



► Policy Brief

UN Women - ILO Joint Programme on Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in Care

Public Investments in Nepal's Care Economy¹

An Estimation of Care Deficit, Investment Costs and Economic Returns in the Education and Health Sectors

► This brief, which is an outcome of the UN Women-ILO Joint Programme, argues that macro-economic policies play a key role in promoting the distribution of income and access to decent work opportunities for women. Investments in care services allow for the redistribution and reduction of unpaid care work and address time poverty, enabling women to participate in the labour force while also creating direct and indirect decent work opportunities in Nepal's care economy. The following brief is based on a global tool, "A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns," as prepared by Ipek Ilkkaracan in 2021. It is referred to as the 'policy tool on care' in this brief.

Defining the Care Economy

The 'care economy' entails a diverse range of productive work, including both paid and unpaid work activities that provide direct and indirect care necessary for the physical, psychological and social well-being of primarily care-dependent groups, such as children, the elderly, disabled and ill people, as well as for prime-age working adults (Figures 1.1 and 1.2).²

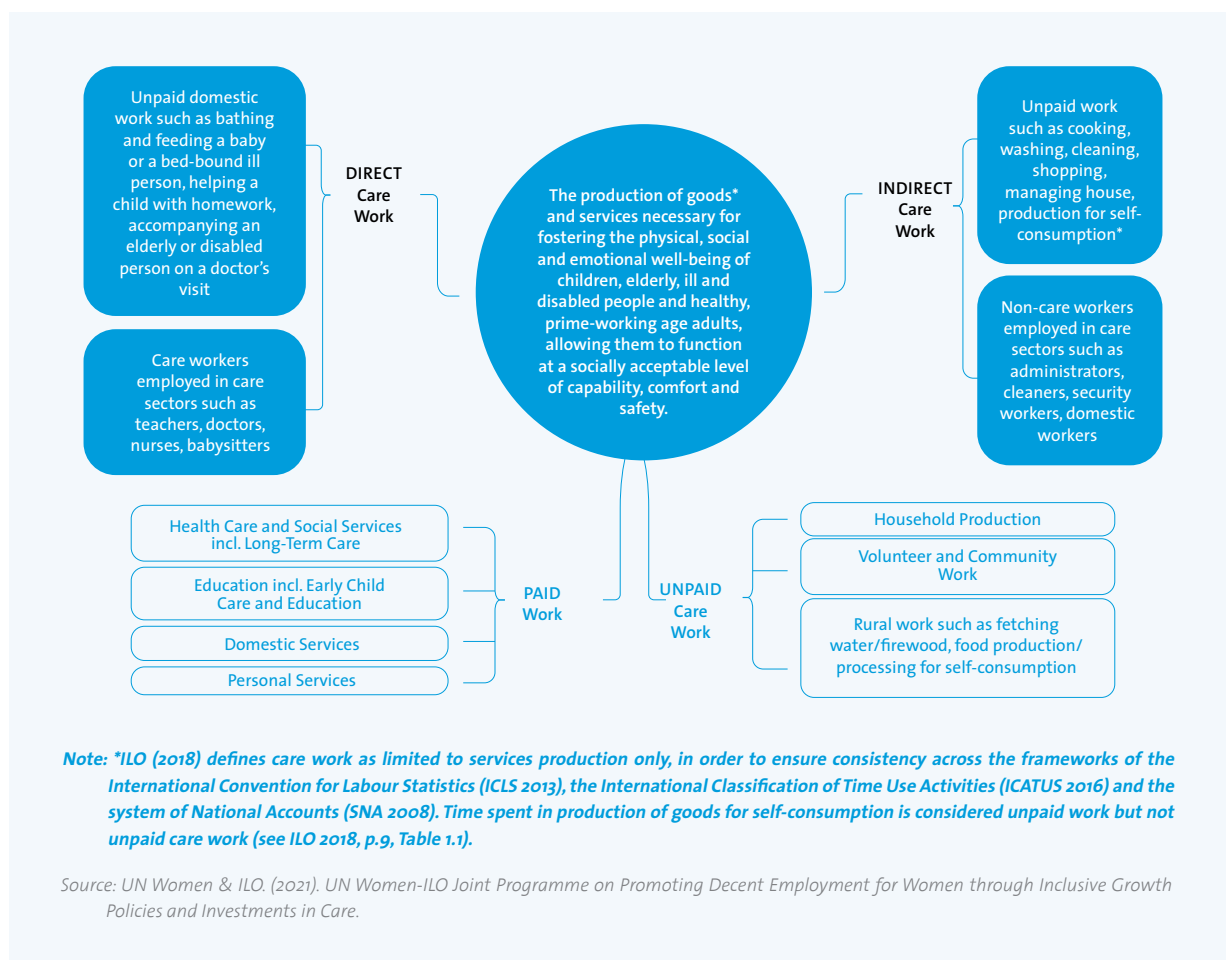
The ILO (2018) reports that unpaid care work for household production involves 16.4 billion hours of work time

1 The authors of 'Policy Brief: Public Investments in Nepal's Care Economy' are Astha Bhatta and Dr. Bazlul Haque Khondker, and the brief was drafted by Adelaide Pope. Kripa Basnyat and Priti Shrestha provided further support through ILO and UN Women's Nepal country offices. This is a collaborative project between the ILO, UN Women, Nepal's National Planning Commission and the Institute for Integrated Development Studies (IIDS) under a UN Women-ILO Joint Programme in Nepal. The Joint Programme received technical backstopping from Valeria Esquivel, Nita Neupane, Luis Felipe Velazquez Lopez from ILO and Ipek Ilkkaracan, Navanita Sinha and Brunella Canu from UN Women. The findings were validated multiple times through the Joint Programme's National Steering Committee and other relevant participants.

2 Ilkkaracan, I. (2021). A Guide to Public Investments in the Care Economy: Policy support tool for estimating care deficits, investment costs and economic returns. ILO and UN Women. https://www.ilo.org/employment/Whatwedo/Publications/WCMS_767029/lang--en/index.htm

FIGURE 1

Defining the care economy: Unpaid and paid work



annually.³ Assuming an eight-hour workday, this is equivalent to approximately 2 billion full-time jobs every year. Moreover, 76.2 per cent of these unpaid “jobs” are performed by women globally, with the figure reaching 80 per cent in the Asia and Pacific region.⁴ Unpaid care work is a critical element of human well-being, yet it is largely unseen and completely unaccounted for in terms of its economic value or contribution to national Gross Domestic Product (GDP), the ultimate “productivity” determinant in today’s standards.

Paid care work in healthcare, social services, education

and domestic and personal services corresponds to 381 million jobs worldwide, accounting for 11.5 per cent of global employment.⁵ Two-thirds of these paid care workers are women.

Women with care responsibilities are more likely to be self-employed, i.e. contributing family workers who are usually concentrated in informal sectors, with less likelihood of protection under labour laws, poor access to social protection measures, exposure to exploitative working conditions and increased vulnerability to external shocks, such as COVID-19. These effects exacerbate pre-existing gender inequalities and are a result of and contributor to the intersectional marginalization of women and therefore must be

3 International Labour Organization (ILO). (2018). Women do four times more unpaid care work than men in Asia and the Pacific. https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang-en/index.htm

4 International Labour Organization (ILO). (2021). Women and Men in the Informal Economy: A Statistical Picture, 3rd Edition. Geneva: ILO.

