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Coupling Unpaid Care Domestic Work with Local Development Agenda for Improved Care Systems in Ethiopia

Impact Story 6

KEY IMPACTS

This project set out to strengthen the recognition, valuation, and integration of an unpaid care and domestic work (UCDW) agenda within Ethiopia's national and sectoral development frameworks. The project's main contribution to the care sector is establishing a credible, Ethiopia-specific evidence base that positions UCDW as a measurable economic contribution and a core gender equality issue.

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Project Overview

The [*Coupling Unpaid Care Domestic Work with Local Development Agenda for Improved Care Systems in Ethiopia*](#) project set out to generate evidence and strengthen the recognition, valuation, and integration of an unpaid care and domestic work (UCDW) agenda within Ethiopia's national and sectoral development frameworks. It targeted policymakers, sector ministries, women's associations and civil society actors, while working closely with the Ministry of Women and Social Affairs (MoWSA).

The project responded to the persistent invisibility of UCDW in policy and planning, despite its significant contribution to the national economy/GDP and its disproportionate burden on women. Through the generation of robust national evidence and policy insights, the project sought to reposition UCDW as a critical economic and gender equality issue. This included the study, counting UCDW in the GDP for the first time in Ethiopia, voicing for the revision of the national gender mainstreaming and social inclusion guideline, and scaling-up and informing the research findings to policy and decision makers, broader sector ministries, development partners through consultations and dialogue session.

Project Activities

The project combined applied research, policy analysis and strategic policy engagement. Two major research streams were implemented:

- valuation of the contribution of UCDW to national economy using existing survey data, and
- implementation research assessing gaps in national and sectoral Gender Mainstreaming (GM) Guidelines through a UCDW and intersectionality lens.

Findings from the research streams were synthesised into two research reports, concise policy briefs, journal manuscripts, and a training toolkit and draft policy actions for revising the GM guidelines. These outputs were reviewed and validated through multiple technical committee meetings and stakeholder workshops involving representatives from the MoWSA, sector ministries, women's associations, CSOs, and INGOs.

To support uptake, the project also engaged in communications, including media dissemination (e.g., radio broadcasts) and ongoing stakeholder engagement through workshops, webinars and policy dialogues, ensuring findings were accessible and actionable for decision-makers.

The project outputs were strategically launched and handed over in a high-level national workshop to the representatives of the legislative body/the House of People's Representatives (HoPRs) after an information session. The launch and dissemination of the project outputs was attended by the Health, Social, Culture, and Sports Affairs Standing Committee; Women's Caucus Executive Committee; Members of the HoPRs in the presence of representatives of Sector Ministries, CSOs, WROs, research institutions, media, INGOs and UN Agencies.

Project Achievements

A key achievement has been informing policy makers, parliamentarians and senior experts for evidence-based policy actions. During the validation and consultation meetings, the two research reports were disseminated and respective policy briefs that translate complex research on unpaid care into accessible messages for decision makers were also realised. For the first time in Ethiopia, the project generated evidence on the monetary value of UCDW, demonstrating its substantial contribution to the national economy/GDP.

Using replacement cost and opportunity cost methods, the research showed that women spend significantly more time on unpaid care than men (41 hours per week compared to 21 hours) and that UCDW contributes between 16.8% and 22.6% of Ethiopia's GDP. During validation workshops, stakeholders acknowledged that the study challenged the widespread assumption that unpaid care cannot be valued or measured. It also articulated the importance of undertaking periodic Time Use Survey to count the contribution UCDW.

The project also influenced policy discourse on GM. The implementation research revealed that UCDW and intersectionality are largely absent or weakly addressed in existing GM guidelines. These findings have generated increased interest among government institutions, particularly MoWSA, in revising guidelines and strengthening support structures for caregivers. As a result, ministries and civil society actors have begun requesting the research and policy briefs as reference inputs for ongoing policy and advocacy work.

The reports, policy briefs, generic policy actions for the GM Guideline, and the manuscripts have been published and disseminated during the national launching workshop, distributed to all government and CSO/INGOs, and posted on the NEWA and IDRC websites.

Challenges & Lessons Learned

Progress was affected by delays due to complex political environment, which postponed some planned trainings and policy dialogues. In addition, early consultations revealed misunderstandings around the concept of “unpaid” care, with some stakeholders initially interpreting it as a demand for payment within households rather than an economic and policy issue. The radio programme broadcasted was crucial to reach the general public, raise awareness and challenged the stereotype that women engaged in UCDW are ‘housewives’ believed to be with ‘no job’ simply because their work is not monetized or counted as household income.

A key learning was the importance of sustained orientation and dialogue. Repeated engagement through validation workshops, webinars, and technical committee meetings proved essential in building shared understanding of UCDW, intersectionality, and their relevance for national development planning and redressing them as barriers of gender equality or enablers of gender inequality. In particular, the importance of intersectionality became clear, as existing policies often overlook the differentiated experiences of groups such as rural women and women with disabilities.

Care Sector Contributions & Next Steps

The project’s main contribution is establishing a credible, Ethiopia-specific evidence base that positions UCDW as a measurable economic contribution and a core gender equality issue. The findings challenge the conventional economic frameworks that exclude unpaid labour from GDP measurements, perpetuating its invisibility in national policy discourse. This becomes a foundation for calling for increased investment to reduce the burdens of UCDW on women a legitimate demand.

The research identified that such inequalities emanate from the deeply entrenched, patriarchal, and structural gender norms. These norms perpetuate the unequal distribution of UCDW, hindering progresses towards gender equality, and require actions.

In addition to the orientation trainings for sector ministries, dialogue with the House of People's Representatives, revision of Gender Mainstreaming Guidelines using the UCDW and intersectionality approach, and continued advocacy through civil society and media platforms become crucial as a scaling actions.

By linking UCDW valuation with gaps in GM policy, the project provides concrete entry points for institutional and policy reform.

Together, these actions aim to institutionalise recognition, reduction, and redistribution of unpaid care within Ethiopia's development agenda.

About the Africa Cares Together Community of Practice

The [Africa Cares Together Community of Practice \(ACT CoP\)](#) is a vibrant, inclusive network of diverse actors committed to amplifying care work across Africa. It is coordinated by ActionAid International (AAI) and the Institute of Development Studies (IDS) and is funded by the International Development Research Centre (IDRC), Global Affairs Canada (GAC), and the Hewlett Foundation. The ACT CoP network is made up of members from the 19 projects of the [Scaling Care Innovations in Africa \(SCIA\)](#) initiative, a partnership between IDRC and GAC.

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