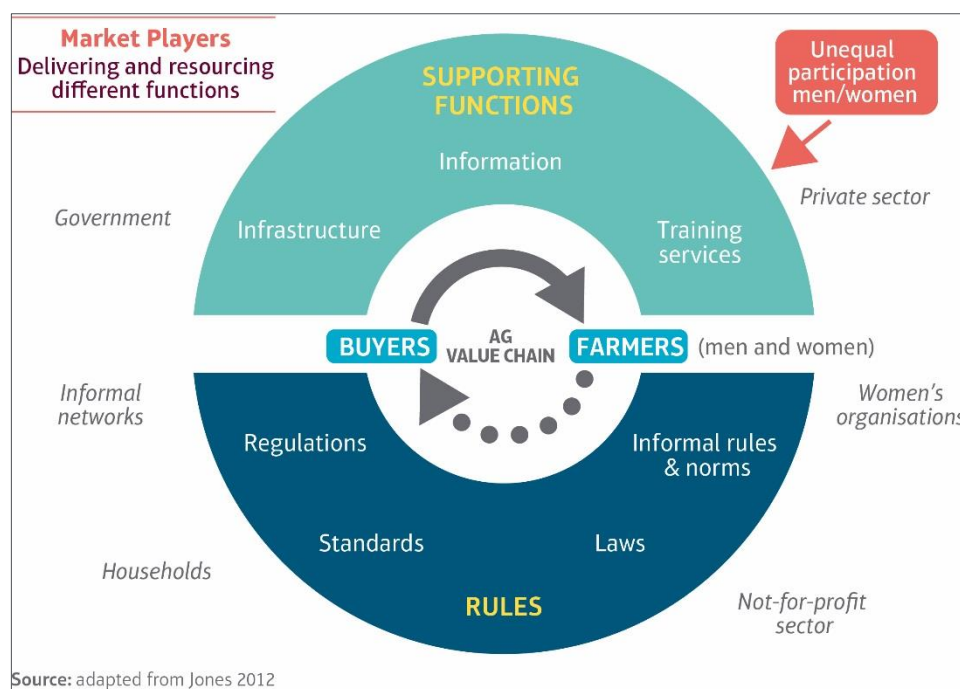
Finally, an understanding of social norms is also important. Labour saving devices can increase the productivity of inefficient care tasks, while increased disposable income can be used to buy goods or services which free up time for other activities. However social norms can lead to unexpected outcomes. For example, these norms may create expectations that women bake their own bread (even when bread may be purchased in the local market) or hand-wash clothes (even if a washing machine is available).

³⁵ There is a fourth possibility. Currently, market systems programmes take for granted a broad economic and social paradigm in which those involved in household care activities are not remunerated, and these activities are not captured within the national accounts, which focus on economic indicators and exclude non-economic measures like well-being. One approach would thus be to change this overall paradigm so that care is recognised, valued and better distributed. However, this is beyond the scope of most if not all market systems programmes.

³⁶ Agricultural production that overly exploits water, fuel (forests), energy, may reduce these resources for household uses, and inadvertently increase care work. Likewise, employment that increases the (risks of) illness or injury (e.g. pesticides, mining) will raise the workload of caring for ill or injured household members.

³⁷ Fairtrade Foundation (2015), 'Equal harvest, removing the barriers to women's participation in smallholder agriculture'.

Figure 3. Unpaid care work mainstreamed



2. Designing interventions to address specific constraints

In addition to integrating unpaid care work as part of the overall market system analysis and intervention design, programmes may also take a more targeted approach in designing interventions to address specific constraints. This is likely to be the case especially where a specific group – e.g. women dairy producers – which are the focus of the programme, identifies aspects of care work as affecting supporting services and functions, such as their ability to access veterinary services or participate in key decision-making fora. The interventions would target the underlying causes of these constraints (Table 1).