5 Ilkkaracan, I. (2021). A Guide to Public Investments in the Care Economy: Policy support tool for estimating care deficits, investment costs and economic returns. ILO and UN Women. https://www.ilo.org/employment/Whatwedo/Publications/WCMS_767029/lang-en/index.htm



The amount of time Nepali women spend on unpaid care work is six times higher than that of men, which is significantly higher than the regional average of four times.

addressed through a feminist economics lens. While the need for increased public investment in the care economy has long been an issue in policy debates, the COVID-19 pandemic revealed its urgency. Research from UN Women and the ILO (2020) found that the COVID-19 crisis resulted in an unequal gender distribution of care work.

Nepal's Care Economy

In Nepal, women bear a significant burden of unpaid care work, including domestic chores, caregiving and community work. As per ILO's regional report, women in Nepal carried out 85 per cent of daily unpaid care work, spending a total of 29 million hours a day cumulatively, compared to 5 million hours spent by men.⁶ The amount of time Nepali women spend on unpaid care work is six times higher than that of men, which is significantly higher than the regional average of four times.

This disproportionate amount of unpaid care work exacerbates Nepali women's time poverty, severely limiting their ability to participate in various educational, political, social and economic activities. The country's female labour force participation rate is a testament to this, averaging 28.7 per cent.⁷ Among "inactive persons," 39.7 per cent of women indicated "unpaid care work" as the main reason for being outside the labour force, while only 4.6 per cent of men

indicated the same reason.⁸ This is a major hinderance to Nepal's aspirations for growth, development and stability, likely resulting in generational cycles of inequality, discrimination and entrenched gender and cultural norms.

For all these reasons, it is important that employment impact assessments address these diverse circumstances and consider how gender intersects with other sources of vulnerability to determine terms of inclusion in (or exclusion from) labour markets. To avoid reproducing gender and other inequalities, policies for economic recovery must pay attention to the causes of pre-existing unequal gender patterns in the world of work and address structural constraints inhibiting women's access to decent jobs.⁹

Why invest in the care economy?

Investments in the care economy, which are in line with SDG 3 (on health), SDG 4 (on education) and SDG 5 (on gender equality, target 5.4),¹⁰ would result in an estimated 475 million jobs globally by 2030.¹¹ The ILO's "Care at work: Investing in care leave and services for a more gender equal world of work" reports that investments in gender equal leave, universal childcare and long-term care services could generate up to 299 million jobs by 2035. Closing these policy gaps would require an annual investment of \$5.4 trillion USD (equivalent to 4.2 per cent of total annual GDP) by 2035, some of which could be offset by an increase in tax revenue from the additional earnings and employment that comes with such jobs-led economic growth.¹² By investing in the care economy – hiring more teachers and health workers, building more schools and hospitals, or introducing and enforcing

6 ILO (2020). Millions of hours spent daily on unpaid work: Evidence from Asia and the Pacific. <https://ilostat.ilo.org/millions-of-hours-spent-daily-on-unpaid-work-evidence-from-asia-and-the-pacific/>

7 The World Bank (2018). Labor force participation rate, female (% of female population ages 15+) (modelled ILO estimate) – Nepal. <https://data.worldbank.org/indicator/SL.TL.F.CACT.FE.ZS?locations=NP>

8 Nepal Labour Force Survey 2017/18.

9 ILO (2021). Assessing the gendered employment impacts of COVID-19 and supporting a gender-responsive recovery. A country-level policy tool. Policy Tool, March 2021. Link: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_778847.pdf

10 Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

11 Care economy: ILO calls for urgent action to prevent looming global care crisis

12 Addati, L, Cattaneo, U and Pozzan, E. (2022). Care at work: Investing in care leave and services for a more gender equal world of work. ILO. [wcms_838653.pdf](https://www.ilo.org/wcms_838653.pdf) (ilo.org)

The country's female labour force participation rate is a testament to this, averaging 28.7 per cent. Among "inactive persons," 39.7 per cent of women indicated "unpaid care work" as the main reason for being outside the labour force, while only 4.6 per cent of men indicated the same reason.

stronger laws and insurance schemes around care leave – robust, inclusive and sustainable growth is precipitated.

Growing scholarship on macroeconomic policy notes that the sectoral allocation of fiscal stimulus packages can have strong implications for the magnitude and composition of emerging labour demand. The ILO and UN Women's policy tool on care attributes this to the varying composition of employment by gender, age and skills across sectors, as well as their differing employment multipliers. 'The tool' on care investigated the short-term economic returns through job generation directly in care sectors as well as indirectly in other related sectors through backward linkages^{13,14} (the mechanism as seen in Figure 2). Their research found that each dollar spent on the care sector has the potential to generate two to three times more jobs than if the same amount were spent on other sectors, such as physical infrastructure and construction (a common target of fiscal stimulus spending), primarily due to its relatively higher labour intensity (especially in the case of direct care).¹⁵

Care service sectors, which are relatively more labour intensive than other sectors, are disproportionately dominated by women. Pairing this information with

the fact that care services boost societal well-being by improving health, education and civic outcomes for the public means that targeting investment in the care services sector is incredibly beneficial for long-term growth, enhancing human capital and their capabilities. The economic returns to investing in care services occur through both supply- and demand-side mechanisms.¹⁶ On the demand side, investments and expansions to care services create new jobs that are typically filled by women, thereby improving gender employment balances and decreasing wage gaps. On the supply side, enhancing the quality, scope and accessibility of social care can alleviate the time burden that women spend on unpaid care work at home, thus boosting their productivity in the workplace. In terms of early childcare, research suggests that outsourcing care to professional education centres can have a greater positive impact on the mental, social, and physical development of children. This contributes to societal capacity building and works to break down socioeconomic inequalities in terms of education and opportunity, benefiting children, families, and communities in the long-term.

The scope of this report's evaluation and recommendations focuses on the short-term demand side, reflecting Nepal's central policy objectives of employment creation, poverty reduction and gender equality. Figure 2 shows this key demand-side mechanism, whereby investments in care services precipitate inclusive, demand-led growth across the entire economy. This analysis allows for a critical evaluation of public budget allocation decisions and the short-run impacts of investments, making it very relevant for short-term election cycle budgetary evaluations¹⁷ and the various short-term stimulus packages that have become popular in policymaking since the outbreak of the COVID-19 pandemic.

This demand-led growth promotes an enabling environment in which quality employment opportunities can be accessed, leveraged, and sustained by care workers (primarily women) in the long-term and formally expanded care services can alleviate the unpaid work of women in this space. A comprehensive assessment on the returns to investing

13 Backward linkage refers to the interconnected nature of supply chains. An industry with significant backward linkage is one where the production of outputs requires substantial intermediate inputs from several other industries.

