Elevating Unpaid Care Work as a Policy Priority in Francophone West and Central Africa

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Introduction

At a pivotal moment in its development, Francophone West and Central Africa sits at the center of sub-Saharan Africa's demographic transformation. With some of the world's youngest populations and a rapidly growing labor force, the region faces a historic opportunity to harness the demographic dividend—a central pillar of Agenda 2063. But success depends on unlocking the full productive potential of women and youth by dismantling the structural barriers that exclude them from economic, social, and civic life. Chief among these—and long rendered invisible in economic planning—is unpaid care work.

Care—raising children, supporting older persons, assisting people with disabilities—is often framed as a private domestic responsibility, yet it is the foundation upon which human capital is built. Care supports the current workforce and shapes the next generation by driving early childhood development, nutrition, learning, and emotional well-being. By enabling participation in community, civic, and political institutions, it also underpins social cohesion, intergenerational solidarity, and democratic life. In many African societies, care is not only an economic activity but a cornerstone of social organization, embedded in extended family systems, community reciprocity, and intergenerational responsibility.

Yet because most care work is unpaid, performed by women and girls, and excluded from national accounts, it is rarely measured, planned for, or financed—with measurable economic and social impact. Financing care does not imply monetizing or transferring all care work into the market or public sphere; rather, it entails investing in policies, infrastructure, and services that reduce excessive burdens, expand choice, and enable a more equitable distribution of responsibilities across households, markets, and the state.

The invisibility of care work sits uneasily alongside the commitments made by African Union Member States within the framework of Agenda 2063 and the African Union Roadmap on Harnessing the Demographic Dividend, both of which affirm that gender equality, human capital development, and inclusive growth are at the heart of Africa's transformation. While these regional frameworks do not explicitly reference unpaid care work as a lever, the absence of explicit attention to care risks limiting the realization of these objectives.

Without systems that recognize, reduce, and redistribute care work, the growing demand for care—driven by population growth, urbanization, insecurity, climate change, and aging—falls disproportionately on households, suppressing labor force participation, slowing productivity, and widening gender and income inequalities. When unpaid care crowds out education, skills development, civic engagement, or income-generating activities, countries forfeit both immediate productivity gains and long-term growth potential, with effects that extend across generations. The consequences go beyond economic losses: When women and girls are excluded from community leadership, civic forums, and political processes due to time poverty, democratic institutions become less representative and less responsive. Investing in care systems therefore strengthens not only markets, but also active citizenship, social trust, and accountable governance.

In this context, this report situates unpaid care work and the care economy within the broader demographic and economic agenda of Francophone West and Central Africa. It provides:

- A regional diagnostic of how care is distributed, how it shapes labor markets, and how it affects economic performance and population dynamics;
- A conceptual framework for understanding care work, including definitions, measurement tools, and the Triple R approach (Recognize, Reduce, Redistribute);
- An analysis of demographic trends—high fertility, youthful age structures, urbanization, and emerging population aging—and how they reshape care needs and economic opportunities;
- A review of structural barriers — including weak infrastructure, entrenched gender norms, informality, and limited social protection—that deepen women's time poverty and constrain inclusive growth; and
- A synthesis of recommended policy directions, offering reforms and investments countries can adapt to their own contexts.

Although the report is organized as a coherent analytical narrative, its sections can be read independently, allowing readers to engage with the themes most relevant to their priorities.

At the same time, the report does not provide country-specific reforms, operational roadmaps, or detailed costing exercises. Those require national-level dialogues, fiscal analysis, and sector-specific planning. Rather, this document offers the analytical foundation and shared vocabulary needed for policymakers, statistical institutions, Observatories on the Demographic Dividend, civil society, and development partners to approach care as a macroeconomic priority.

The central argument is straightforward: Care will be provided one way or another, but whether it supports sustainable, equitable development depends on the choices made today. Policymakers must prioritize care as economic infrastructure, integrate it into demographic dividend planning, and support collective investment.

PART I

Conceptual Framework: Defining Care and Its Economic Foundations

1 — Care Work: A Foundation for Human and Economic Development

Understanding unpaid care work requires distinguishing between different forms of care labor and recognizing how both paid and unpaid care contribute to the functioning of households and economies; see Box 1 for key definitions related to care work and the care economy.

Box 1.
Defining Care Work and the Care Economy

Care work encompasses both direct and indirect forms of support that sustain the well-being of individuals and households.

Direct care involves personal, hands-on assistance:

- feeding an infant
- helping an older person bathe
- administering medicine
- supporting a person with disabilities in daily activities

Indirect care refers to the essential household tasks that create and maintain the environment in which direct care takes place:

- cooking
- cleaning
- washing clothes
- fetching water
- collecting firewood

Care work can be paid or unpaid. **Unpaid care work** is performed without monetary compensation, primarily within households but also for other households or communities.

Paid care work is performed for pay or profit in a range of settings, including private households, hospitals, nursing homes, schools, and other care institutions. Professional housekeepers, cooks, nurses, teachers, and early childhood educators are all examples of paid care workers.

There is a continuum between unpaid and paid care work, as similar tasks and skills may be performed within households without pay or for wages in formal or informal settings. Expanding paid care services does not automatically eliminate unpaid care, which often persists in complementary, supervisory, or coordinating roles within households.

The care economy encompasses all forms of care work—paid and unpaid, direct and indirect—and represents a substantial, though often undercounted, component of national and global economies.

Sources: International Labour Organization, *Care Work and Care Jobs for the Future of Decent Work*, 2018, https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work; and CREG and APHRC, *Structure of the Care Sector in Senegal's Economy: An Analysis Based on the Social Account Matrix 2019*, 2024, https://careeconomyafrica.com/wp-content/uploads/2025/04/Senegal-Report-STRUCTURE-OF-THE-CARE-SECTOR-IN-KENYAS-ECONOMY.pdf.

1.1 — Care Work as a Public Good

Despite its largely private nature, care work creates benefits that extend well beyond the household. It contributes to healthier and better-nourished children, educated and emotionally secure adults, productive workers, and dignified aging—outcomes that strengthen human capital, labor productivity, social cohesion, and demographic resilience.[1] Care also fosters interdependence and shared responsibility across generations, strengthening informal support networks in ways that are underrecognized in economic planning. Where care systems are adequately supported, communities prove more resilient to economic and social shocks.

Because care generates these public benefits, treating care as a private family responsibility is analytically incomplete and fiscally inefficient. It also increases gender inequality, burdening women and girls with a disproportionate share of the costs for outcomes that benefit society as a whole. This public-good character of care provides the rationale for public investment, coordinated policy action, and collective financing. Treating care as economic infrastructure can reduce gender inequality, expand labor force participation, strengthen fiscal sustainability, and support inclusive and resilient growth across Francophone West and Central Africa.

1.2 — Care Work as the Foundation of Human Capability Development

Care work sustains life, builds human capabilities, and anchors the foundations of labor productivity and fiscal resilience—functions that are especially significant in Francophone West and Central Africa, where high fertility, youthful populations, and limited access to care services create an extreme demand for care. For recipients, care fosters physical, cognitive, and emotional growth; for providers, it reinforces social bonds and intergenerational connections.

In early childhood, caregiving plays a decisive role in shaping a child's health, learning, and future potential. A nurturing home environment and responsive caregiving are among the strongest predictors of survival, school readiness, and lifelong achievement.[2] Public systems—including maternal and child health services, nutrition programs, child protection systems, and early childhood development centers—create the conditions that allow caregivers to ensure adequate health and nutrition, protection from harm, and opportunities for early learning.[3]

When adequately supported, care work contributes to improved health, educational attainment, and labor productivity across generations. When caregivers lack financial security or adequate support, their capacity to provide nurturing care erodes—with consequences for child development, educational attainment, labor force participation, and long-term economic performance.

1.3 — Care Work as a Pillar of Healthy and Active Aging

Caregiving helps older adults sustain dignity, autonomy, and participation in public life. As health and mobility needs increase, consistent care—provided at home, in the community, or through formal services—helps older adults maintain physical and mental well-being, emotional stability, and social connection.

By keeping older people active and engaged, eldercare generates social and economic value. Across Francophone West and Central Africa, older adults serve as mentors, caregivers, and repositories of cultural and practical knowledge. Their participation in civic, volunteer, and home activities strengthens social cohesion, while their use of goods and services sustains local economies.[4] Investment in eldercare supports resilience and inclusive growth by maintaining the independence of older adults, reducing pressure on caregivers, and sustaining intergenerational contributions to households and communities.

1.4 — Care Work as a Driver of Economic Growth

Care work creates the conditions that make all other work possible—ensuring that people are nourished, healthy, rested, and able to participate productively in society.[5] In Francophone West and Central Africa—where fertility is high, care systems are under-resourced, and households run on women's unpaid labor—this centrality is especially pronounced. Without this foundation, individuals face acute time competition between caregiving and paid work, limiting full participation in the labor market.

Care work is therefore inseparable from economic performance. When care needs are met—through families, public services, or markets—labor force participation rises, productivity improves, and growth prospects strengthen. Conversely, insufficient investment in care systems deepens time poverty, weakens human capital, and constrains output. Time competition between unpaid care, paid work, education, and rest is one of the primary mechanisms through which these constraints emerge; see Box 2 for an explanation of time competition and care-related time poverty.

Box 2.

Time Competition and the Dynamics of Care-Related Time Poverty

Time competition refers to the tradeoffs individuals face when multiple essential activities—paid work, education, caregiving, and rest—compete for the same finite hours in a day. When unpaid care responsibilities are excessive, they crowd out time for other productive or restorative activities, creating **time poverty**.

Heavy unpaid care workloads lead individuals—especially women and girls—to withdraw from school, reduce paid working hours, or take informal, low-paying jobs that offer flexibility but little social protection. The resulting fatigue and stress reduce productivity, increase health risks, and undermine overall well-being. Over time, these constraints reinforce gender and intergenerational inequalities, as families trapped in cycles of time poverty have fewer opportunities to invest in education, skills development, and productive employment.

Source: International Labour Organization, Care Work and Care Jobs for the Future of Decent Work, 2018, https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work.

1.5 — Care Work and the Demographic Dividend

Demographic trends are fundamental to understanding unpaid care work. Childbearing, school attendance, labor force participation, savings, and consumption all evolve over the life course, and a population's age structure directly shapes both the scale of care needs and the pathways for economic growth.[6]

With 64% of people under age 24, West and Central Africa is home to one of the youngest populations in the world.[7] Small pools of working-age adults support large numbers of children; dependency ratios are 81% in Benin, 80% in Burkina Faso, 96% in the Democratic Republic of Congo, 94% in Mali, and 97% in Niger.[8] These ratios translate into substantial care responsibilities for households—borne disproportionately by women and girls—as well as significant fiscal pressures to finance health, education, and social services. Dependency ratios are a key tool for analyzing how population age structures shape care burdens and economic opportunity; Table 1 illustrates the region's youthful population structure and high dependency ratios, while Box 3 provides definitions related to dependency ratios and the demographic dividend.

Table 1.

Demographic Profile of Francophone West and Central Africa

Key indicators shaping care needs and the demographic dividend

Country	Total fertility rate (births per woman)	Population under 15 (%)	Dependency ratio (%)
Benin	4.7	42%	81%
Burkina Faso	4.4	42%	80%
Cameroon	4.3	41%	79%
Chad	6.1	46%	93%
Côte d'Ivoire	4.3	41%	77%
Democratic Republic of Congo	6.1	46%	96%
Guinea	4.1	41%	80%
Mali	5.7	46%	94%
Mauritania	5.2	43%	85%
Niger	6.1	47%	97%
Senegal	4.0	38%	72%
Togo	4.2	40%	75%

Sources: Population Reference Bureau, *2024 World Population Data Sheet* (Washington, DC: PRB, 2024); World Bank, "Population Ages 0-14 (% of Total Population)," World Development Indicators, last modified 2024, https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS; World Bank, "Age Dependency Ratio (% of Working-Age Population)," World Development Indicators, last modified 2024, https://data.worldbank.org/indicator/SP.POP.DPND.

Box 3.