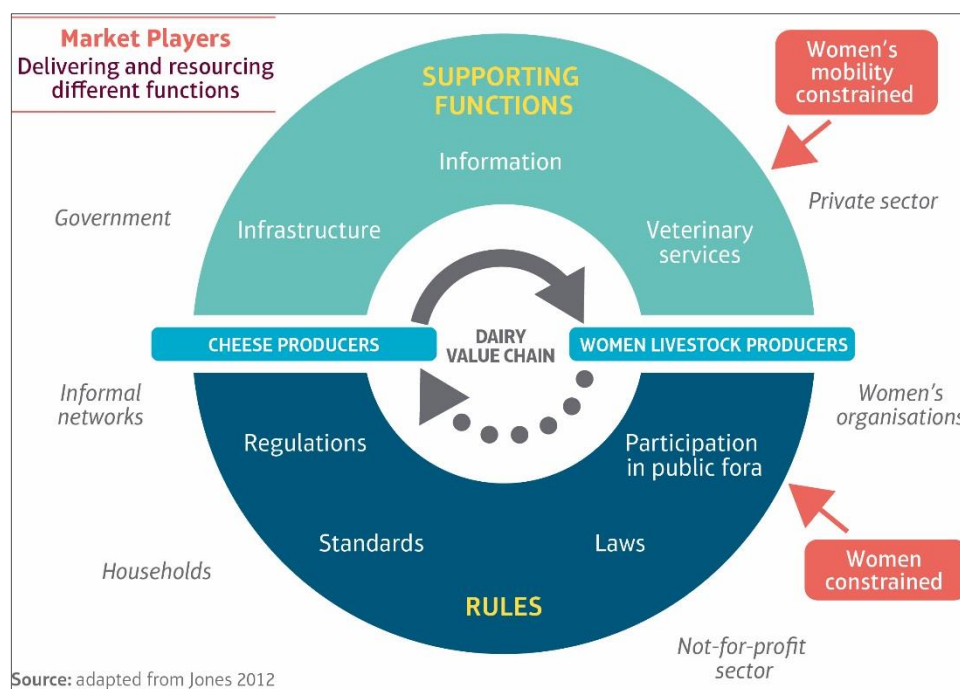
Table 1. Examples of interventions addressing time poverty using labour saving devices

Task/activity	Existing practice	Technologies, services and practices with labour-saving potential
Water collection	Walking to fetch water from potentially unsafe water source	Improved household water sources
Fuel wood collection	Wood collected from community owned resources	Woodlots; agroforestry practices; improved fallow
Cooking	Cooking on traditional open fires using traditional biomass or charcoal as fuel	Fuel-efficient stoves, using traditional biomass/ modern biofuels; Solar cooking; Small-scale low cost power supplies, using diesel/ renewable energy sources
Care work	Looking after family and undertaking essential domestic and productive tasks	Rehabilitation/construction of care centre infrastructure; Support to local stakeholders and run care services

Source: Grassi et al. 2015

These could include unequal childcare responsibility, low decision-making power in the household or community around services, technologies and infrastructure, or restrictive social norms.

Figure 4. Heavy and unequal unpaid care as a systemic constraint



The interventions would target the underlying causes of these constraints, such as unequal childcare responsibility, low decision-making power in the household or community around services, technologies and infrastructure (See Table 1 for examples), or restrictive social norms. Such interventions might include creating incentives for cooperatives to set up a crèche, or strengthening women’s and men’s agency to influence baseline perceptions regarding men’s and women’s roles.

As for all market systems approaches, the intervention design will need to consider what is feasible – e.g. where there are incentives and capabilities for actors to make changes. However, programmes should not assume that there are no incentives for market actors to make changes (see Section C.3 on the ‘business case’), or that social norms cannot change. Assessments and interventions that are inclusive and participatory, where men are involved and women are supported to speak up about their priorities, have been successful, and have avoided conflicts in households and communities.³⁸ However, programmes do need to be sensitive to the potential for conflict, when raising issues about gendered roles. Women should be the ones deciding which risks they take, and consideration of what support women have or need in making changes, for instance through collective action groups, is important. Better understanding of how changes in norms happen, and family and societal choices about the provision of care are made, is also key.

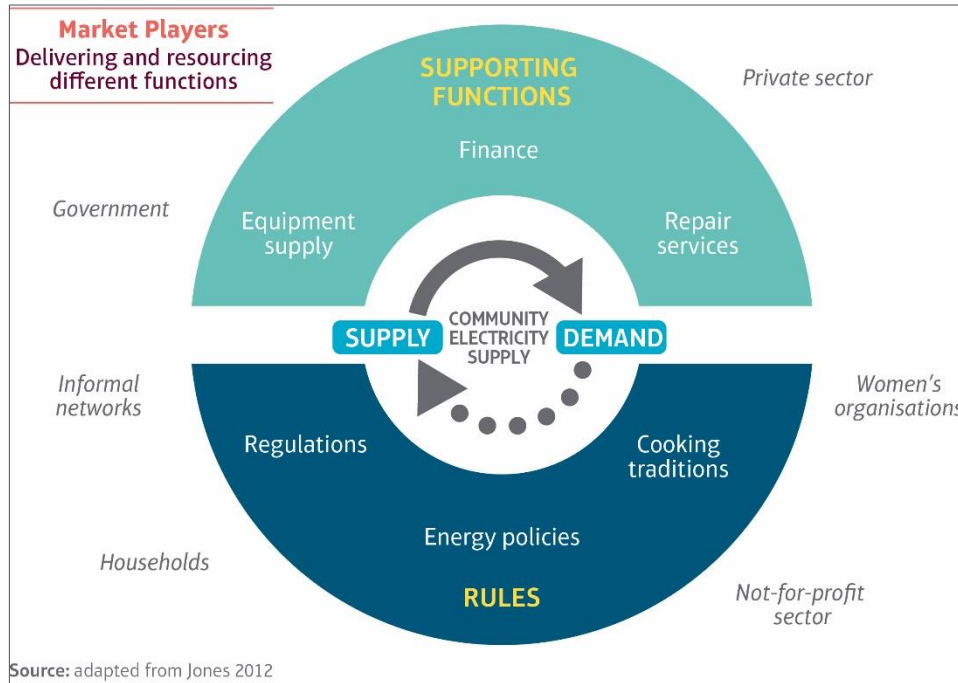
3. Focusing on unpaid care as a strategic market sector