14 Ilkharacan, I. and Kim, K. (2019). The Employment Generation Impact of Meeting SDG Targets in Early Childhood Care, Education, Health and Long-Term Care in 45 Countries. ILO. https://www.ilo.org/gender/Informationresources/Publications/WCMS_732794/lang-en/index.htm

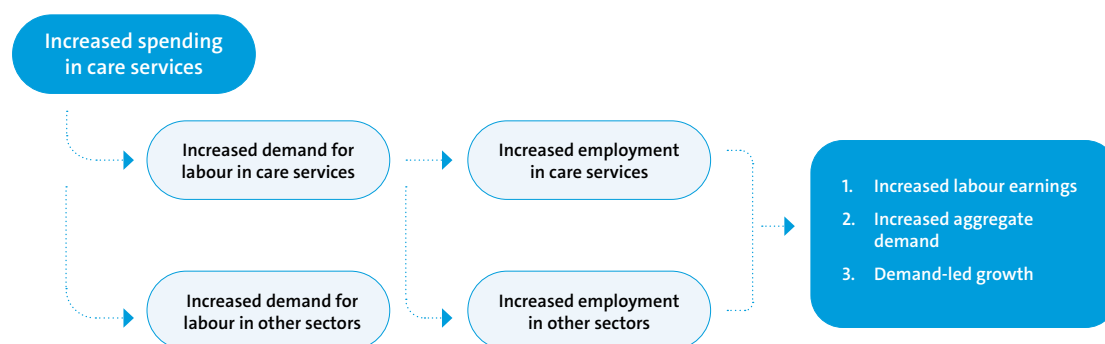
15 Ilkharacan, I. (2021). A Guide to Public Investments in the Care Economy: Policy support tool for estimating care deficits, investment costs and economic returns. ILO and UN Women. https://www.ilo.org/employment/Whatwedo/Publications/WCMS_767029/lang-en/index.htm

16 Ibid

17 With the immediate impacts of these types of investments so visibly identifiable and measurable – in the form of job creation, labour earnings, and demand – economic policymakers can use evidence to justify and refine their investment and growth strategies in a timely manner, allowing stronger, more agile, and more data-driven decision-making to take place come budget time.

FIGURE 2

Demand-led growth through investment in care services



Source: UN Women Nepal and ILO

in care therefore include its impacts on job creation, labour participation, productivity, earnings, poverty, and well-being.

Methodology

Using the policy tool on care, this assessment aims to: (1) assess Nepal's deficits or coverage gaps in care services, (2) estimate the required costs of public investments to address these deficits or coverage gaps and (3) assess the various economic returns to such investments in the short- and long-run.

The study examines two sectors – education and health – to generate national calculations on care service deficits and estimate the costs needed to address them. Short-term demand-side evaluations are the focus here primarily due to their timely and measurable nature. The care services that establish the target for public investments within the scope of the policy support tool, entail the following sectors of economic activity:

Education Sector:

- » Early childhood care and education (ECCE)
- » Basic and secondary education

Health-Care Sector:

- » Ill/patient care (short-term care)

For services in the education sector, three investment scenarios have been modelled, essentially designed to frame short-, medium- and long-term policy targets. Similarly in healthcare, two scenarios have been modelled.

Coverage Gap and Costing Exercise

The policy tool on care prescribes the following two-stage method to calculate Nepal's care deficits in education and health care:¹⁸

1. The **first stage** establishes the deficits in each sub-sector of selected care (education and health care) in terms of coverage, comparing the actual levels observed in Nepal's economy with targets set by the UN's SDGs, ILO recommendations and/or the Government of Nepal (GoN). In this study, this includes the number of enrolled students, the student-to-teacher ratio and the health-care-worker-to-population ratio.
2. The **second stage** calculates the investment required to meet the deficits identified, combining data on wages and other overhead costs. This includes the number of additional teachers or health-care workers to be hired, as well as the overhead costs of opening additional classrooms or clinics.

Different policy scenarios have been analysed throughout this report, essentially framing short-, medium- and long-term actions that can be taken by policymakers to reach coverage gaps in key education and health-care indicators. This recognizes the progressive policymaking process and the longer-term endeavour of meeting SDG standards (specifically SDGs 4, 5 and 8).

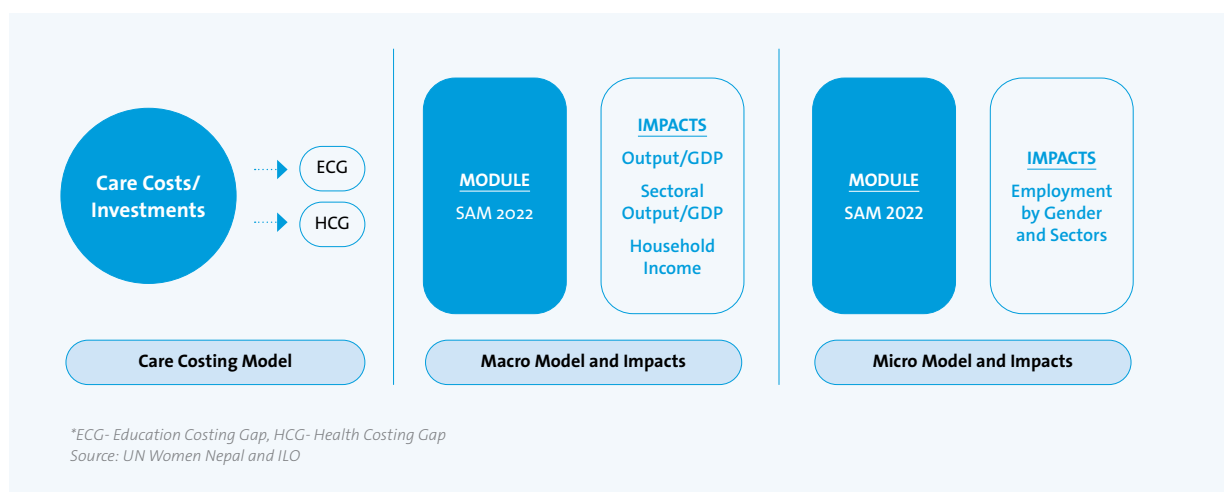
18 Ilkkaracan, I. (2021). A Guide to Public Investments in the Care Economy: Policy support tool for estimating care deficits, investment costs and economic returns. ILO and UN Women. https://www.ilo.org/employment/Whatwedo/Publications/WCMS_767029/lang--en/index.htm

Economic Returns to Investments in Health and Education

An integrated modelling system has been used to assess the macro, sectoral growth and indirect employment impacts of investments in the care sectors. The integrated modelling system has two components: (1) a gendered social accounting matrix (SAM) for Nepal to capture macro and sectoral growth impacts and (2) an employment matrix to assess the indirect employment impacts by economic sectors and gender. This is illustrated in Figure 3 below.

FIGURE 3

Integrated modelling system



Care costs (or investments) estimated under the coverage gap and costing exercise are considered additional injections into the Nepal SAM model to simulate output,¹⁹ GDP (i.e. value-added) and indirect employment impacts.²⁰

Key Findings: Education

The Government of Nepal’s Education Strategy

The GoN has set targets and plans informed by the SDGs to ensure “educated, civilised, healthy and capable human resources for social justice, transformation and prosperity” (National Economic Policy, 2019). The current strategy is outlined in the School Sector Development Plan (2016-2023), which aims to complete the previous plans and improve the quality of Nepal’s education system by beginning to assess and standardize the qualifications and experiences of educators. The prescribed age groups for schooling by

level of school are pre-primary education (PPE) (3 to 5 years), basic level (5 to 12 years) and secondary level (13 to 16 years). The government does not currently have a provision for ECCE for the under 3-years age group, as there is no clarity as to which Ministry is to be responsible for their wellbeing²¹.