Understanding Dependency Ratios and the Demographic Dividend

Dependency ratios measure the balance between a population's dependents and its potential labor force—comparing the number of children (ages 0–14) and older adults (ages 65 and over) to those of working age (15–64). High dependency ratios indicate that relatively fewer working-age individuals support a larger dependent population, increasing economic pressures on households and public systems.

The **demographic dividend** refers to the potential for accelerated economic growth that arises when fertility and mortality rates decline, leading to a larger share of working-age people relative to dependents. This shift in age structure can create favorable conditions for increased productivity, savings, and investment—but realizing these gains depends on policies that expand employment opportunities and enable broad labor market participation, particularly among women and youth.

Sources: World Bank. "Age Dependency Ratio (% of Working-Age Population)." World Development Indicators. Based on United Nations Population Division, *World Population Prospects 2024*. Accessed May 15, 2026. https://data.worldbank.org/indicator/SP.POP.DPND; and Population Reference Bureau, *Fact Sheet: Attaining the Demographic Dividend*, 2012, https://www.prb.org/resources/fact-sheet-attaining-the-demographic-dividend/.

As fertility rates gradually decline, dependency ratios are expected to fall, creating the potential for a demographic dividend—accelerated economic growth due to a large share of working-age people. Realizing this dividend, however, requires that working-age individuals are healthy, educated, and productively employed, which in turn depends on sustained investments in health, education, job creation, and governance. Tools such as the Demographic Dividend Monitoring Index (DDMI) and Budgeting Sensitive to Demographic Dividend (BSDD) support governments in tracking progress and aligning policy choices with long-term demographic change; see Box 4 for an overview of these frameworks and their relevance to unpaid care work.

Box 4.

Two African Frameworks for Integrating Unpaid Care Into Demographic Dividend Planning

The **Demographic Dividend Monitoring Index (DDMI)** is a composite index that tracks a country's progress toward attaining a demographic dividend across five dimensions: economic dependency coverage, quality of living conditions, poverty dynamics, human development, and regional and network connectivity. High levels of unpaid care work can influence several of these dimensions—including employment outcomes, dependency ratios, and poverty reduction—by constraining labor force participation and income generation. In this way, the DDMI provides a useful lens for assessing the macroeconomic implications of unpaid care.

Budgeting Sensitive to Demographic Dividend (BSDD) is a budgeting framework that aligns national budgets with the goal of harnessing a demographic dividend. It evaluates how budget adjustments in critical sectors—education, health, job creation, and social protection—affect a country's capacity to realize demographic gains. The BSDD can be used to assess how care-sensitive investments, such as public childcare, health infrastructure, and social protection, may reduce unpaid care burdens, expand labor market participation, and strengthen growth prospects.

Used together, the DDMI and BSDD support governments in developing evidence-based, forward-looking fiscal strategies aligned with long-term demographic change—linking a country's demographic profile to resource allocation in a coherent planning framework.

Sources: "Demographic Dividend Monitoring Index Conceptual Framework and Case Studies in Africa," Chapter 35 in *The Routledge Handbook of African Demography* (Routledge, 2022), https://doi.org/10.4324/9780429287213; and United Nations Economic Commission for Africa, "Enabling West African Countries to Capture the Demographic Dividend to Achieve the SDGs," 2023, https://www.uneca.org/stories/enabling-west-african-countries-to-capture-the-demographic-dividend-to-achieve-the-sdgs; and International Labour Organization, "Unpaid Care Work Prevents 708 Million Women from Participating in the Labour Market," October 29, 2024, https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market.

Care systems are at the heart of this demographic transition. The quality of caregiving children receive shapes whether they develop into skilled, healthy, and productive adults. Access to childcare services enables caregivers, especially women, to join and remain in the workforce, increasing household income and contributing to national productivity. In this way, care work sustains and reproduces the labor force across generations, shaping a country's capacity to harness the demographic dividend.

Over time, fertility decline is followed by population aging, which raises new care demands and shifts dependency ratios. Investing early in eldercare systems—including long-term care, community-based health services, and support for family caregivers—can help maintain the health and independence of older adults and reduce pressures on working-age caregivers.[9] Conversely, poor preparation for aging may increase unpaid care burdens, constrain labor force participation, and place additional pressure on public health systems.

2 — The Invisibility of Unpaid Care Work

Although unpaid care work remains largely invisible in economic accounting systems, it is increasingly recognized within global and regional development frameworks as essential to gender equality, inclusive growth, and sustainable development; see Box 5.

Box 5.
Unpaid Care Work and the Global and African Union Frameworks for Sustainable Development

Unpaid care work is formally recognized as a global development priority under the **United Nations' Sustainable Development Goals (SDGs)**. SDG 5—"Achieve gender equality and empower all women and girls"—includes Target 5.4, which calls on countries to recognize and value unpaid care and domestic work through public services, infrastructure, social protection policies, and the promotion of shared responsibility within the household. This framing elevates care from a private family issue to a public policy priority essential for achieving gender equality and sustainable development.

At the continental level, **the African Union's (AU) Agenda 2063**—a 50-year strategic framework for inclusive and sustainable socio-economic transformation—reinforces this vision. Goal 17 seeks full gender equality in all spheres of life, while Goal 18 focuses on engaged and empowered youth and children, both under Aspiration 6, which envisions people-driven development that harnesses the potential of women and youth while caring for children.

To operationalize these aspirations, all AU member states adopted the Roadmap on Harnessing the Demographic Dividend through Investments in Youth in 2017, emphasizing employment and entrepreneurship, education and skills, health and well-being, and youth empowerment as pathways to inclusive growth.

Although unpaid care work is not explicitly referenced in either Agenda 2063 or the Roadmap on Harnessing the Demographic Dividend, it is indispensable to both. Inclusive growth, gender equality, and youth empowerment cannot be realized without recognizing, reducing, and redistributing unpaid care. Women's labor force participation—and thus a country's ability to capture the demographic dividend—depends on easing care burdens, while human capital formation begins with care itself: Families' investments of time and labor in raising and educating children lay the foundation for future productivity.

Sources: United Nations, "Sustainable Development Goal 5: Achieve Gender Equality and Empower All Women and Girls," https://sdgs.un.org/goals/goal5#targets_and_indicators; and African Union, "Linking Agenda 2063 and the SDGs," https://au.int/en/agenda2063/sdgs; and African Union, "Our Aspirations for the Africa We Want," https://au.int/agenda2063/aspirations; and African Union, *Harnessing the Demographic Dividend Through Investments in Youth*, 2017, https://au.int/sites/default/files/documents/32665-doc-au-echo-magazine-2017-23june17-1.pdf.

2.1 — Unpaid Care Work Is Undervalued in Economic Systems

Despite its social and economic importance, unpaid care work is largely invisible in national accounts and economic policymaking. Excluded from gross domestic product (GDP) and most other macroeconomic indicators,[10] the economic value generated by caregiving within households goes unrecognized—contributing to underinvestment in care infrastructure, limited social protection for caregivers, and persistent gender disparities in labor markets.[11]

The scale of this labor is significant. Globally, an estimated 16.4 billion hours of unpaid care work are performed every day, equivalent to approximately 2 billion people working full-time without pay.[12] If assigned a monetary value, this work would represent roughly 9% of global GDP, or about $11 trillion annually—roughly twice the size of the global agriculture sector.[13]

In Africa, the magnitude is similarly substantial. Unpaid care work is estimated to contribute around 16% of regional GDP;[14] in Mali and Senegal, it's about 22%. Time-use data from Mali show that women spend 24 hours per week on unpaid care work—four times more than men—a contribution that would equal $3.6 billion if monetized.[15] In Senegal, women devote an average of 4 hours and 23 minutes daily to unpaid care tasks, compared to just 1 hour and 9 minutes for men.[16]

This structural undervaluation has economic costs. By failing to account for unpaid care work in national statistics and policy frameworks, countries risk underestimating its contribution to human capital formation and misaligning public investment—with consequences for productivity, labor supply, and long-term growth. Evidence from Senegal demonstrates how incorporating unpaid care work into economic accounting changes assessments of labor contributions, time use, and intergenerational transfers, while also illustrating how unpaid care responsibilities structure women's daily lives and constrain time available for paid work, education, rest, and social participation; see Box 6 and Figure 1.

Box 6.

When Unpaid Care Work Is Counted: Evidence From Senegal

Integrating data from National Transfer Accounts (NTA) and National Time Transfer Accounts (NTTA) provides a more complete picture of Senegal's economy by incorporating both market production and unpaid care work. Three findings are particularly salient.

1. Women work more total hours than men.

Time allocation in Senegal reflects strong gender specialization: Men and boys account for 66% of market production, while women and girls perform 87% of unpaid care work and devote 68% of their total working time to unpaid care activities. When paid and unpaid work are combined, women work longer hours than men—a gap most pronounced among women ages 25–29, who work an average of 21 more hours per week than their male peers. This imbalance generates significant time poverty and constrains women's ability to invest in education, skills development, and income-generating activities.

2. Unpaid care limits women's human capital accumulation and labor market outcomes.

From adolescence onward, girls and young women have less discretionary time than male counterparts for schooling, studying, and training—affecting educational attainment and long-term earnings potential. Even when women participate in paid employment, heavy unpaid care responsibilities confine many to lower-paying, informal occupations. Women do not work fewer total hours than men; they perform a larger share of unpaid labor that generates no income and limited social protection, reinforcing gender gaps in earnings, wealth accumulation, and access to social protection.

3. Including unpaid care more than doubles the cost of raising young children.

Analyses that consider only monetary expenditures significantly underestimate the total cost of raising children. Children under the age of two consume about 9% more in unpaid care than in market goods and services; when unpaid care is accounted for, the effective cost of raising children more than doubles. This has significant demographic implications: Fertility decline not only reduces household spending but frees substantial amounts of women's and girls' time, creating new opportunities for education, employment, and civic participation. These "time dividends" amplify household productivity and strengthen the broader potential for a demographic dividend.

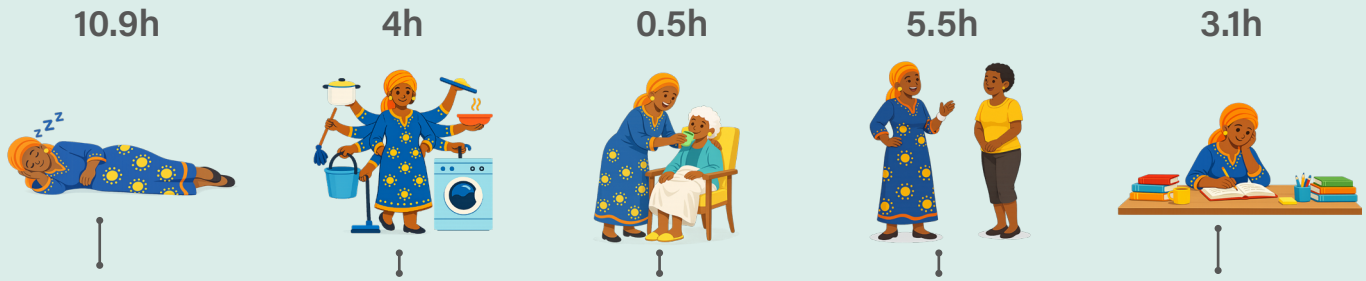
Taken together, these findings highlight how integrating unpaid care into economic accounts transforms our understanding of gender inequality, productivity, and demographic opportunity—and provides the evidence base needed to design policies that redistribute care responsibilities, expand care services, and enable Senegal to fully harness its demographic dividend.

Sources: Counting Women's Work, "Infographic: Senegal," 2016, https://www.countingwomenswork.org/news/cww-infographic-senegal; and National Transfer Accounts, *Bulletin Number 11: Counting Women's Work—Measuring the Gendered Economy in the Market and at Home*, 2017, https://www.ntaccounts.org/doc/repository/NTA%20Bulletin%2011.pdf; and Latif Dramani, "Arbitrage marché du travail et marché domestique au Sénégal," 2021, https://www.researchgate.net/publication/354054345_ARBITRAGE_MARCHE_DU_TRAVAIL_ET_MARCHE_DOMESTIQUE_AU_SENEGAL.

Figure 1.