Finally, care, or specific services related to care provision, such as childcare, electricity provision or meal preparation, are systems themselves, in which different actors including households, communities, governments and markets provide relevant products, services, infrastructure, rules and norms, subsidies and incentives. These systems could be the main focus of a programme – such as the development of a market-based community electricity supply. Interventions would address constraints in the supporting functions such as information, finance, equipment, policies and regulations and household norms around energy and energy use.

³⁸ Kidder, T et al. (2014), ‘Not ‘women’s burden’: how washing clothes and grinding corn became issues of social justice and development’, *Gender & Development*, 22:3, 495-513.

The key difference between this framing of care as a market system in itself, and the previous framing of unpaid care as a systemic constraint within another market system (dairy for example,) relates to the focus of the programme. In this framing, care or a specific aspect of care (be it a nursery or community-based electricity supply service) would represent a strategic market sector - a value chain with pro-poor growth potential that can reach scale and sustainability through interventions that address the supporting institutions, services and infrastructure.

Figure 5. Care as a market system



5. Integrating unpaid care into market systems programmes

In general terms, interventions can be categorised into the four 'Rs' of recognition, reduction, redistribution and representation³⁹ as follows:

- Recognition of unpaid care work so that it is “seen” and acknowledged as being “work” and “production.” Programmes may then adapt interventions in light of a better understanding of care work, or include compensation for the work.
- Reduction of unpaid care work so that the burden of certain tasks is reduced. Interventions can support markets to better deliver a specific service (healthcare) or product (fuel efficient stoves). For example, if healthcare services are closer, women’s time accessing facilities is reduced.
- Redistribution, so that the total unpaid care work to be done is more fairly distributed among households, communities, state and the private sector. For example, factories may be supported to develop childcare facilities. As discussed in prior sections, in many cases there are good business reasons for companies to support women.
- Representation, by increasing women’s voice in their household and community, or their access to leadership positions. Often cooperative or community leaders are male, with decisions taken often failing to reflect women’s specific needs. By increasing women’s voice and providing them with spaces to discuss their issues and raise them to the community, some unpaid care work constraints can improve.

Table 3 presents a simple mapping of changes, from mainstreaming unpaid care work to ‘do no harm’ (without changing care responsibilities); to interventions to reduce or redistribute excessive unpaid care work, and finally changes to institutional and power relationships through women’s representation, or changes to norms and regulations that influence the structure of productive and/or care work.

No change in roles or extent of care responsibilities

By recognising unpaid care work, programmes should, at a minimum, mainstream an understanding of care in their interventions. This means avoiding unintended consequences, as well as ensuring that women as well as men benefit from interventions. Programmes ‘accommodate’ unpaid care work, for example by identifying women’s lack of mobility as a constraint and facilitating changes in the market that reflect this constraint without overcoming it. While this type of intervention does not provide a ‘solution’ to problematic care tasks, it aims to ensure that market changes facilitated benefit both men and women. For example, women often cannot access information because of the location where information is provided or the timing when it is made available.

³⁹ Apila, H.M et al. (2011) Recognise, redistribute, reduce the women’s unpaid care burden: Women and the work they do for nothing, ActionAid Uganda.
Fälth, A., and Blackden, M. (2009), ‘Unpaid care work’, Policy Brief Gender Equality and Poverty Reduction, Issue 1, UNDP.