For the purpose of this study, the following ages will be grouped:

- 5 years and under - Pre Primary Education
- 6 - 15 years : Basic
- 16 - 19 years: Secondary

The targets for ECCE are set based on different age groups, including under 3 years, 3 to 5/6 years and the age prior to mandatory school. Setting targets for basic and secondary education is more straightforward due to compulsory education laws and policies, as SDG 4.1 aims to ensure access to free and quality education at these levels. Quality indicators include student-to-teacher ratios, class/group sizes, teacher skills and training qualifications, salaries, working conditions and the right to organize. Legislation plays a crucial

19 Output is a broader measure of the size of the national economy, which consists of value added (or factor income) and intermediate inputs (i.e. raw material) used in the production of goods and services.

20 Details on the economic returns of investment methodology can be found in the detailed report.

21 Since the enrollment rate for basic level is 5.3 million and population of children between 5-12 years is 4.5 million the study has expanded the age group for basic education to 6-15 years and 16-19 years for secondary education.

role in addressing coverage gaps and ensuring quality in ECCE and basic/secondary level education.

In 2020, 25 per cent of basic-aged students in Nepal were enrolled in private schools as opposed to public schools.²² Although these schools are considerably more expensive than state-run schools, they remain a preference among many Nepalis, given the quality of educational outcomes. This trend indicates the need for investment in the public school system with clear disparities existing in terms of the quality of academics, language of instruction (private schools are typically English based, whereas public schools teach in Nepali) or overcrowding.

Culturally and socially, many view children between the ages of 0 to 2 as primarily the responsibility of women. However, paid workers only get maternity leave for 98 days and paternity leave for 15 days,²³ thus forcing them to rely on family members or private childcare centres, which often lack quality care²⁴ and are not affordable or easily accessible to many.



Mandatory 1 year of pre-school

The SDG indicator 4.2.2 aims for at least one year of pre-school education for children who are under the mandatory school age, while a more ambitious scenario suggests targets of 50 per cent for the 0 to 2 age group and 100 per cent for the 3 years-to-secondary level age group (ILO, 2018).

Results: Costing and Coverage Gaps

For services in the education sector, three investment scenarios have been modelled:



Scenario 1

Enrolling all out-of-school students with target student-teacher-ratio (excluding the under 3 years age group). This leaves the aggregate student-teacher ratio sub-optimal due to the maintenance of the current student-teacher ratio for currently enrolled students.



Scenario 2

Enrolling all out-of-school students with target student-teacher ratio (including the under 3 years age group). This leaves the aggregate student-teacher ratio sub-optimal due to the maintenance of the current student-teacher ratio for currently enrolled students.



Scenario 3

Enrolling all out-of-school students and reaching the target student-teacher ratio for all students (enrolled and out-of-school).

22 The World Bank (2020). School enrolment, primary, private (% of total primary) – Nepal. <https://data.worldbank.org/indicator/SE.PRM.PRIV.ZS?locations=NP>

23 As per section 45 (1) of the Labour Act, a female worker is entitled to receive a total of 14 weeks (98 days) of maternity leave, with a provision that allows her to take the leave before and after the date of confinement. Section 45 (3) says the female worker seeking maternity leave pursuant to sub-section (1) shall be entitled to 60 days of fully paid maternity leave and for the remaining period, it shall be unpaid. Therefore, the rest of the 38 days of unpaid leave is now covered by the Social Security Fund as per section 7(2) of the Social Security Scheme Operating Procedure, 2075 (2018). As per Section 45 (2) of the Labour Act, a worker must take at least two weeks leave before the expected date of confinement and at least six weeks of leave after the date of confinement). Section 45 (7) stipulates that every male worker, during the confinement of his wife, shall be entitled to 15 days of fully paid paternity care leave.

24 Investments in childcare for gender equality in Asia and the Pacific, Geneva: International Labour Office and Manila: Asian Development Bank, 2023. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_887517.pdf

Table 1 shows Nepal's education coverage gap (ECG) in terms of the number of enrolled students (by age, relative to the age-specific population). The global targets used are those outlined by the SDGs. As seen by the calculations presented, Nepal's student coverage gap is largest in the under 3 years age group at 50 per cent, followed by ECCE at 38 per cent for the 3 to 5-year age group and lastly, the secondary level at 25 per cent.

The target enrolment in the under 3 years age group seems like an outlier to the figures observed due to the lack of prescriptive government advice for this group and the cultural norms that see young children stay with their carers (typically mothers).

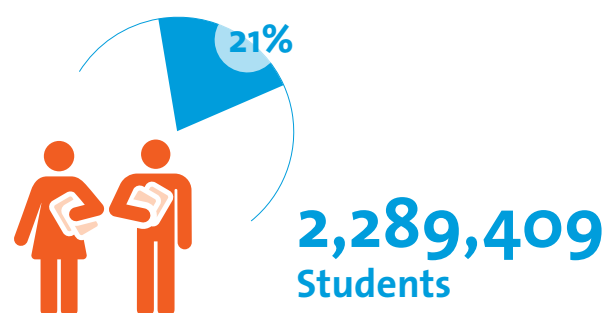
TABLE 1

Coverage gap and costing for education

Age Group	Population	Current enrolment	Target enrolment (% population) (number)	Student coverage gap (target – current enrolment) (% population) (number)	Current number of teachers	Target number of teachers (target student-teacher-ratio)	Teacher coverage gap (target – current)	Costing gap (wage bill and overheads ²⁵) (NPR in billion)
Under 3	1,372,483	0	50% (686,242)	50% (686,242)	0	68,624 (10)	68,624	16.14
ECCE 3-5	1,635,165	1,010,195	100% (1,635,165)	38% (624,970)	30,450	83,474 (15)	53,024	12.51
6-15 (Basic)	5,715,055	5,325,980	100% (5,715,055)	7% (389,075)	127,881	137,694 (31)	9,813	4.69
16-19 (Secondary)	2,359,276	1,770,154	100% (2,359,276)	25% (589,122)	28,296	70,284 (28)	41,988	25.35
Total	11,081,979	8,106,329	10,395,738	2,289,409	125,209	360,077	173,449	59.96

At only 7 per cent, the ECG of students for basic education is relatively low (see Table 1, student coverage gap column), which is a testament to the strong advancements made in Nepal's education system since the 2009 School Sector Reform Plan (2009-2016). The relatively higher percentage of unenrolled secondary-aged students (25 per cent) suggests several factors at play. First, students may be choosing career paths that require knowledge and skills not covered in the public school system. Second, female students may be dropping out of secondary school due to early marriage or out-migration. To meet these ECGs, Nepal will need to enrol an additional 2,289,409 students, comprising 21 per cent of their <19-year-old population.

The second section of Table 1 also shows Nepal's ECG in terms of the number of teachers employed in the sector relative to the number of students (student-teacher ratio). The current ECG for teachers is highest



To meet these ECGs, Nepal will need to enrol an additional 2,289,409 students, comprising 21 per cent of their <19-year-old population.

25 This includes the salaries of public school teachers (paid through the government), along with estimates of the overhead cost per student (according to the Program Implementation Book, published by the Center of Education and Human Resource Development in 2079).

in the ECCE and secondary age groups at 37 per cent and 74 per cent, respectively. These figures increase to 137 per cent and 162 per cent when looking at the ECG for out-of-school student targets.