How Unpaid Care Shapes a Woman's Day in Senegal

Average daily time allocation for women across 24 hours



Sleep and personal care
Sleeping, resting, eating and personal hygiene

Household tasks
Cooking, cleaning, laundry, household chores, collecting water and fuelwood, and travel to market and health facilities

Care for dependents
Childcare, eldercare and care for sick family members

Rest and social life
Socializing, community participation, volunteering, religious practice, leisure and sport

Paid work and education
Employment, subsistence production, and education and training

4.5 hours on unpaid care — nearly 1.5x more than paid care and education combined

3.1 hours for paid work and education — limiting income, career progression, and skills development

Sources: ANSD, *Enquête nationale sur l'Emploi du Temps au Sénégal (ENETS) 2021* (Dakar: ANSD, 2022, Tableau III.2).

2.2 — The Cost of Invisibility

Because unpaid care work is invisible in national accounts, its drag on economic performance is obscured. Overburdened by domestic and caregiving responsibilities, millions of women scale back their labor force participation—taking part-time, informal, or low-paying jobs, or withdrawing from the labor market entirely. These adjustments affect lifetime earnings, limit career growth, constrain household income, and shrink the effective labor supply available to national economies,[17] with downward pressure on labor productivity and human capital formation.

The losses reverberate through public finances. Lower labor force participation means fewer contributors to tax, pension, and social protection systems—affecting domestic revenue mobilization[18] at a time when fiscal space in Francophone West and Central Africa is already extremely limited, debt-service ratios are high, and heavy debt repayments already constrain spending on health, education, social protection, water, sanitation, energy, and childcare.

At the subnational level, municipalities that depend on market fees, business licenses, and small enterprise taxes also lose revenue when women cannot engage fully in paid work—limiting local government's ability to invest in infrastructure, childcare, health facilities, and other basic services that would, in turn, alleviate care burdens.

The costs are intergenerational as well. When girls leave school for caregiving, their future productivity, earning potential, and opportunities for upward mobility pay the price. Over time, gender inequality grows while the future workforce weakens.[19]

Finally, ignoring unpaid care limits the development of formal paid care services—childcare centers, eldercare facilities, and domestic work—which could generate millions of decent jobs, support women's labor force participation, and grow the tax base.[20] In short, integrating care into economic strategy is essential for job growth, productivity, gender equality, and fiscal sustainability.

Part II

The Care Gap: Structural Patterns and Constraints

1 — The Gendered Distribution of Unpaid Care Work

1.1 — Women and Girls Perform the Overwhelming Majority of Unpaid Care Work

Data underscore the stark gender divide in how time and labor are distributed across societies. While men spend more hours in paid employment, women bear the overwhelming share of unpaid care responsibilities.[21] Globally, women perform 76.2% of total unpaid care hours, dedicating an average of four hours and 25 minutes each day to unpaid household and caregiving tasks—more than three times as much time as men.[22]

In Africa, this imbalance is even more pronounced. On average, women ages 15 years and older spend 3.4 times more time on unpaid care work than men,[23] and the average woman in sub-Saharan Africa spends over four hours each day on unpaid care—time diverted from education, paid work, entrepreneurship, or rest.[24] National time-use surveys show the magnitude of this disparity. In Senegal, women spend 37 hours per week on unpaid care work (versus less than five hours for men) and shoulder nearly 90% of childcare and eldercare responsibilities.[25] In Burkina Faso and Mali, women perform over 92% of unpaid care work.[26]

This deeply gendered allocation has far-reaching social and economic implications. By concentrating care responsibilities on women and girls, societies limit their access to education and decent work, undermine their health and well-being, and curtail opportunities for civic and political participation. Transmitted across generations, these inequalities constrain labor supply, reduce productivity, weaken human capital formation, and dampen inclusive economic growth.

1.2 — Drivers of Gender Disparities in Unpaid Care

1.2.1 High Fertility Rates Intensify Care Demands

The presence of young children—especially those under five—significantly increases the time households spend on unpaid care. Where fertility remains high, these demands compound, intensifying time poverty and stretching household labor capacity. West and Central Africa record some of the highest fertility rates globally—4.5 and 5.5 children per woman, respectively[27]—with Niger reaching 6.1, and nearly half of its population (47%) under age 15.[28] Such youthful age structures generate exceptionally heavy care needs, particularly during early childhood, when caregiving is both time- and labor-intensive and developmentally critical.

In the absence of accessible childcare services, parental leave, or social assistance, the burden of care falls disproportionately on women and girls. In Senegal, each child under five receives more than two hours of direct care daily from household members, nearly all provided by mothers or older sisters.[29] These intensive demands limit women's ability to engage in paid work and constrain girls' opportunities to attend school or rest—reinforcing cycles of reduced earnings potential and economic dependency.

Fertility patterns therefore shape far more than household size: They determine who performs care, how labor is allocated, and the degree to which women and girls can participate in economic and social life. Multiple young children can force women out of the labor market entirely, while insufficient support for early childhood care undermines the development of future generations—weakening the human capital base essential for long-term productivity and inclusive growth.

1.2.2 Household Size and Structure Shape the Magnitude and Allocation of Unpaid Care Work

Socio-cultural norms and family structures play a central role in shaping household size, composition, and the distribution of unpaid care work. Four of the ten countries with the largest household sizes in the world are in West Africa, including Senegal, The Gambia, Guinea-Bissau, and Mauritania.[30] In Senegal, the average household has 8.24 members, reflecting deeply rooted extended family and kinship systems that have historically enabled collective caregiving arrangements and the pooling of unpaid labor.[31]

Household composition directly influences care allocation. Married women and those living with dependents—young children, older adults, or persons with disabilities—consistently perform more unpaid care work than women in smaller households.[32] As caregiving demands increase, women have less time for paid employment, reinforcing gender gaps in labor force participation and constraining women's economic autonomy.[33]

Polygamous marriage adds further complexity. Still common across West Africa—affecting 43% of married

women in Guinea, 42% in Burkina Faso, and 39% in Benin—larger, more complex family arrangements increase total care needs and often intensify women's workloads.[34] Less understood is how caregiving is split among co-wives and kin and how these dynamics affect women's well-being, decision-making power, and time use—an area that demands further research.

Traditionally, extended and multigenerational households allowed families to pool caregiving responsibilities, relying primarily on women and older daughters.[35] While unequal, this arrangement provided a collective safety net that helped manage time pressures and ensured continuity of care. Today, economic pressures, labor migration, and urbanization are reshaping family structures across West Africa. Smaller, nuclear, dual-income households are becoming more common, especially in urban centers, reducing the availability of extended kinship networks and concentrating caregiving on fewer individuals, most often women.[36]

The structural shift is more than a social evolution; it is an economic transformation driving new demand for paid care services. Without large family networks to absorb caregiving responsibilities, the assumption that unpaid care will continue to meet rising care needs is no longer tenable. Investing in childcare, eldercare, disability care, and community-based services can simultaneously relieve unpaid care burdens, create decent jobs, expand women's labor force participation, and strengthen human capital formation. When older daughters assume caregiving duties in the absence of accessible services, their education and earning potential are curtailed—perpetuating gender inequality and weakening the human capital base of the next generation.

1.2.3 Socioeconomic Inequalities Deepen Unpaid Care Burdens

Unpaid care work disproportionately falls on women and girls from socially and economically disadvantaged groups—particularly those in rural areas and urban informal settlements, with lower incomes, and with less education. Structural inequalities rooted in gender, geography, and poverty intersect to determine who provides care, under what conditions, and at what cost. The women and girls with the fewest resources also shoulder the heaviest care responsibilities, reinforcing cycles of exclusion, time poverty, and economic insecurity.[37]

In rural and low-income households, weak infrastructure magnifies both the time and physical demands of indirect care work.[38] Collecting water, gathering fuelwood, and traveling to reach healthcare, markets, or schools can consume several hours each day—responsibilities that fall overwhelmingly on women and girls. In rural Guinea, women spend more than twice as much time as men on water and fuelwood collection, illustrating how inadequate infrastructure and entrenched gender roles compound one another.[39]

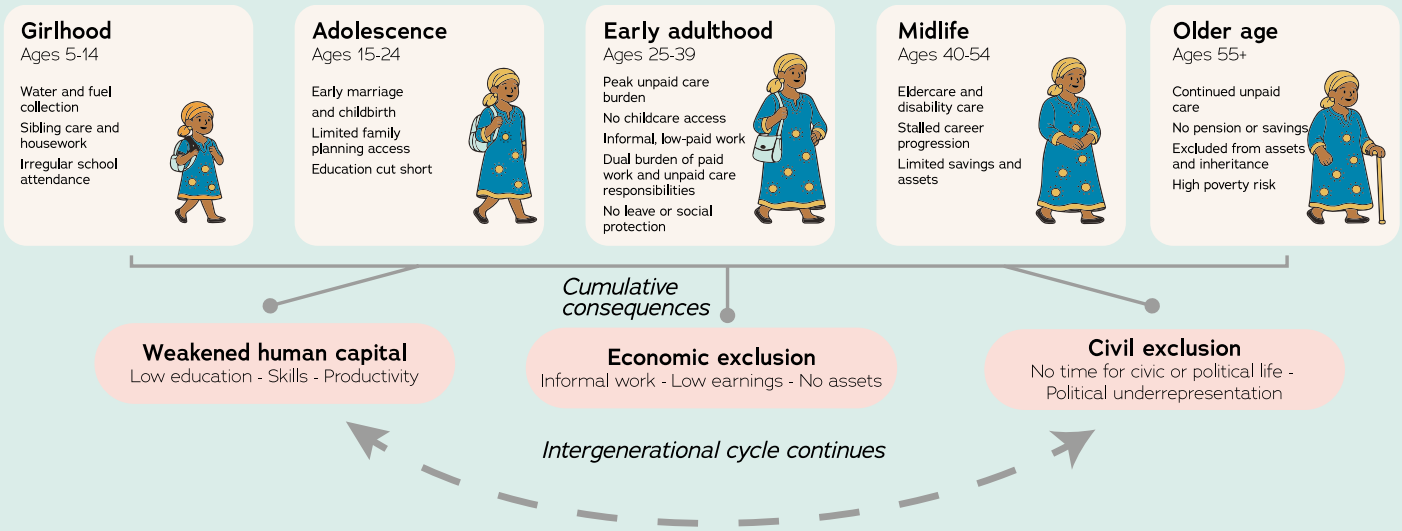
These inequalities are particularly acute in Francophone West and Central Africa, where rural populations are substantial: 83% in Niger, 67% in Burkina Faso.[40] In Senegal, women in urban areas spend 4.5 times more time on unpaid care than men; in rural areas, where overall care demands are higher, women still spend twice as much time as men.[41]

Poverty and geography thus deepen gender disparities in unpaid care. Rural women and girls—already constrained by limited access to clean water, energy, transport, and social services—face compounding disadvantages that pull girls out of school, limit access to decent work, and reduce the effective labor supply. Addressing these inequalities is therefore not only a household issue but a national development priority. As emphasized in SDG 5.4 and the African Union's Agenda 2063, reducing the drudgery of unpaid care through investments in infrastructure, social services, and redistribution of responsibilities is essential to advancing gender equality, strengthening human capital, and achieving inclusive growth.

1.3 — How Time Poverty Limits Opportunity

Unpaid care responsibilities accumulate across the life course, shaping educational attainment, labor force participation, economic security, and civic engagement at different stages; see Figure 2.