Table 3. Categorising potential interventions responding to unpaid care work

CATEGORY	No change in roles or extent of care responsibilities	Overcome market and government failures affecting care responsibilities		Changes to institutional and power relations	
APPROACH	Adapt market system in light of a better understanding of care work	Reduce arduous and inefficient care tasks	Redistribute some responsibility from women to men or from household to state/market	Improve representation (bottom up)	Change norms and regulations
EXAMPLES	<ul style="list-style-type: none"> • Location of market/produce collection points • Timing/location of training, inputs or technical assistance • Technology, e.g. mobile banking 	<ul style="list-style-type: none"> • Labour saving equipment, e.g. grain grinding, laundry facilities, improved stoves • Village water source or electricity • Prepared foods (labour-saving products) 	<ul style="list-style-type: none"> • Redistribution of labour within the household • Provision of crèche or child-minder service • Elder care • Health services e.g. at work or community 	<ul style="list-style-type: none"> • Women's social capital e.g. support groups • Quotas for women in leadership • Increases in women's negotiating power in the household 	<ul style="list-style-type: none"> • Influence social norms, e.g. through media, role models • Advocacy to change labour laws or standards re work hours or maternity

Overcome market and government failures affecting care responsibilities

Market systems approaches can be used to reduce or redistribute care responsibility. Facilitating change to redistribute responsibilities could include enabling collective action within communities leading to the development of communal water collection points; or identifying the incentives for the private sector to provide crèches at the workplace, as well as health care or transportation solutions. Labour-saving technologies and services to reduce domestic work are other options that have received relatively significant attention within livelihoods and value chain work.⁴⁰ Their availability may be facilitated through a market systems approach. However, ensuring that technology is available does not guarantee that it is used, or used by women. Informal norms and power relations often mean that technology is unused, or is dominated by men.⁴¹

Changes to institutional and power relations

There are unlikely to be quick fixes, such as the 'simple' introduction and diffusion of labour saving technology. Changes in social norms and behaviour are also likely to be needed. This is often the most difficult area for programmes to understand how to address using facilitation approaches. However, addressing institutional and power relations is about working with local actors – local government, community organisations, CSOs and business – and identifying (and unlocking) incentives for these actors to change behaviour. Interventions that support changes to agency are in line with the principle of facilitation, as they are about changing the capability of market actors (the women) to be able to behave in new ways.

While increasing women's representation and driving bottom up change is often seen as challenging, there are certain approaches that can help. For example, Oxfam summarises four factors that are associated with women's negotiating power in the household where changes could be facilitated:⁴²

⁴⁰ IFAD (2009), 'Gender in agriculture, sourcebook, agriculture and rural development'.

⁴¹ Grassi, F et al. (2015)

⁴² Kidder, T. (n.d.), 'Women's economic leadership in agricultural markets and enterprises, linking gendered household and market analysis' Grow Sell Thrive. Gendered Enterprise and Markets Programme. Oxfam GB.

- Present or future income
- Assets (e.g. equipment, finance, land)
- Knowledge and skills (e.g. ability to operate farm machinery)
- Perception of economic contribution – making women’s contribution more visible changes women’s and men’s perceptions and can make negotiations more balanced.

Other measures that go beyond the household include facilitating the representation of carers in decision-making, e.g. within community or government processes; encouraging women’s leadership, e.g. through buyer requirements around women’s leadership; and supporting collective action groups that strengthen the voice of women.

6. Conclusion and next steps

This initial conceptualisation of unpaid care and market systems highlights the importance of addressing the patterns of care provision to improve market outcomes as well as achieve wider development aims. Care is a social good, and a valuable and essential activity for maintaining society and the functioning of markets. The conceptualisation also clarifies the relationship between unpaid care work and the productive and market activities promoted through women's economic empowerment initiatives in market systems approaches. The framework shows unpaid care as a substantial proportion of the work carried out by poor families, especially women, with many inefficient tasks limiting productivity and mobility for market work. Thus unpaid care is a significant factor affecting the functioning of markets, and the degree to which poor families are able to benefit from markets. Where programmes ignore this relationship, it can be detrimental for both social outcomes linked to care and for market activities.

Market systems programmes should, at a minimum, incorporate an understanding of care work into market analysis, to avoid unintended consequences and ensure that women as well as men benefit from interventions. In many cases, market systems approaches and interventions will need to address underlying constraints linked to existing unpaid care arrangements that affect women's time, mobility and agency. An important first step is to ask questions that lead to a better 'recognition' by women and men of unpaid care. Interventions may also support the adaptation of the market system to allow women to benefit from economic opportunities while still performing care work, or they may reduce or redistribute care work, or change institutional or power relations that determine the pattern of care responsibilities.

The ideas set out in this document will be further explored through field research on the use of market systems approaches to design interventions, which will undoubtedly lead to revisions in the framing. We would also welcome further comments and feedback.

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