Taken with the assessment of the number of additional students and teachers required for Nepal to meet its SDG educational targets, the costs can be calculated for the investment required to bridge this ECG. The final column of Table 1 shows these calculations based on government wages for teachers in Nepal and data on the overhead cost per student.

Table 1.1 disaggregates this information as per the three scenarios of this study. To bridge the ECG for its out-of-school students above age 2 (Scenario 1), Nepal will need to invest an additional 0.60 per cent of its GDP (29.09 billion NPR), which includes hiring 75,255 new teachers (through direct job creation). When the under 3 years age group is included (Scenario 2), this investment increases to 0.93 per cent of GDP (45.23 billion NPR), resulting in 143,878 new teaching jobs. To bridge all of Nepal's ECGs, investments will need to total 59.97 billion NPR, the equivalent of 1.24 per cent of the country's GDP for fiscal year (FY) 2021-22. This will result in the creation of 173,449 new teaching jobs.

TABLE 1.1
Education coverage and costing gap, disaggregated by scenario

Scenarios	Population	Coverage Gap		Costing Gap
		Student Coverage Gap	Teacher Coverage Gap	Costing Gap (wage bill and overheads) (% GDP) (NPR in million)
Scenario 1	Enrolling out-of-school students with target student-teacher-ratio (excl. Under 3-year age).	1,603,167	75,255	0.60% (29,091)
Scenario 2	Enrolling all out-of-school students with target student-teacher ratio	2,289,409	143,878	0.93% (45,236)
Scenario 3	Enrolling all out-of-school students and reaching target student-teacher ratio for all students (enrolled and out-of-school).	2,289,409	173,449	1.24% (59,967)

Results: Economic Returns to Investments in Education

Based on the coverage gap and costing exercise, the following three scenarios have been considered to calculate economic returns on public investments in education (Table 2).

TABLE 2
Care costs or investments (education)

	Scenario 1	Scenario 2	Scenario 3
ECG Costs (Million in NPR)	29,091	45,236	59,967
Costs % of GDP, 2022	0.60	0.93	1.24

Source: Coverage gap and costing exercise under UN Women-ILO Joint Programme in Nepal

Effects²⁶ of Education Investments on GDP

Findings on the effects of education investments on GDP²⁷ suggest that the magnitude of output increases with the magnitude of the investment (Table 3). GDP growth increases from 1.2 per cent in scenario 1 to 1.8 per cent

26 The impacts on value-added are not included here due to brevity. The value-added effects can be found in the ILO investment report.

27 Output is defined in footnote 19. The additional output arising from the investment is simulated using the SAM model, as explained in Figure 5 and categorized by the direct (additional output as a direct result of investment) and indirect effects (additional output through backward linkage with other related sectors).

in scenario 2 and further to 2.4 per cent in scenario 3, thus suggesting a positive correlation between output and investment.

A further breakdown of the additional output by direct and indirect effects²⁸ shows dominance of the indirect effects over the direct effects (Table 3). Indirect effects account for 51 per cent of the additional output generated due to education care investments, highlighting the presence of a multiplier effect in terms of economic returns on education investments.

A simple analysis of the benefit-cost ratio (B/C ratio) of these investments in education find high levels of feasibility (B/C ratio 1.73), supporting the hypothesis that such investments produce tangible economic returns and are thus a vital policy tool for creating demand-led growth.

TABLE 3
Additional GDP effects of education care costs/investment (NPR, millions)

Scenarios	Care Costs (1)	GDP (2)	GDP growth over base value* (%)	Direct	Indirect	B/C ratio (2/1)
Scenario 1	29,091	50,351	1.2%	25,635	24,716	1.73
% of additional output		100.0		50.9	49.1	
Scenario 2	45,236	78,294	1.8%	39,861	38,432	1.73
% of additional output		100.0		50.9	49.1	
Scenario 3	59,967	103,790	2.4%	52,842	50,948	1.73
% of additional output		100.0		50.9	49.1	

**This base value refers to 2022 output value in nominal terms.
Source: Nepal SAM Model, 2022*

Effects of Education Investments on Employment

Total employment gains can also be disaggregated into direct and indirect employment gains. The direct employment estimates (which are equal to the coverage gaps for teachers and health-care workers, as these are the jobs being directly filled through public

investments) have been generated in the costing model while assessing the coverage gaps.

In terms of education, direct employment increases from 75,000 people under Scenario 1 to 176,000 people under Scenario 3 (Table 4). The percentage gain in direct employment over total employment in 2022 ranged between 0.7 per cent (Scenario 1) and 1.7 per cent (Scenario 3).

TABLE 4
Direct employment of education costs or investments

	Scenario 1	Scenario 2	Scenario 3
Direct employment (000 persons)	75	144	176
Employment as % of 2022 total employment	0.72	1.38	1.69

Source: Care Costing Model

28 “Direct effects” refers to the effects on education activities, while indirect effects are effects on non-education activities. This arises due to the backward linkages of the education activity with other activities that supply it with inputs or raw materials.

Indirect employment gains have been estimated by linking the sectoral GDP gains (i.e. derived from the Nepal SAM model) to the sectoral employment coefficients (i.e. as specified in the employment module). Direct employment is added to indirect employment to estimate total employment gains. In line with the GDP effects of education investments, employment effects also increase with the size of investments. Accordingly, the largest gain in employment is reported for Scenario 3, which is logical given it was also the scenario with the largest amount of investment. The percentage gain in employment over the base values ranged between 1.1 per cent (Scenario 1) and 2.4 per cent (Scenario 3) (Table 5).

The total male employment (direct and indirect) also increases with the size of the public investment (Table 5). The largest gain in male employment is reported for Scenario 3. The percentage gain in male employment over the 2022 total employment ranged between 0.6 per cent (Scenario 1) and 1.3 per cent (Scenario 3). Female employment is lower than male employment under all three scenarios, reflecting gender imbalances in Nepal's labour market. However, like male employment, female employment also increases with the size of the investment and targeted policies. Accordingly, the largest gain in female employment is reported for Scenario 3, with 113,000 new jobs created, representing 1.1 per cent growth (Table 5).

TABLE 5

Additional employment of education investments (per 1,000 people)

Types of employment	Scenario 1		Scenario 2		Scenario 3	
	'000' person	%	'000' person	%	'000' person	%
Total	111	1.1	199	1.9	249	2.4
Male	62	0.6	109	1.0	137	1.3
Female	50	0.5	91	0.9	113	1.1

Source: Nepal Employment Model (ILO Report on Economic Return)

The breakdown of additional employment by direct and indirect employment suggests dominance of indirect effects over direct effects for the total as well as male and female employment (Table 5.1). In the case of total employment, the shares of direct employment ranged between 68 per cent (Scenario 1) and 72 per cent (Scenario 2). Similarly, in the case of male employment, the shares of direct employment ranged between 62 per cent (Scenario 1) and 66 per

cent (Scenario 3). The direct employment for women is higher than the shares found for the total and male employment. More specifically, in the case of female employment, the direct employment ranged between 38,000 in Scenario 1 and 88,000 in Scenario 2 (which is 76 per cent and 80 per cent of the total additional employment, respectively). The above results further exemplify the multiplier effect in terms of the economic return to investment.