Figure 2.
The Compounding Care Burden Across a Woman's Life Course

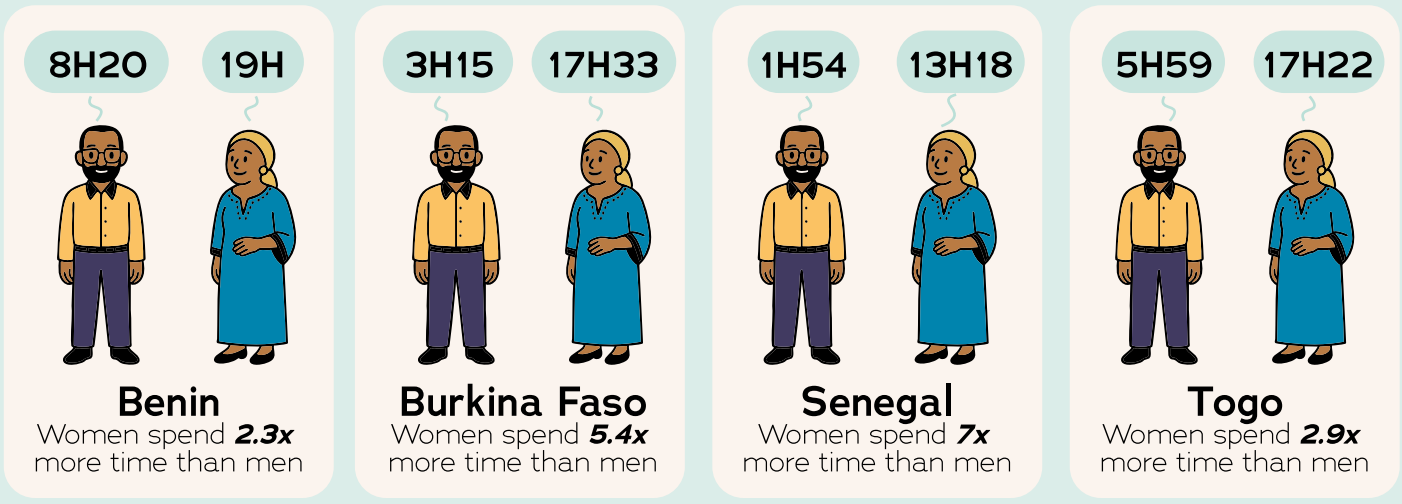


1.3.1 Unpaid Care Work Limits Education, Employment, Political Engagement, and Leisure

Unpaid care work shapes nearly every dimension of women's and girls' lives in Francophone West and Central Africa, determining not only how they spend their time but also which opportunities they can access or must forgo. Heavy and unequal caregiving demands restrict the time and flexibility needed for schooling, paid employment, political participation, and rest, accumulating over the life course to limit human capital formation, narrow economic opportunities, and reinforce gender inequalities across generations.

Across the region, women and girls spend substantially more time on unpaid care work than men, resulting in persistent gender inequalities in time use and economic opportunity; see Figure 3.

Figure 3.
The Unequal Burden: Weekly Hours Spent on Unpaid Care Work by Gender



Sources: Budgétisation Sensible au Dividende Démographique (BSDD) and Centre de Recherche en Économie et Gestion (CREG). *Factsheet NTTA: Benin*. 2025. https//bsdd-creg.org/wp-content/uploads/2025/09/Factsheet-NTTA-BURKINA_compressed.pdf; *Factsheet NTTA: Sénégal*. 2025. https//bsdd-creg.org/wp-content/uploads/2025/09/Factsheet-NTTA-SN_compressed.pdf. *Factsheet NTTA: Togo*. 2025. https//bsdd-creg.org/wp-content/uploads/2025/09/Factsheet-NTTA-TOGO_compressed.pdf.

1.3.2 Unpaid Care Responsibilities Limit Girls' Education

Across the region many girls are withdrawn from secondary school because their labor is needed at home—to care for siblings, collect water or fuelwood, or assist with household chores. Those who remain enrolled often struggle with irregular attendance, fatigue, and limited time for homework, undermining academic performance and reducing the likelihood of completing their education.[42] The consequences are visible in persistently low secondary completion rates: Only 6% of girls complete secondary school in Burkina Faso (compared with 13% of boys), 25% in Mali (versus 36%), and just 4% in Niger (compared with 10%).[43] While these disparities reflect multiple barriers—poverty, early marriage, distance to school, and inadequate infrastructure—the pattern is consistent with the heavy domestic workload borne by girls.

Unpaid care work thus acts as a structural barrier to gender equality in education. By diverting girls from learning and skill-building, it erodes human capital and constrains women's future access to decent employment, leadership roles, and economic independence—and, in turn, the region's long-term development prospects.

1.3.3 Unpaid Care Responsibilities Constrain Women's Economic Participation

Women's economic participation remains deeply constrained by their disproportionate share of unpaid care responsibilities. For every hour of paid labor performed by men, women perform just 0.66 hours.[44] Many withdraw from the labor force—globally, 606 million women of working age were outside the labor force in 2018 due to family responsibilities, compared with just 41 million men.[45] In Africa, the disparity is even starker: 34.4% of women reported being outside the labor force because of unpaid care, compared with just 3.9% of men.[46]

Beyond whether women work, unpaid care also shapes how they work. Time poverty makes it difficult for women to engage in stable, time-sensitive, or higher-paying employment, driving concentration in informal work. Over 90% of working women in sub-Saharan Africa are informally employed, without contracts, social protection, or benefits.[47] While informality is a structural challenge affecting men as well, gender gaps persist. Women constitute 63.6% of informal workers in Benin and 52.9% in Cameroon, and informality rates among employed women reach 94.1% in Burkina Faso and 96.8% in Côte d'Ivoire.[48]

Even when women engage in paid employment, unpaid care responsibilities do not diminish. Instead, paid work is layered onto existing domestic and caregiving tasks, creating double workdays that are physically and mentally exhausting. In sub-Saharan Africa, women work a combined total of seven hours and 12 minutes per day—paid and unpaid—compared to six hours and one minute for men.[49] These compounding burdens constrain women's access to formal, stable employment, reinforcing income insecurity, and weakening social protection coverage over time.

1.3.4 Unpaid Care Responsibilities Limit Women's Participation in Civic and Political Life

Heavy unpaid care burdens also curtail women's participation in civic and political life. Extensive caregiving generates severe time poverty, limiting women's ability to attend community meetings, engage in local governance, or pursue leadership roles—constraints compounded by restrictive gender norms and institutional barriers.

The result is stark underrepresentation. Women hold only 3.6% of parliamentary seats in Nigeria and 13.7% in Côte d'Ivoire, both far below the global average of 26.5%. Even in Mali, where women occupy 28.6% of seats, representation remains well short of parity.[50] At the local level, women occupy less than one-fifth of local council seats across much of West Africa,[51] and in Ghana's West Gonja and Lambussie-Karni districts have historically been excluded from district assemblies altogether.[52]

Unpaid care is not the only factor behind these disparities—structural discrimination, limited access to campaign financing, and entrenched social norms also play major roles. But it magnifies them by depriving women of the time and flexibility required for political engagement. When women are absent from governance, issues such as care, education, health, and social protection risk remaining underfunded and undervalued. Expanding women's time and institutional support for public life produces tangible returns: more diverse leadership, more responsive service delivery, stronger accountability, and policies that reflect the needs of the entire population. Care investment is therefore also an investment in inclusive democracy.

1.3.5 Unpaid Care Burdens Leave Women With Little Time for Rest and Recreation

Unpaid care work also severely restricts women's time for rest and leisure, with far-reaching consequences for health and well-being. Because caregiving is often performed on top of paid work, women's total working hours consistently exceed those of men, leaving little discretionary time and increasing risks of physical exhaustion and psychological stress.

Time-use data reveals stark disparities. In Ghana, women spend an average of 2 hours and 35 minutes per day on unpaid household work, compared to just 40 minutes for men. Leisure gaps are equally pronounced: 20% of men report engaging in sports compared to 5% of women, and 6% of men participate in cultural activities compared with just 2% of women.[53] While the survey does not measure the causal pathways directly, these differences

are consistent with the heavier unpaid care and domestic workload borne by women.

Similar inequities are evident elsewhere in Francophone West Africa. In Benin, time-use data from 2015 show that women devote markedly more time to unpaid domestic and care work than men;[54] in Mali, women perform nearly four times more unpaid care work than men.[55]

The cumulative effect is that women—especially in low-income and rural households—are deprived of the physical recovery and social engagement essential for mental health, community participation, and overall quality of life. These deficits are not merely personal; they carry spillover effects on productivity, human capital, and the well-being of the households and communities women sustain.

2 — Structural Factors That Exacerbate Unpaid Care Burdens

2.1 — Data Gaps: Limited National Time-Use Surveys

Data from National Transfer Accounts, National Time Transfer Accounts, and time-use surveys are essential to capturing the full economic value of work and understanding how time, labor, and resources are distributed across populations and the life course. Together, these tools allow countries to measure how men and women of different life stages allocate time between paid and unpaid activities, and to calculate both actual and imputed income from each.[56] The result is a more complete picture of total economic output—one that makes visible the often-unseen tradeoffs sustaining households, communities, and national economies. These tools make it possible to capture how care, labor, and resources are distributed across populations and the life course; see Box 7 for an overview of National Transfer Accounts and National Time Transfer Accounts.

Box 7.
Measuring the Invisible Economy: National Transfer Accounts and National Time Transfer Accounts

Initiated in 2004, the **National Transfer Accounts (NTA)** project analyzes individuals' labor income and consumption by age, revealing how people at every stage of life produce, consume, save, and transfer resources—the "generational economy." This framework clarifies patterns of economic dependency and demonstrates how shifts in population age structure influence labor supply, savings, public finance, and economic growth.

Since 2010, researchers within the NTA network have expanded the framework to capture unpaid care work and integrate a gender perspective into macroeconomic analysis. This led to the development of **National Time Transfer Accounts (NTTA)**, which measure the production, consumption, and transfer of unpaid care work within the same framework as market-based activities. NTTAs quantify the scale of unpaid work sustaining the economy and reveal how care responsibilities are distributed by gender, age, and generation.

Estimates of unpaid care work begin with **time-use surveys**, which capture how individuals spend time over a specific period. The most reliable surveys use 24-hour time diaries recording all daily activities, classified into standardized categories such as paid work, unpaid care, household tasks, education, or leisure. Time spent on unpaid care activities is then monetized by applying the market wage for comparable paid work—translating unpaid labor into economic terms and enabling policymakers to assess its contribution to overall production, labor market functioning, and the sustainability of social welfare systems.

By disaggregating data by age and gender, NTTAs illuminate how men and women contribute differently to both market and non-market production across the life course—showing for example, that women perform the majority of unpaid care during prime working ages, constraining their participation in formal employment and shaping lifetime earnings, savings patterns, and intergenerational transfers.

Together, NTA and NTTA frameworks provide an evidence-based foundation for integrating unpaid care work into economic planning and demographic policy, strengthening the analytical basis for demographic dividend strategies and gender-responsive fiscal reforms.

Sources: Gretchen Donehower, "Adding Unpaid Care Work Into the Analysis of the Demographic Dividends," 2019, https://uaps2019.popconf.org/uploads/191077; and National Transfer Accounts, *Bulletin Number 11: Counting Women's Work—Measuring the Gendered Economy in the Market and at Home*, 2017, https://www.ntaccounts.org/doc/repository/NTA%20Bulletin%2011.pdf; and Latif Dramani, "Arbitrage marché du travail et marché domestique au Sénégal"; and National Transfer Accounts, *Bulletin Number 13: What Do We Learn When We "Count Women's Work"*? 2018, https://www.ntaccounts.org/doc/repository/NTA%20Bulletin%2013.pdf.

Despite growing demand, data on unpaid care work is rarely collected in the region, largely due to constraints around cost, technical complexity, and institutional and analytical capacity. To date, only five countries—Benin, Burkina Faso, Cameroon, Mali, and Senegal—have completed nationally representative time-use surveys, while data collection is underway in Chad, Guinea, Mauritania, and Togo.[57] Even where data exist, weak analytical capacity means they are rarely applied to fiscal planning, labor market analysis, and social policy design. Without regular, reliable, and comparable data, policymakers lack the empirical foundation to design responsive care policies, integrate unpaid care into macroeconomic and demographic planning, or monitor progress over time.

A further challenge is methodological. Time-use surveys are typically designed around the nuclear family model, using households as the primary unit of analysis to link dependency with care needs.[58] However, in Francophone West and Central Africa, households are often larger, multigenerational, and interdependent, with care responsibilities distributed across extended family networks. This is not incidental: 71% of Africans over age 65 live with children under age 15. Conventional survey instruments regularly fail to capture these demographic and social dynamics, limiting their policy relevance.

Despite these limitations, time-use surveys have helped elevate unpaid care work in policy agendas, catalyzing dialogue between governments and civil society and underscoring the need for regionally adapted tools. Therefore, strengthening these data systems is a strategic investment in evidence-based policymaking and fiscal sustainability. This means integrating National Observatories on the Demographic Dividend (ONDDs) and the Regional Observatory (ORDD) with routine time-use data collection so that unpaid care is systematically reflected in economic and demographic monitoring. It also means building the technical capacity of national statistical offices to compile Social Accounting Matrices (SAMs) that include unpaid care—equipping policymakers with quantitative tools to value care contributions, model policy trade-offs, and design robust care policies. Together, these steps would embed unpaid care within national statistical systems, enabling governments to more accurately measure labor supply, productivity, and dependency burdens and strengthening long-term planning for demographic transition and inclusive growth.

2.2 — Care-Supporting Infrastructure Deficits in Water, Energy, and Transport

The absence of basic infrastructure dramatically increases both the time and physical burden of indirect care work. In sub-Saharan Africa, 32% of the population lacks access to improved water sources, 63% lacks electricity, and 70% lacks improved sanitation.[59] These deficits fall disproportionately on women and girls, deepening time poverty, constraining participation in paid employment, and reinforcing intergenerational inequality by limiting human capital formation and productivity.

2.2.1 Limited Water Access Deepens Women's Unpaid Care Burden and Health Risks

Across the region, women and girls bear primary responsibility for fetching water for drinking, cooking, cleaning, and hygiene—and the absence of nearby, functional water points transforms this basic task into hours of physically demanding labor. The consequences compound: deepened time poverty, reduced opportunities for education and income generation, and less rest. Water access is therefore not only an infrastructure issue but a core component of care policy, with measurable social and economic returns.

Globally, women spend an estimated 200 million hours each day fetching water—equivalent to 25 million people working full time solely on collection.[60] Across sub-Saharan Africa, only 54% of households are within a 15-minute walk of a water source,[61] and in 70% of households without water, women and girls are responsible for collection.[62] In Francophone West and Central Africa, more than one-third of the population lacks access to safe drinking water, and women pay the price.[63] In Benin, women spend more than twice as much time as men collecting water each week (2h14 vs. 1h02).[64]

Rural communities face the most acute deficits. An estimated 411 million people across the African Union lack access to basic drinking water services.[65] In Burkina Faso, only 33% of rural households have basic water access, while in the Democratic Republic of Congo the share drops to just 22%. These conditions force women and girls to travel long distances and make repeated trips to meet daily household needs,[66] diverting time from education, paid employment, and rest.

Limited access to safe water also carries severe health implications. Reliance on unsafe water sources heightens exposure to waterborne diseases such as diarrhea, typhoid, and cholera. Women, as primary caregivers, shoulder the additional demands of caring for sick family members, compounding their workload and reinforcing cycles of time poverty and reduced economic participation.

Water collection also has intergenerational consequences. Girls frequently accompany their mothers or assume these responsibilities themselves, resulting in absenteeism, reduced study time, and higher dropout rates. Carrying 20-liter jerrycans—weighing approximately 20 kilograms—exposes women and girls to musculoskeletal injuries, fatigue, and dehydration, reducing productivity in both paid and unpaid work.[67]

Beyond the household, poor water infrastructure undermines women's participation in community and economic life. Time spent securing water constrains attendance at community meetings, collective decision-making, and small-scale enterprise. Expanding access to safe water systems—including boreholes, community taps, and household connections—can substantially reduce time burdens, improve household health, and generate long-term gains in school attendance, women's labor force participation, and community resilience.

2.2.2 Energy Poverty as a Barrier to Care, Health, and Economic Participation

Energy poverty significantly intensifies the burden of unpaid care across the region. In Niger and Burkina Faso, fewer than one in five households have access to electricity; in Mali, rural electrification stands at just 22%.[68] Rural access across the region is estimated at around 8%,[69] and over 80% of households rely on biomass fuels such as firewood and charcoal for cooking and heating[70]—making daily household tasks time-intensive, physically demanding, and often hazardous. Energy access is not only an infrastructure issue; it is a foundational component of care systems, directly shaping the time, health, and productivity of caregivers and care recipients.

Without electricity, water must be collected manually, meals must be prepared during daylight hours, and labor-saving appliances cannot be used. Women bear a disproportionate share of these burdens. In Benin, women spend two hours and 16 minutes per week collecting fuelwood, compared to one hour and 7 minutes for men.[71] Reliance on biomass also exposes women and children to harmful smoke and toxic emissions. The World Health Organization estimates that 639,000 premature deaths annually in the African region are attributable to household air pollution.[72]

Energy poverty also has differentiated impacts across population groups. For people with disabilities, electricity enables the use of powered wheelchairs, communication technologies, and medical equipment, while adequate lighting improves safety and mobility. In its absence, dependence on caregivers increases and social isolation deepens. For older persons, who spend more time indoors, reliance on biomass fuels heightens exposure to indoor air pollution, increasing the risk of respiratory and cardiovascular illness and raising care needs.

Lack of energy access restricts opportunities for value addition in agriculture and rural enterprises—particularly those requiring processing, storage, or refrigeration—reducing income-generating potential. Investments in electrification and clean cooking solutions can reduce time poverty, alleviate health risks, and expand opportunities for education, employment, and entrepreneurship. In this way, energy access is a key enabler of inclusive economic growth and sustainable care systems.

2.2.3 Poor Transport Infrastructure Deepens Women's Time Poverty and Economic Exclusion

Limited transport infrastructure significantly increases the burden of unpaid care work. Rural households are often physically disconnected from markets, schools, and healthcare facilities, forcing women and girls to walk long distances to meet daily caregiving needs. Essential tasks—fetching water, collecting firewood, taking children to school, accessing health services, or accompanying older persons and persons with disabilities—become multi-hour journeys that drain time, energy, and productivity.

Rural road access remains among the lowest in the world. In Burkina Faso, fewer than 24% of rural residents live within 2 kilometers of an all-weather road.[73] In Mali, rural women spend more than three hours per day collecting water, fuelwood, and other essential household resources.[74] Poor road networks and a lack of affordable public transport make reaching health facilities particularly difficult: In Niger, only 39% of the population lives within a one-hour walk of a health center during the dry season, dropping to 24% during the wet season.[75] These delays can be fatal—especially for pregnant women—contributing to persistently high maternal mortality across the region.

Transport constraints also limit women's economic opportunities. In Senegal, rural women spend approximately seven times as much time as men on unpaid care-related activities, including travel to collect water, food, and fuel.[76] Walking long distances while carrying heavy loads exacerbates physical strain and reduces time for paid work, education, or rest. Mobility barriers also restrict access to markets, training programs, and formal employment—entrenching income disparities and limiting women's contributions to local and national economies.

Limited mobility reduces women's ability to attend community meetings, participate in local governance, or seek timely preventive and reproductive healthcare. In households caring for older adults or persons with disabilities, transport gaps intensify dependence and limit access to assistive services.

Investing in gender-responsive and disability-inclusive transport systems—improved rural roads, subsidized public transport, and routes aligned with caregiving patterns—can substantially reduce time poverty and expand women's agency, improving school attendance, health-seeking behavior, and labor market participation. Closing transport infrastructure gaps is not only a mobility issue but a critical pillar of care policy, gender equality, and inclusive economic development.

Taken together, deficits in water, energy, and transport infrastructure create reinforcing cycles of time poverty, physical exhaustion, and health risk. Integrated, gender-responsive investment across these three systems is not only an infrastructure priority but a critical lever for care policy—with the potential to reduce unpaid care burdens, strengthen human capital formation, and support more inclusive and resilient economic growth.

2.3 — Shortages of Childcare, Eldercare, Disability Care, and Community Services

Shortages of formal care services are a persistent challenge across the region. Nearly half of sub-Saharan Africa's population—around 45%—falls within age groups that typically require intensive care support.[77] Yet the region has the lowest share of paid care employment globally, meaning that formal systems absorb only a small fraction of total care needs.[78] As a result, women and girls function as an unpaid labor force sustaining households, communities, and national economies—often at the expense of their own education, labor market participation, income security, and well-being.

2.3.1 Childcare Shortages Force Women and Girls to Fill the Gap

High-quality early childhood education and care services remain limited, and market-based options are unaffordable for most households. In the absence of accessible services, families rely on informal solutions: parents adjust or forgo paid work, grandparents step in, and older daughters assume substantial childcare responsibilities. As urbanization accelerates and households shift from extended to increasingly nuclear structures, these informal arrangements are becoming less sustainable—widening a caregiving gap that disproportionately falls on girls and intensifying women's time poverty and occupation segregation.[79]

Much of what is labeled "informal" childcare is, in fact, paid work performed outside the formal labor market. Domestic workers, neighborhood nannies, and community caregivers sustain household functioning and local economies, yet their labor remains undervalued and unprotected—with low wages, long and unpredictable hours, and no access to social security, pensions, and maternity benefits. High administrative barriers and weak enforcement of labor regulations further impede formalization, leaving these workers largely invisible in national labor statistics, fiscal systems, and policy frameworks.

The development consequences are significant. In Côte d'Ivoire, where approximately 17% of the population is below school age, only 0.5% of children under two and 11% of children ages three to five are enrolled in formal preschool. Children from the wealthiest households are three times more likely than those from the poorest households to attend preschool. Expanding public investment in early childhood education has the potential to generate an estimated 961,322 direct and 1,263,200 indirect jobs, reduce the gender employment gap from 18% to 11.7% by 2030, and substantially strengthen the country's human capital base.[80] When affordable childcare is available, women are more likely to enter and remain in the workforce, girls are more likely to remain in school, and households experience higher incomes and greater economic resilience.

2.3.2 Unpaid Family Care Fills the Eldercare Gap

The absence of organized eldercare presents a growing structural challenge. Although only 3% of the population in Francophone West and Central Africa is currently over age 65, formal long-term care services remain minimal and facilities are scarce.[81] Most eldercare is provided by family members—overwhelmingly women—who deliver continuous physical, emotional, and financial support without compensation or formal recognition.

This reliance on unpaid family care takes a heavy toll. Caring daily for older relatives—particularly those living with chronic illness, disability, or reduced mobility—often results in physical exhaustion, psychological stress, and forgone income. Many women reduce working hours, shift to lower-quality informal jobs, or exit employment. Without accessible and affordable eldercare systems, these pressures will intensify as population aging accelerates.

Strategic, early investment in eldercare systems is therefore essential—both to absorb rising care demands and to protect women's economic participation. Investing in community-based and institutional eldercare today is likely to be more cost-effective than absorbing future productivity losses when women reduce hours or exit the labor force. Proactively integrating eldercare into health systems, social protection frameworks, and local service delivery allows responsibilities to be distributed more equitably across households, the state, and the market—positioning care systems as foundational components of sustainable development, not merely as social services.

2.4 — Weak and Incomplete Care-Sensitive Social Protection Systems

2.4.1 High Informality Leaves Most Workers Without Care-Related Benefits

West and Central Africa has the highest rate of informal employment in the world, leaving most workers excluded from care-related social protection. As of 2024, an estimated 89.5% of all employed women in sub-Saharan Africa are engaged in informal employment, meaning their labor is not covered by formal protections.[82] In Senegal, 91% of women and 82% of men work informally—underscoring both the scale of informality and its persistent gendered disparities.[83]

Most workers therefore operate outside contributory social insurance systems, without access to paid parental leave, maternity protection, health insurance, pensions, or family benefits—core supports that enable households to reconcile paid work with caregiving. Even among those formally employed, care-related provisions are often limited, inconsistently applied, or poorly enforced.

The consequences are structural. Without adequate protection, many women reduce working hours, shift into unstable informal activities, or exit the labor force entirely to care for children, persons with disabilities, the sick, or older relatives. This dynamic reinforces the invisibility of unpaid care work while widening gender gaps in income, asset accumulation, and long-term economic security. The result is a structural cycle in which women's unpaid labor subsidizes weak public care systems and fragmented social protection regimes.