TABLE 5.1

Additional employment of education investments (per 1,000 people)

	Additional Total Employment			Additional Male Employment			Additional Female Employment		
	Total	Direct	Indirect	Male	Direct	Indirect	Female	Direct	Indirect
Scenario 1	111	75	36	62	38	24	50	38	12
% of 2022 employment	100.0	67.9	32.1	100.0	61.5	38.5	100.0	75.9	24.1
Scenario 2	199	144	55	109	72	37	91	72	19
% of 2022 employment	100.0	72.2	27.8	100.0	66.2	33.8	100.0	79.5	20.5
Scenario 3	249	176	73	137	88	49	113	88	25
% of 2022 employment	100.0	70.6	29.4	100.0	64.4	35.6	100.0	78.1	21.9

Source: Nepal Employment Model (ILO Report on Economic Return)

Key Findings: Health Care


The Government of Nepal's Health Care Strategy

Nepal's national efforts towards achieving "equitable distribution and availability of quality health workforce... to ensure universal health coverage" is shaped by its National Human Resources for Health (NHRH) Strategy (2021-2030). The plan provides guidance to all levels of the federal government, identifying four strategic pillars in relation to improving human resources for health outcomes: (1) management-production and development, (2) distribution and management, (3) leadership and governance and (4) information systems.


Since public health care in Nepal – particularly at local levels – is more dependent on health workers in other cadres (HWOC) than on doctors, midwives and nurses (DMN), the NHRH Strategy (2021-2030) targets 4.45 total HWOC per 1,000 people in Nepal – instead of the 4.45 DMN per 1,000 people target set by the SDGs. The SDGs²⁹ stipulate that the ideal ratio of HWOC to DMN for low-income countries is 0.549.

Results: Costing and Coverage Gaps

For services in the health-care sector, two investment scenarios have been modelled:



Scenario 1
Meeting international healthcare targets (SDG 3).



Scenario 2
Meeting national health-care targets (National Human Resources for Health).

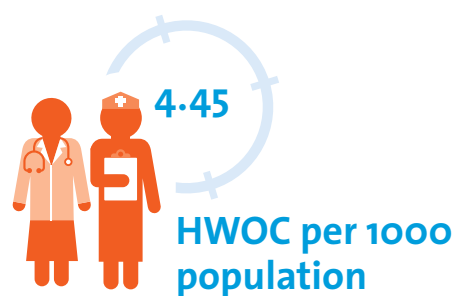
The first column of Table 6 shows Nepal's health coverage gap (HCG) in terms of the number of health-care workers per population of 1,000, both compared to the targets set by the SDGs and the NHRH Strategy. As seen by the calculations presented, Nepal's HCG is a total of 127,573 health workers as per the SDG targets (81,171 of these as DMN and 46,401 as HWOC)

29 Health-care related issues are addressed through SDG 3, which seeks to ensure "healthy lives and [the] promotion of well-being for all at all ages."

The public investment required to meet the SDG target is 212.27 billion NPR, which would be 4.4 per cent of Nepal's GDP, while meeting the NHRH Strategy target is 89.41 billion NPR, which is 1.8 per cent of GDP

and 53,383 as per the NHRH Strategy (combining both DMN and HWOC). The available data on health-care workers in Nepal, which is disaggregated by public and private facilities using estimates from a 2013 survey,³⁰ shows that there are 11,993 more health-care workers employed in private health-care operations. This trend reflects the significant inefficiencies in health-care institutions and services, the population's lack of access to them, as well as the quality of care existing in the country's public health-care system. As a result, many Nepalis opt for private health care when possible, despite its often-exorbitant costs.

Table 6 also presents the public investment required for Nepal to bridge its HCG, using government data on the wages of different health-care workers and the additional overhead costs needed to scale up this coverage. Using the HCGs identified in the first column, the public investment required to meet the SDG target is 212.27 billion NPR, which would be 4.4 per cent of Nepal's GDP, while meeting the NHRH Strategy target is 89.41 billion NPR, which is 1.8 per cent of GDP.



The NHRH Strategy (2021-2030) targets 4.45 total health workers per 1,000 population in Nepal – instead of the 4.45 doctors, midwives and nurses (DMN) per 1,000 population target set by the SDGs.

30 See Economic Survey 2021-22 (page 172) for data on public facilities and extrapolated data for private using HRH, 2013.

TABLE 6**Coverage and costing gap for health**

		Coverage Gap			Costing Gap
		Current number of caregivers	Target number of caregivers	Health worker coverage gap (target – current)	Costing gap (wage bill and overhead costs ²⁹) (% GDP) (NPR in million)
Scenario 1 (SDG targets)	DMN	48,611 (1.67 per '000 population)	129,782 (4.45 per '000 population)	81,171 (2.78 per '000 population)	N/A
	HWOC	27,788 (0.572 fixed ratio of DMN to HWOC)	74,189 (0.549 fixed ratio of DMN to HWOC)	46,401	N/A
	Total	76,399	203,972	127,573	4.38% (212,265)
Scenario 2 (NHRH targets)	All health-care workers	76,399 (2.62 per '000 population)	129,782 (4.45 per '000 population)	53,383 (1.83 per '000 population)	1.84% (89,414)

Note: DMN- Doctors, Midwives, Nurses; HWOC- Health Workers in Other Cadres

Results: Economic Returns to Investments in Health Care

Based on the coverage gap and costing exercise, the following two scenarios are considered to estimate the economic returns on health-care investment.

TABLE 7**Care costs or investments in health care**

	Scenario 1	Scenario 2
Health costs (millions - NPR)	212,265	89,415
Costs % of GDP, 2022	4.38	1.84

Source: Coverage gap and costing exercise under UN Women-ILO Joint Programme in Nepal

Effects of Health-Care Investments on GDP

Findings on the effects of health-care investments on GDP suggest that the magnitude of returns vary with the magnitude of investment. Accordingly, the larger GDP gains were reported for Scenario 1, which entails the larger investment, while the lower gains are seen in Scenario 2, with a lower level of investment. The percentage gains over 2022 GDP values ranged between 3.5 per cent (Scenario 2) and 8.3 per cent (Scenario 1) for output (Table 8).

The indirect effects of additional output were larger than the direct effects – approximately 58 per cent to 39 per cent (Table 8) – highlighting the multiplier effects of investment in health care services.³¹

A simple analysis of the benefit-cost ratio of these investments in health-care services finds high levels of feasibility (B/C ratio 1.67), supporting the hypothesis that such investments produce tangible economic returns, and are thus a vital policy tool for creating demand-led growth.

31 The mean salary for each category of government health workers are used (Ministry of Finance, 2022, <https://www.mof.gov.np/site/publication-detail/3201>), as well as the additional overhead expenditure (the proportion of recurrent expenditure from the total expenditure by the Ministry of Health and Population for FY 2021/22 at the federal level (as mentioned in page 20 of the Red Book) and assuming the same proportion for the total expenditure on health in FY 2021/22 (as mentioned on page 491 of the Red Book).

TABLE 8

Additional effects of health-care costs or investments on GDP (millions – NPR)

Scenarios	Care Costs (1)	GDP (2)	GDP growth over base value* (%)	Direct	Indirect	B/C ratio (2/1)
Scenario 1	212,265	353,859	8.3%	147,856	206,003	1.67
% of additional output		100.0		41.8	58.2	
Scenario 2	89,415	149,061	3.5%	62,283	86,777	1.67
% of additional output		100.0		41.8	58.2	

**The base value refers to 2022 output value in nominal terms.*

Source: Nepal SAM Model, 2022

Effects of Health-Care Investments on Employment

In terms of health care, total employment gains can also be disaggregated by direct and indirect employments gains. Direct employment estimates were generated in the costing model while assessing health-care coverage gaps.