2.4.2 Unequal Parental Leave Policies Reinforce Gendered Care Burdens

Among the most effective and well-documented mechanisms for reducing care pressure is paid parental leave, which protects maternal and child health while also shaping long-term gender equality in households and labor markets. Adequate maternity leave supports maternal-child bonding, increases breastfeeding initiation and duration, and improves infant vaccination rates.[84] When fathers take parental leave, they are significantly more likely to engage in direct care work, promoting a more equitable distribution of household labor.[85]

Yet across the region, paid parental leave policies remain limited, unequal, and deeply gendered. While all countries provide some form of paid maternity leave, paid paternity leave is rare—and where it exists, it is extremely short. The regional median is just two days, far too brief to influence caregiving norms or enable meaningful parental involvement.[86] In Côte d'Ivoire, public servants and private-sector employees are entitled to 14 weeks of maternity leave and one hour of breastfeeding time daily during the child's first year, while paternity leave remains just three days in the private sector[87]—though recent reforms have extended it to 30 days for civil servants.[88]

These disparities reinforce entrenched norms that define caregiving primarily as women's responsibility, intensifying women's time poverty, constraining their ability to remain in or return to paid employment, and contributing to persistent gender gaps in earnings, seniority, and long-term economic security. Unequal parental leave is therefore a barrier to women's full economic participation and to the region's broader development goals.

2.4.3 Most Caregivers Remain Unprotected Under Narrow Maternity-Focused Systems

Caregiving needs extend well beyond childcare, yet most national systems remain narrowly focused on maternity benefits tied to formal employment—excluding the vast majority of caregivers in a region where informality is the norm and long-term care needs are rising. Millions of unpaid caregivers, predominantly women, shoulder essential responsibilities without income security, respite, or institutional support.

Addressing this gap requires rethinking both eligibility criteria and delivery mechanisms. Governments can expand coverage through non-contributory or universal mechanisms—including caregiver allowances, targeted cash transfers, or subsidized access to community-based and long-term care services—reducing financial strain, formally recognizing caregiving as socially valuable labor, and enhancing women's capacity to participate more fully in the labor market.

2.4.4 Weak Labor Protections and Informal Work Leave Millions of Women Without Care Support

Labor protections for pregnant workers remain uneven. In at least eleven countries in the region—including Guinea, Mali, the Democratic Republic of Congo, Senegal, and Togo—there is no legal prohibition against dismissing pregnant workers, leaving women vulnerable to job loss, income insecurity, and long-term career disruption during critical caregiving periods.[89]

For the overwhelming majority working informally, no comparable safety nets exist. Contributory social protection systems—designed around stable, formal employment—exclude nearly all caregivers in a region where less than 10% of workers hold formal jobs. Non-contributory systems offer little remedy: structured around poverty status rather than caregiving needs, they leave caregivers who are neither formally employed nor classified as "poor" in a systemic gap, despite providing essential labor that sustains households, communities, and economies.

This creates a structural contradiction: Caregiving is universal, but protection is conditional. A meaningful solution therefore requires a paradigm shift: Caregiving must be recognized as its own category within social protection, independent of employment status or poverty classification. Social protection must be designed around the realities of care, offsetting income lost due to caregiving, guaranteeing access to essential care services regardless of employment status, reducing the physical and time intensity of unpaid care, and preventing caregivers' long-term economic exclusion. Recognizing caregiving as a universal social function worthy of public support is essential to building a care economy capable of sustaining inclusive growth, demographic resilience, and long-term economic transformation.

2.5 — Gender-Biased Inheritance Systems Exclude Unpaid Carers and Deepen Women's Economic Insecurity

Because women perform the vast majority of unpaid eldercare, succession frameworks that privilege men directly exacerbate their economic vulnerability.[90] When older family members pass away, these same unpaid carers—most often women—are frequently excluded from inheriting the very assets of those for whom they provided care.

In many Francophone West and Central African countries, customary and religious succession laws routinely exclude widows and daughters or limit them to use-rights rather than ownership.[91] Patrilineal systems frequently treat women as dependents of male relatives, restricting their ability to own or inherit land, housing, or productive assets. When a man dies without a will in place, property often passes to male relatives, leaving widows and daughters with little economic protection despite their central role in sustaining the household.

These gender-biased inheritance systems push caregivers into long-term economic insecurity, weaken household resilience, and perpetuate intergenerational poverty. They also undermine care systems themselves: When caregivers lack assets, they have fewer resources to provide stable, safe, and dignified care for dependents. Reforming succession laws to protect caregivers' rights constitutes a structural investment in economic resilience and more equitable, sustainable care systems.

3 — Emerging and Future Pressures on Care Systems

3.1 — Economic Pressures and the Growing Demand for Paid Care Services

Across the region, rising economic pressures and shifting family structures are transforming how care is provided. As living costs rise and labor markets evolve, more household members—particularly women—must engage in income-generating work outside the home.[92] This marks a structural shift from traditional models in which large, multigenerational families shared caregiving responsibilities within the household, to smaller, dual-income or single-parent households where time for unpaid care is increasingly scarce.

Rapid urbanization and migration have simultaneously weakened and reconfigured the extended family networks that historically provided informal care. Younger adults often migrate to cities or abroad, leaving older relatives or children with fewer available caregivers. In urban areas, long working hours, lengthy commutes, and the high cost or limited availability of formal childcare and eldercare widen the care gap further.[93]

These transformations are generating heightened demand for paid care services. The care sector—if properly supported—could become a significant source of formal employment, especially for women and youth. However, in the absence of strong public investment and regulation, most paid care continues to occur informally, with low wages, limited protections, and minimal policy recognition. As more household members must work for income, the limiting factor is no longer families' willingness to provide care but the time available to do so—transforming care from a private responsibility absorbed within households into a structural demand that markets and states must recognize and respond to.

3.2 — Francophone West and Central Africa Is Vulnerable to Crises, Including Climate Change

Francophone West and Central Africa, particularly the Sahel region, faces a convergence of crises—armed conflict, food insecurity, public health emergencies, and accelerating climate change—that make it one of the world's most fragile regions. These crises are not gender-neutral: They simultaneously increase the demand for care and make caregiving more difficult, with women and girls bearing the brunt as their unpaid labor absorbs systemic failure and institutional breakdown.[94]

Conflict and insecurity displace millions, disrupt livelihoods, and destroy critical infrastructure. As men are conscripted, migrate, or are killed, women assume responsibility for both household management and caregiving—often in overcrowded or displaced settings with limited access to health services and community support. In Burkina Faso alone, more than two million people have been displaced by conflict, leaving women to shoulder nearly all caregiving responsibilities in conditions where water points, schools, and clinics have been destroyed.[95]

Food insecurity and public health crises further compound these pressures. Malnutrition, epidemics, and recurring disease outbreaks create surges in care needs, with women typically responsible for tending to ill family members and securing food, water, and medicine as resources become scarce. In 2023, over 47 million people in West and Central Africa faced acute food insecurity; women bore the brunt as primary food providers and caregivers.[96]

Climate change acts as a threat multiplier. Rising temperatures, erratic rainfall, and land degradation reduce agricultural productivity, while environmental

stressors—water scarcity, deforestation, and fuelwood depletion—directly expand unpaid care workloads, as women and girls walk longer distances to fetch water or fuel.[97] Currently, 31% of children in West and Central Africa live in areas of high or extremely high water vulnerability,[98] and by 2030, more than 230 million Africans are projected to face combined water shortages and deforestation.[99] In agriculture-dependent economies such as Burkina Faso, Chad, Niger, and Mali—where the sector employs more than 80% of the labor force—climate shocks threaten both livelihoods and food security.[100] Women, who constitute 60% of agricultural workers and nearly 70% of informal cross-border traders and small-scale processors, face a dual crisis: losing income while absorbing higher unpaid workloads as household care needs rise.[101]

As crises multiply, the resulting time poverty undermines women's health, well-being, and economic opportunities, while reducing household resilience and productivity across entire economies.[102] Breaking this cycle requires crisis-response and climate-adaptation strategies that explicitly integrate care needs—strengthening access to water and energy, expanding community-based health and social services, and ensuring social protection for caregivers in agriculture and informal work.

3.3 — Africa's Working-Age and Older Populations Are Projected to Grow

Sub-Saharan Africa's working-age population of over 600 million is expanding rapidly, growing by more than 3% per year.[103] If effectively managed, this surge could lower dependency ratios and open a demographic window of opportunity. Realizing that potential, however, depends not only on job creation—currently estimated at 1.5 million per month today, rising to 2 million per month by 2040—but also on parallel investments in education, health, and care-supporting systems that enable individuals, especially women, to participate fully and productively in the labor force.[104]

As more adults enter paid employment, the pool of informal caregivers declines while demand for childcare, eldercare, and health-related support expands. Without formal systems, this unmet need defaults to women's unpaid labor—reducing labor supply, lowering productivity, and weakening the conditions required to harness the demographic dividend. The rising demand for care simultaneously represents a major labor market opportunity: The care economy could absorb millions of new workers, particularly women and youth, if governments recognize it as an economic sector rather than a private household responsibility and invest accordingly.

Demographic change is also producing rapid population aging. By 2050, sub-Saharan Africa's population ages 60 and above is projected to reach 163 million—nearly quadrupling today's levels[105]—and by the end of the century, the number of adults over 60 will grow from 46 million to 694 million.[106] Longer life expectancy will sharply increase demand for long-term and personal care. Without formal eldercare systems, families—especially women and girls—will absorb these rising needs through unpaid labor, constraining women's employment and diminishing overall productivity.

Taken together, these trends signal that Africa is entering a care transition. As working-age and older populations both expand, demand for childcare and eldercare will rise structurally. The core question is no longer whether care will be provided—families already provide it at enormous cost—but how it will be organized, financed, and shared, and with what economic consequences. Treating care as economic infrastructure—as essential as transport, energy, or digital connectivity—is what determines whether demographic change becomes an engine of inclusive growth or a constraint on women's time and national productivity.

Part III

Transforming Care: Policy Priorities and Actions

1 — The Triple R Framework for Addressing Unpaid Care Work

The Triple R framework—recognize, reduce, and redistribute—provides a clear and internationally accepted structure for shaping policy action on care. It brings coherence to what are often fragmented debates by ensuring that governments address the full spectrum of care needs rather than isolated issues. By organizing interventions around recognition (making care visible in data and policy), reduction (lowering the time and physical demands of care), and redistribution (sharing responsibilities more equitably across households, markets, and the state), the framework links immediate service gaps to deeper structural constraints.

The Triple R framework provides a structured approach for addressing unpaid care work through coordinated action to recognize, reduce, and redistribute care responsibilities, while also illustrating how integrated investments in care systems can generate reinforcing economic and social returns; see Box 8 and Figure 4.

Box 8.
A Closer Look at the Triple R Framework

Developed by Diane Elson, the Triple R Framework has three interconnected dimensions: recognize, reduce, and redistribute unpaid care work.

Recognize unpaid care work by ending the habitual practice of taking it for granted and challenging the social norms and gender stereotypes that make it invisible in policy design and implementation.

Policy measures: measure all forms of work, including unpaid care; integrate unpaid care into decision-making; promote information and education that support more gender-equal households, workplaces, and societies.

Examples:

- Five countries in West and Central Africa have conducted time-use surveys, turning care from invisible labor into measurable evidence of the full scope of work and the gender inequalities in time allocation—strengthening evidence-based policymaking and shifting social and policy narratives.
- In 2022, Togo revised its Personal and Family Code to include unpaid care work as a consideration in inheritance and divorce proceedings, formally acknowledging its economic value and importance in legal and policy decisions.

Reduce unpaid care work by shortening the time devoted to indirect care tasks, particularly those involving drudgery.

Policy measures: invest in care-supporting infrastructure, including piped water, electricity, and public transport.

Example: A 2012 study in rural Senegal found that access to small piped-water systems generated time savings for women, which they redirected toward income-generating activities and new enterprises.

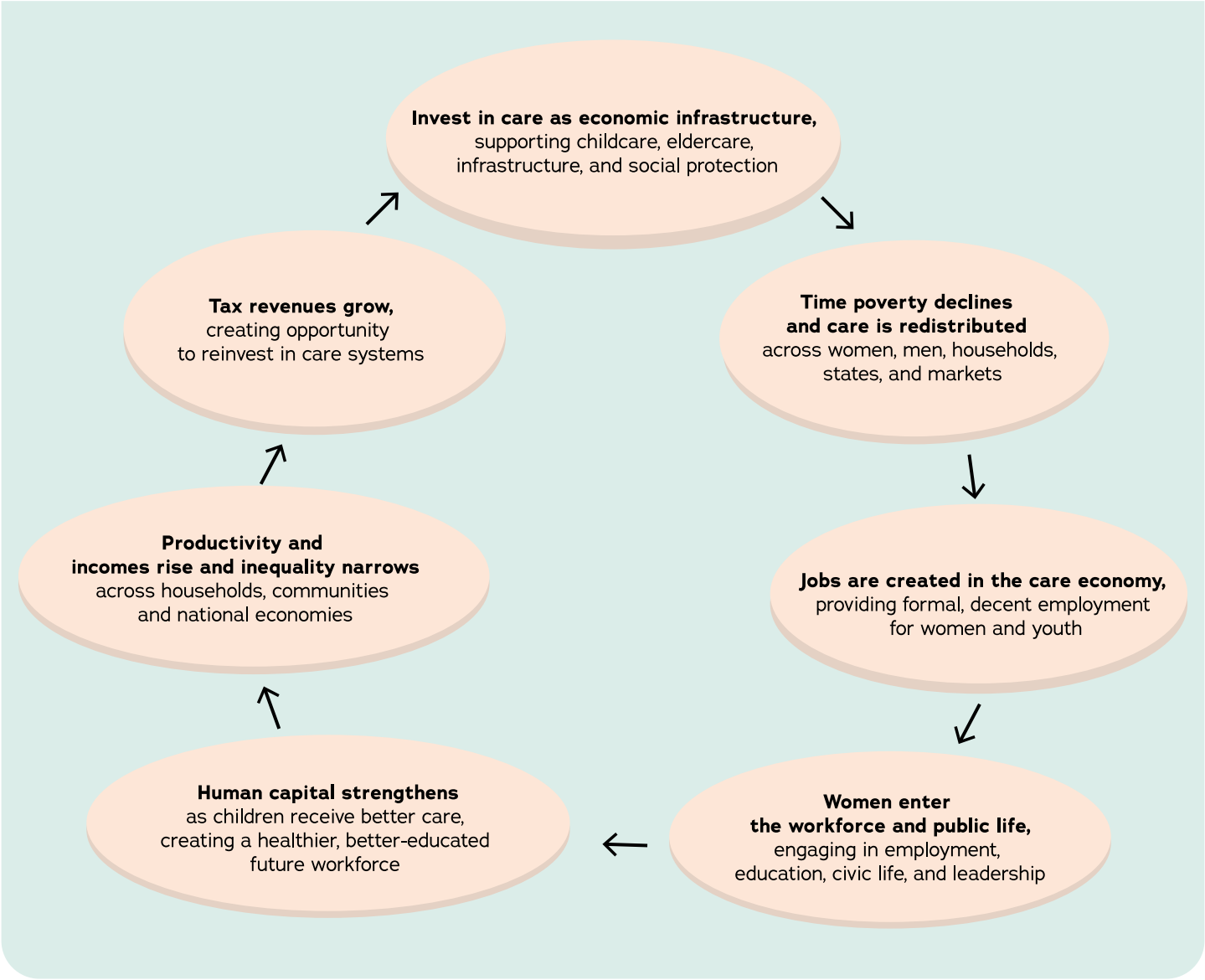
Redistribute unpaid care work by changing its distribution between women and men, and between households and society as a whole.

Policy measures: invest in early childhood care and education services; implement gender-responsive, publicly funded leave policies for women and men; ensure care-friendly and gender-responsive social protection systems.

Example: In Senegal, the expansion of community-based childcare centers (*cases des tout-petits*) has increased access to early childhood care, enabling mothers to reduce time spent on childcare and engage in income-generating activities, education, and training—while also creating paid employment in the care sector.

Sources: International Labour Organization, *Care Work and Care Jobs for the Future of Decent Work*, 2018, https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work; and Oxfam, *Care Policy Scorecard: A Tool for Assessing Country Progress Towards an Enabling Policy Environment on Care*, 2021; and Oxfam, *Care Policy Evidence Review: Evidence of Effective Policy Measures and Programme Interventions to Address Unpaid and Paid Care Work*, 2021; and UN Women, "Redistributing Unpaid Care and Sustaining Quality Care Services: A Prerequisite for Gender Equality," Policy Brief No. 5, https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/UN-Women-Policy-brief-05-Redistributing-unpaid-care-en.pdf; and Population Reference Bureau and CREG, *Guide de dialogue politique pour le travail domestique non rémunéré*, 2024, https://www.prb.org/wp-content/uploads/2024/10/REVISED-2-02.13.25-Guide-de-dialogue-politique-pour-le-travail-domestique-non-remunere-29.pdf; and Amanda E. Devercelli and Florence Kondylis, "Case des Tout-Petits: Reforming Early Childhood Education in Senegal," in *The Early Years: Child Well-Being and the Role of Public Policy*, ed. Samuel Berlinski and Norbert Schady (Cham: Springer, 2021), 143–168, https://doi.org/10.1007/978-3-030-93951-9_6.

Figure 4.
Investing in Care Is a Virtuous Cycle



The framework is not self-executing: It must be paired with country-specific diagnostics, fiscal prioritization, and integrated social and economic reforms. Its value lies in offering a shared analytical reference point and logical sequencing for policy design, while still requiring context-specific strategies to translate principles into effective national implementation.

To fulfill the African Union's commitments to gender equality, inclusive economic growth, and harnessing the demographic dividend, countries in Francophone West and Central Africa must place unpaid care work at the center of economic, fiscal, and social policy agendas. Recognizing, reducing, and redistributing unpaid care is a prerequisite for enabling women's full labor force participation, unlocking productivity gains, expanding decent job creation, and building the human capital needed for equitable, resilient, and sustainable development. It is equally essential for strengthening democratic participation, institutional legitimacy, and social stability—when care responsibilities are more evenly shared and publicly supported, women are better able to participate in community organizations, local governance structures, trade unions, and political institutions, expanding the inclusiveness, responsiveness, and legitimacy of public decision-making.

2 — Policy Actions to Increase the Recognition of Unpaid Care Work

Recognizing unpaid care work is a strategic and economic imperative. Integrating unpaid care into national accounts, labor statistics, and economic planning exposes the hidden time and labor constraints that restrict women's participation in education and productive employment—constraints that must be addressed to fully harness the demographic dividend. Recognition also challenges entrenched gender norms that define caregiving as a natural female duty, reframing care as an essential form of labor that sustains households, communities, and national economies. By making unpaid care visible within GDP and labor data, governments can quantify its economic value and build a compelling case for public and private investment in care systems, infrastructure, and social protection.

2.1 — Integrate Unpaid Care Into Economic Policy and Planning

Unpaid care work remains excluded from most economic calculations and labor statistics, even though it sustains the labor force and underpins national productivity. This omission leads to chronic underinvestment in the care sector, causes policymakers to underestimate constraints on women's labor force participation, and produces overestimates of the labor supply available to fuel the demographic dividend.

Governments should integrate unpaid care into national economic accounts, labor policies, and development strategies—systematically incorporating time-use data into national statistics, developing satellite accounts to estimate the monetary value of unpaid care, and using this evidence to guide investments in care infrastructure and services. When unpaid care is integrated into macroeconomic planning, governments stop treating women's unpaid labor as an elastic, unlimited resource and begin planning labor supply, productivity, and fiscal policy on realistic foundations. This enables better-targeted job strategies, more accurate growth projections, and more effective investment in human capital.

Decentralization frameworks across Francophone West and Central Africa have already transferred key responsibilities for health, education, water, and social services to local governments, making municipalities and territorial authorities central sites of decision-making for sectors fundamental to care systems. The local level is where care needs are most visible and where citizens can directly engage elected representatives through planning and budgeting processes—making it a critical entry point for anchoring investments in maternal and child health, early childhood services, and basic infrastructure within local development plans.

2.2 — Monitor Progress Toward Reducing Unpaid Care Work and Advancing Gender Equality

Most demographic, labor, and gender indicators across the region fail to capture time use or caregiving responsibilities, making it difficult to assess how unpaid care affects productivity, gender equality, and the demographic dividend. Without robust data and tracking mechanisms, governments cannot identify where care burdens are most acute, evaluate policy impacts, or direct investments effectively. This weakens accountability and limits the region's ability to implement the African Union's Roadmap on Harnessing the Demographic Dividend.

Countries should establish comprehensive indicators and monitoring systems—integrated into national demographic, labor, and gender frameworks—to make unpaid care measurable. Tools such as time-use surveys, satellite accounts, and regional instruments like the Demographic Dividend Monitoring Index (DDMI) can help governments assess how care constraints influence economic outcomes and track progress over time. When unpaid care is monitored, budgets follow: What is measured becomes investable.

2.3 — Invest in Data, Research, and Analytical Tools on Unpaid Care Work

Data on unpaid care work remain limited, outdated, and fragmented. Many countries lack recent, nationally representative time-use surveys, and existing research tends to focus narrowly on economics or demography, overlooking the social, gender, and health dimensions that shape care. Institutional capacity to monitor and analyze unpaid care—particularly within National Demographic Dividend Observatories—also remains weak. Without robust, interdisciplinary evidence, policymakers cannot accurately assess the scope, value, or structural implications of unpaid care, limiting both effective policy design and regional efforts to monitor progress toward the demographic dividend.

Countries should prioritize investing in high-quality data and research on unpaid care work. This includes conducting regular, nationally representative time-use surveys, strengthening the analytical capacity of National Demographic Dividend Observatories, and integrating unpaid care into national statistics. Research should expand beyond economics to include sociology, public health, and gender studies, generating a multidimensional understanding of care. Analytical tools such as Social Accounting Matrices should be refined to capture

how limited time is allocated between care and other activities, illuminating how care responsibilities constrain participation in education, paid work, and civic life.

Better data reframe unpaid care from a gender issue to an economic constraint—revealing not just who is overburdened, but how much labor, productivity, and fiscal space the economy is losing.

2.4 — Promote Broad Understanding and Recognition of Unpaid Care Work

Despite its critical role in sustaining households and economies, unpaid care work remains undervalued in public discourse and policymaking. Limited awareness among policymakers, weak institutional capacity, and persistent gender norms that define caregiving as women's responsibility all contribute to this invisibility. Civil society organizations and media actors often lack the tools and training to communicate effectively about care, further constraining public and political engagement—and weakening the region's ability to fully harness the demographic dividend, since the unequal distribution of care restricts labor supply, productivity, and human capital development.

Countries should invest in sustained national awareness and institutional capacity-building to recognize and value unpaid care work. This includes continuous training for ministries and national institutions to integrate care into policy and planning; capacity support for civil society to strengthen policy communication and advocacy; and journalist training to promote accurate, gender-sensitive reporting that challenges stereotypes. Governments should also launch national awareness campaigns linking the recognition of unpaid care to broader demographic and economic objectives—ensuring that care-sensitive reforms become a cornerstone of development strategy. When care becomes visible in public debate, it becomes politically defensible and budgetable.

3 — Policy Actions to Reduce Unpaid Care Work

Reducing unpaid care work is a transformative lever for economic growth, gender equality, and demographic progress. Investments in time-saving infrastructure and services—clean water, reliable energy, affordable childcare and eldercare, and family planning—can drastically reduce women's care burdens and free their time for education, paid work, and civic leadership. As hours once consumed by arduous domestic tasks are redirected to income-generating or educational activities, household earnings and national productivity rise. When girls are freed from long hours of domestic labor, they are more likely to stay in school, build skills, and participate in social and political life—breaking intergenerational cycles of poverty and inequality. Reducing unpaid care work is not just about easing women's workloads; it is a strategic investment that, at scale, increases labor supply, raises productivity, and transforms care from an invisible household burden into a driver of economic growth.

3.1 — Strengthen Care-Supporting Infrastructure

In many parts of the region, especially rural and low-income communities, limited access to piped water, electricity, and reliable public transport forces households to spend long hours on physically demanding, low-productivity care-related tasks. These time-intensive activities fall disproportionately on women and girls, deepening time poverty and restricting opportunities for education, paid employment, civic participation, and rest. These constraints not only reinforce gender inequality but also suppress labor productivity and human capital development, undermining efforts to harness the demographic dividend.

Governments should prioritize investment in care-supporting infrastructure that reduces the time and drudgery of indirect care work. Infrastructure planning must be care-responsive—explicitly addressing the time, labor, and mobility constraints associated with unpaid care. Without this lens, even formally gender-sensitive interventions may fail to tackle the underlying drivers of time poverty and care intensity.