Direct employment varies between 128,000 people under Scenario 1 and 53,000 people under Scenario 2 (Table 9). The percentage gain in direct employment over the total employment of 2022 ranged between 0.51 per cent (Scenario 2) and 1.22 per cent (Scenario 1).

TABLE 9

Direct employment of health-care costs or investments

Direct Employment (HCG)	Scenario 1	Scenario 2
Direct employment (000 persons NR)	128	53
Employment as % of 2022 total employment	1.22	0.51

Source: Coverage gap and costing exercise

The largest gains in employment are reported for scenario 1. The percentage gain in employment over the 2022 total employment ranged between 10.6 per cent (Scenario 1) and 4.5 per cent (Scenario 2) (Table 10).

Total male employment (direct and indirect) also increases with the size of investment (Table 10). The largest gain in male employment is reported for Scenario 1. The percent gain in male employment over 2022 total employment ranged between 2.5 per

cent (Scenario 2) and 5.9 per cent (Scenario 1). Female employment is lower than male employment under both scenarios, reflecting gender imbalances in Nepal’s current labour market. However, with more investment and targeted gender-responsive macro-economic policies, female employment will increase closing the gender gap in the labour market. The largest gain in female employment is reported for Scenario 1 with 493,000 new jobs created, representing 4.7 per cent growth (Table 10).

With more investment and targeted gender-responsive macro-economic policies, female employment will increase closing the gender gap in the labour market.



TABLE 10

Additional effects of long-term health investments on employment

Types of employment	Scenario 1		Scenario 2	
	'000' person	% Increase	'000' person	% Increase
All	1,106	10.6	466	4.5
Male	613	5.9	258	2.5
Female	493	4.7	208	2.0
% of 2022 employment	100.0	70.6	29.4	

Source: Nepal Employment Model (ILO report on economic returns from investments in care)

The indirect employment growth was larger than the direct employment growth for total, male and female employment (Table 10.1). In terms of total employment, the shares of direct employment ranged between 11.6 per cent (Scenario 1) and 11.4 per cent (Scenario 2), whereas indirect employment ranged between 88.5 per cent (Scenario 1) and 89.3 per cent (Scenario 2). Similarly, in terms of male employment, the shares of direct employment ranged between 10.4 per cent (Scenario 1) and 10.3 per cent (Scenario 2), and direct

employment 10.4 per cent (Scenario 1) and 9.7 per cent (Scenario 2). Similar patterns were also found for female employment: The shares of direct employment ranged between 13.0 per cent (Scenario 1) and 12.8 per cent (Scenario 2), and 87.1 per cent (Scenario 1) and 88.2 per cent (Scenario 2) for indirect (Table 10.1). The large indirect employment generation in health care is an example of the strength of health-care activities within the national economy.

TABLE 10.1

Additional effects of long-term health investments on employment

	Additional Total Employment			Additional Male Employment			Additional Female Employment		
	Total	Direct	Indirect	Male	Direct	Indirect	Female	Direct	Indirect
Scenario 1	1,106	128	978	613	64	549	493	64	429
% of 2022 employment	100.0	11.6	88.4	100.0	10.4	89.6	100.0	13.0	87.0
Scenario 2	466	53	413	258	27	232	208	27	181
% of 2022 employment	100.0	11.4	88.6	100.0	10.3	89.7	100.0	12.8	87.2

Source: Nepal Employment Model (ILO Report on Economic Return)

Summary of Findings in Education and Health

This analysis identified the current coverage gaps in Nepal's education and health-care sectors, the costs required to fill these gaps and the economic returns on investment for doing so (in the form of job creation and GDP effects). Tables 11 and 12 below show these results for education and health care, respectively, including the different scenarios modelled.

By investing 272,232 million NPR to meet Nepal's care coverage gaps in education and health (education – Scenario 3, and health – Scenario 1), a total of 1,386,000 jobs will be generated (directly and indirectly), at least 60 per cent of which will be filled by women.

TABLE 11

Summary of coverage gaps, costing gaps and economic returns on education investments

	Coverage gap (students)	Coverage gap (teachers)	Costing gap (% - GDP) (millions - NPR)	GDP gains over base	Total job creation
Scenario 1	1,603,167	75,255	0.60% (29,091)	1.2%	126,000
Scenario 2	2,289,409	143,878	0.93% (45,236)	1.8%	222,000
Scenario 3	2,289,409	173,449	1.24% (59,967)	2.4%	280,000

TABLE 12

Summary of coverage gaps, costing gaps and economic returns on health-care investments

	Coverage gap (care workers)	Costing gap (% - GDP) (millions - NPR)	GDP gains over base	Total job creation
Scenario 1	127,573	4.38% (212,265)	8.3%	1,106,000
Scenario 2	53,383	1.84% (89,415)	3.5%	501,000