3.2 — Expand Access to Voluntary Family Planning Information and Services

High fertility rates contribute to large household sizes and substantial care demands across the region. Each additional child increases the time women and girls devote to unpaid care, often limiting their ability to pursue education, paid employment, and civic participation. Many families—particularly in rural or low-income areas—still face barriers to accessing voluntary family planning information and services, deepening women's time poverty and reinforcing gender inequality in both the household and labor market.

Governments should expand access to voluntary family planning information and services to support individuals and couples in achieving their fertility intentions. Such investments can reduce unintended pregnancies, lighten women's care burdens, and enhance their capacity to participate in education and the workforce. When women can plan and space births, labor force participation rises, dependency ratios fall, and economies shift from absorbing the costs of unmanaged fertility to reaping the gains of a stronger, more productive workforce.

4 — Policy Actions to Redistribute Unpaid Care Work

Redistributing unpaid care work—between women and men, and across households, the state, and the market—is a strategic driver of gender equality, inclusive economic growth, and long-term social resilience. When men take on a greater share of caregiving and governments invest in accessible public care services, women gain time to pursue education, employment, and entrepreneurship, expanding the active labor force and fueling productivity gains essential for the demographic dividend. At scale, redistribution shifts women from unpaid to paid work, raises household incomes, and increases government tax revenue—turning care into a growth multiplier.

Redistribution also serves as an engine for job creation, rebalances power within households and communities, and fosters more equal relationships between women and men. More equitable care arrangements are associated with lower levels of household stress and violence, stronger family well-being, and more cooperative community dynamics. Shifting care from unpaid household labor to public or private provision generates formal, decent employment in the care economy, particularly for women and youth. At the same time, a more balanced division of care within households allows women to move into higher-paying, secure work, raising total household income and strengthening the national tax base. Societies that recognize care as a shared responsibility—across genders and institutions—are better equipped to respond to demographic transitions, manage crises, and sustain equitable development.

4.1 — Expand Care Infrastructure, With a Particular Focus on Early Childhood Education and Care Services

Care services such as childcare, eldercare, and healthcare remain scarce and unaffordable for most families across the region, forcing women and girls to shoulder most caregiving responsibilities and limiting their participation in paid work, education, and civic life. Care deficits directly undermine efforts to harness the demographic dividend: Women's time poverty suppresses labor force participation and weakens productivity, while children—especially from low-income households—miss the developmental benefits of early learning.

Governments should prioritize public investment in affordable, high-quality care services, including childcare, eldercare, and healthcare. Expanding community-based and publicly funded childcare programs can relieve caregiving burdens, enable women to engage in formal employment, and create decent jobs in the care economy. Early childhood care and education should be central to this strategy, given its proven benefits for children's development and its strong links to women's economic empowerment. By embedding care within demographic and economic planning, countries can ensure that the benefits of the demographic dividend are both realized and equitably shared. When care services exist, labor supply expands, household income rises, and governments collect more tax revenue—care stops being a private burden and becomes a driver of economic growth.

4.2 — Promote the Development of the Care Economy

The care economy across the region remains largely informal and undervalued, despite its potential to generate millions of decent jobs and reduce gender inequality. Most care work is performed informally, without fair pay, training, or legal protection. Meanwhile, demographic trends—rapid population growth, urbanization, and an aging population—are driving a sharply rising demand for care services. Without formal investment, unpaid care will continue to fall disproportionately on women and girls. A well-developed care economy enables women to enter and remain in the workforce, supports healthier and more educated populations, and strengthens the human capital needed for long-term economic transformation. When care jobs become formal employment, workers contribute to taxes and social protection, helping shift care systems away from dependence on women's unpaid labor.

Governments should strategically develop the care economy as a driver of inclusive growth and employment. This requires expanding formal employment in childcare, eldercare, healthcare, and domestic work through training programs, professional certification, and fiscal or regulatory incentives for private-sector participation. Countries should also integrate care economy development into broader job creation and social protection strategies to meet the care needs of their growing elderly populations.

4.3 — Promote Resilient Care Systems

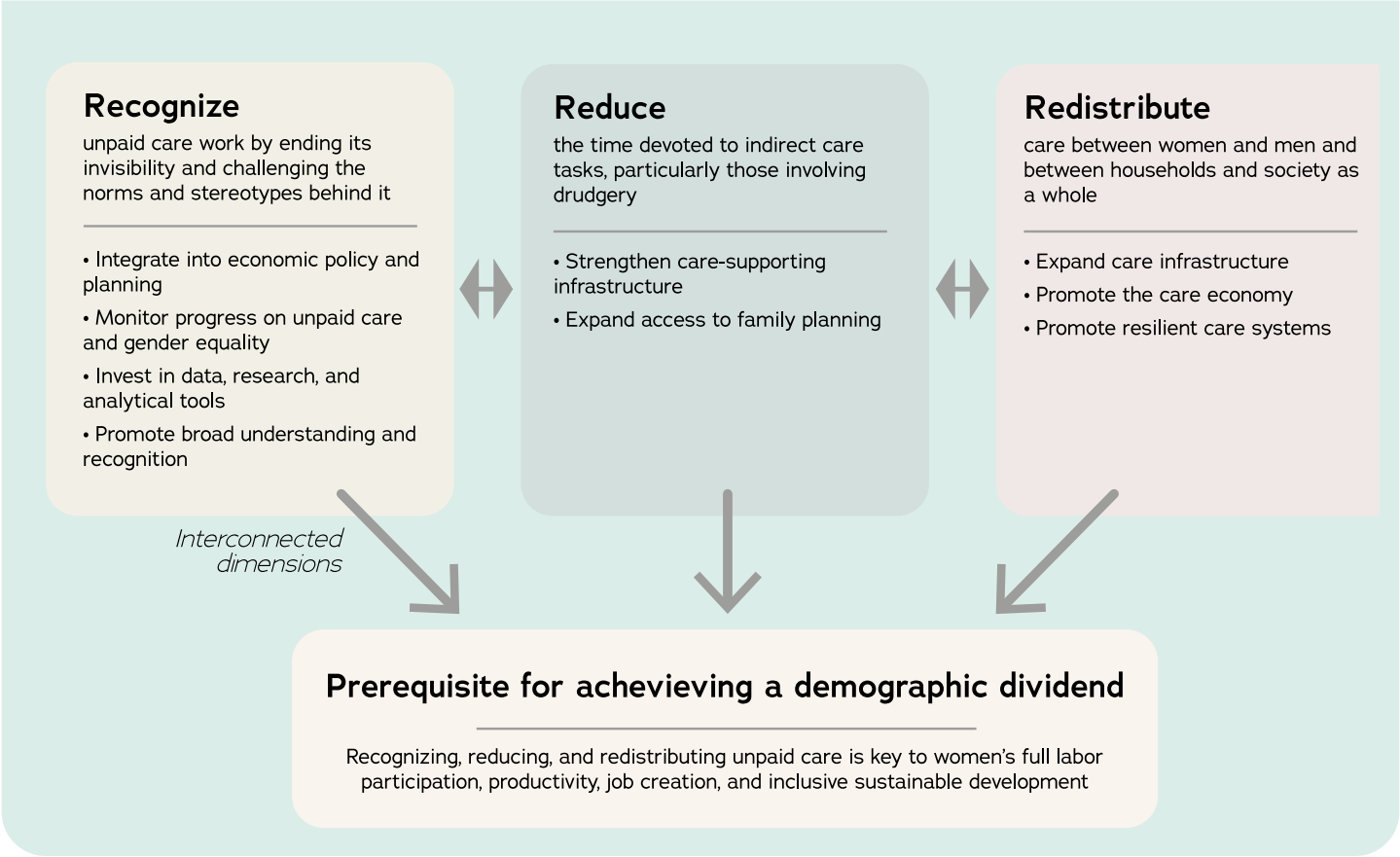
In regions highly vulnerable to conflict, climate shocks, and public health emergencies, crises consistently increase care needs while straining already fragile care systems. Displacement, illness, and infrastructure disruption heighten caregiving demand while weakening access to formal and informal care networks. When caregiving demands surge, women's participation in paid work, education, and decision-making declines, slowing household recovery and national economic rebuilding and jeopardizing progress toward the demographic dividend.

Governments and development partners should embed care into national disaster preparedness, humanitarian response, and resilience strategies. This includes investing in adaptive and inclusive care models such as mobile *crèches*—temporary, portable childcare services located near work sites—community elder daycare

and companionship programs, and strengthened community health monitoring groups. When resilient care systems exist, labor participation rebounds more quickly after crises, household income stabilizes, and governments preserve productivity and tax revenue. Integrating care into resilience planning protects vulnerable populations, strengthens social and economic recovery, and helps maintain momentum toward the demographic dividend.

Taken together, the actions outlined in this report reinforce the need for integrated strategies that simultaneously recognize, reduce, and redistribute unpaid care work; see Figure 5.

Figure 5.
Applying the Triple R Framework to Prioritize Unpaid Care Work



Conclusion

Unpaid care is the invisible infrastructure that sustains households, shapes human capital, and underpins the functioning of every economy. Across Francophone West and Central Africa, women and girls perform the overwhelming share of this labor—yet it remains unmeasured, unprotected, and largely absent from economic and demographic planning. As the region experiences rapid population growth, rising urbanization, climate shocks, and the beginnings of population aging, the demand for care is increasing faster than the systems equipped to provide it. Without deliberate action, these demographic shifts will expand the care deficit, deepen gender inequality, and constrain progress toward the demographic dividend envisioned by Agenda 2063.

The evidence presented in this report demonstrates that care is not a peripheral social issue but a macroeconomic determinant. When unpaid care expands—whether due to high fertility, weak infrastructure, insecurity, or inadequate services—women withdraw from paid work, girls leave school, labor supply contracts, productivity slows, and fiscal capacity weakens. Conversely, when care is recognized, reduced, and redistributed, economies grow: labor force participation rises, household incomes increase, and governments collect more revenue. At scale, care becomes an economic engine, not a private burden. At the same time, societies become more cohesive and participatory. Investments in care expand social networks, reduce isolation, strengthen intergenerational bonds, and enable more equal and engaged citizenship. When women and girls are freed from excessive care burdens, they participate more fully in education, entrepreneurship, civic leadership, and democratic life—contributing to more stable, collaborative, and accountable societies.

This document provides the regional evidence base needed to reposition care at the center of demographic and economic strategy. It consolidates diverse strands of research and applies them to the specific demographic, economic, and social realities of Francophone West and Central Africa, enabling policymakers, observatories, researchers, civil society, and development partners to work from a shared understanding of how care structures shape human capital, economic performance, and demographic outcomes.

At the same time, this reference report does not provide country-level costings, operational blueprints, or detailed fiscal scenarios. Those must be developed through national processes that reflect each country's institutional capacities, budgetary constraints, and political priorities. Rather, the role of this report is to establish the conceptual, demographic, and economic foundations that make such next steps possible.

Looking ahead, the report points to several areas for continued work:

- National care diagnostics and NTTA expansion to quantify care deficits and model policy impacts.
- Costed national care policy packages that align infrastructure, services, and social protection with demographic realities.
- Strengthened monitoring tools, including the integration of care into DDMI frameworks and gender-responsive budgeting.
- Professionalization and formalization pathways for the care economy, unlocking job creation and expanding fiscal revenue.
- Cross-sector strategies linking care with education, health, labor markets, climate resilience, and local governance.

The central insight is this: Care will be provided—either through the unpaid labor of women and girls or through deliberate, well-financed systems that support national development. The question for policymakers is not whether care exists, but who pays for it, who provides it, and with what consequences for economic transformation.

Treating care as economic infrastructure—as essential as transport, energy, or education—is what will determine whether Francophone West and Central Africa harnesses its demographic dividend or sees it eroded by rising care burdens and declining female labor participation. It will also determine whether the region builds democracies that are inclusive, participatory, and resilient. A strong care economy is not only a foundation for productivity, but also for peaceful societies, reduced social tensions, and a more active and equal citizenry. By grounding policy conversations in rigorous evidence, shared frameworks, and demographic realities, this report lays the foundation for countries to build resilient care systems capable of supporting inclusive growth, gender equality, and long-term prosperity.

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