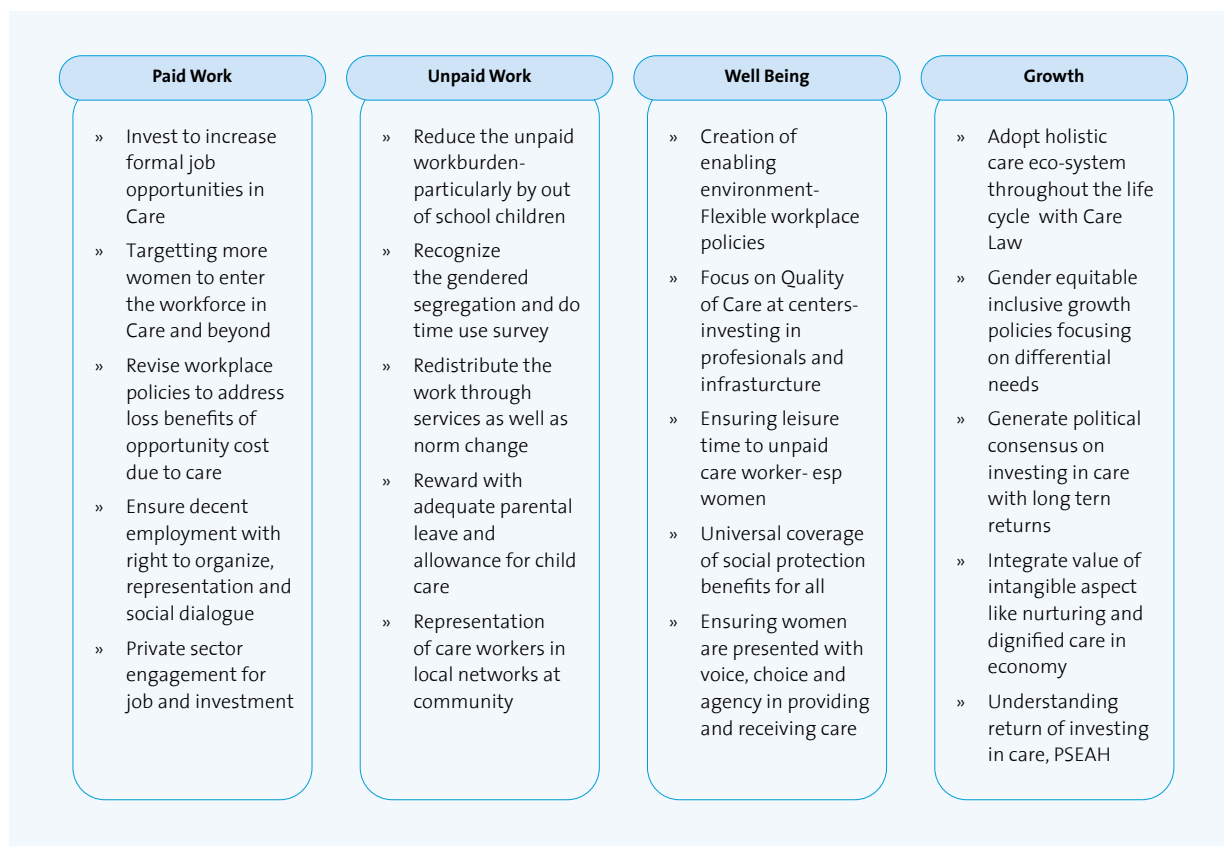
► Conclusions

By investing 272,232 million NPR to meet Nepal's care coverage gaps in education and health (education – Scenario 3, and health – Scenario 1), a total of 1,386,000 jobs will be generated (directly and indirectly), at least 60 per cent of which will be filled by women. This strengthens aggregate demand across the entire economy while simultaneously improving longer-term societal well-being, gender equality and economic growth.

The assessment shows that there is a significant care coverage gap in health and education, particularly in ECEC, causing women to fill in this care gap, albeit invisibly. Further analysis of the returns reveal a positive gain in GDP and multiplier effects of investment in terms of job creation. Specifically, the sectoral analysis showed that:

- » Public investments in early childcare provisions are non-existent in Nepal, despite the SDG's target of 50 per cent enrolment for the under 3 years age group. This suggests that ECD has not been an apparent priority for the government, and it also means the gap is being shouldered by mothers and family members as unpaid care workers taking on childcare responsibilities. The objective of this assessment is not to shift this pattern but to highlight the need for recognition of the issue and support for women who undertake a disproportionate amount of care work. There is a need to consider both monetary and non-monetary provisions at the local level, including by mobilizing the community, family and women's networks to share early childcare responsibilities and investing in provisions around the creation of a conducive environment where there is both choice and opportunity for all. The rates of basic- and secondary-school absence are larger than figures listed as 'dropouts.' Research suggests that a significant number of students, particularly girls, are absent or drop out of school due to care responsibilities. The long-term impact of this gendered education loss and care work burden compound, resulting in women and girls' exclusion from the labour market and social protection.
- » Beyond improving educational outcomes, reaching the target student-teacher ratios in all classrooms across Nepal will create thousands of jobs that are "decent," stable and likely to be filled by women.
- » The estimations based on current trends suggest that gender disparities will continue, highlighting the need for targeted interventions that promote female employment in the form of skills trainings and capacity development.

What is needed to improve Nepal's care economy?



► Calls to Action

This section presents clear calls to action, synthesizing the report's evidence, analysis and conclusions. The comprehensive report includes additional recommendations that are specific to a wider range of relevant stakeholders.

1. Increase public investments in education as per international and national targets.

Harmonize national education targets with international targets prescribed in SDG 4. This will cost 59,967 million NPR and create 280,000 new jobs, 176,000 of which are direct and 104,000 indirect (approximately 75 per cent of which will be filled by women). The Ministry of Education, Science and Technology (MoEST) should also work with The Ministry of Finance (MoF) and Nepal Rastra Bank (NRB) towards meeting global spending targets, which include spending 20 per cent of the budget and 6 per cent of GDP on education (Nepal currently

spends 10 per cent and 3.75 per cent, respectively³²). In addition to boosting demand-led economic growth, these education investments will improve the nation's human capital and support the future workforce in contributing towards the nation's economic prosperity.

2. Target and address gaps in enrolment rates and retention of students.

The 7 per cent dropout rate in basic education and 25 per cent dropout in secondary is most likely related to young people supplementing household care needs, as suggested by field experience. The educational enrolment and retention programme should be

32 The figures used in this analysis are the federal government's allocations and expenditures for Education, spent and managed directly by local-level governments. The local government in Nepal also has the autonomy to contribute additional funding to their education sectors, however this was not captured in this analysis due to concerns over data availability and the cohesiveness of reporting across the Nation.

aligned with the gendered segregation of household work and development of community-level care services to address student dropout rates specifically.

3. Mandate universal child-care coverage for all.

Many new mothers are opting out of the labour market due to the fact that paid workers only receive 96 days of maternity leave, as well as the lack of quality and affordable childcare centres in Nepal. Targeted initiatives to address this can include improving the accessibility of formal childcare institutions and expanding parental care flexibility by introducing parental leave, care leave or care allowance (following the Maternity Protection Convention, 2000 (No.183)). Childcare coverage is also critical for informal and unpaid workers. Additionally, the transfers that low-income new mothers receive – 532 NPR per month, per child – is severely inadequate for the care of the child, let alone the opportunity cost that new mothers take from doing paid work. A 2021 study by UNICEF found that if all children (aged 5-17 years) in Nepal received an inflationary-adjusted child transfer of 430 NPR per month by 2035, family poverty could be reduced by as much as 16.8 per cent, at an annual cost of only 0.7 per cent of GDP.

4. Invest to meet national targets on health care as per the NHRH strategy.

Filling the HWOC and DMN gaps will improve the well-being of all Nepalis and help retain health-care talent domestically. Promoting decent employment in the health-care sector will include fostering an enabling environment where healthcare professionals have the facilities (infrastructure, supplies), capabilities (training, development) and incentive (remuneration) to undertake their roles effectively and efficiently. This will cost 89,415 million NPR and create 501,000 new jobs, 53,000 of which are direct, and 448,000 are indirect. More broadly, the training of entry-level health-care workers must be expanded to ensure quality human resources in the sector and improvement of the health-care worker-to-population ratios in the long-term.

Clarity is also needed in terms of which ministry should be responsible for the wellbeing of children under 3 years, with potential ministries including MoEST, MoHP or Ministry of Women, Children and Senior Citizens (MoWCSS). Defining this is fundamental to ensuring this critical age group is receiving the adequate funding allocation and have relevant regulatory

guidelines to assist with their care and development. In Finland, for example, the Ministry of Social Affairs and Health is responsible for the care and education of children under 5 years of age, whereas the Ministry of Education is responsible for those over 6 years of age, and in Portugal, children under 3 years of age are the responsibility of the Ministry of Labour, Solidarity and Social Security before similarly joining the corpus of the Education Ministry (FOOTNOTE). Although having slightly different ministries assigned to the care and learning of the youngest members of the population, in both these instances it is very clearly defined and managed, unlike the current case in Nepal.³³

5. Increase public investments in health care to achieve SDGs.

In the long-term, the MoHP's national targets should be replaced with international targets such as those prescribed in the SDGs (Scenario 1). Doing this will cost 212,265 million NPR and create 1,106,000 new jobs, 128,000 of which are direct and 978,000 indirect. The MoHP should also work with the MoF towards meeting the global spending target, which is 5 per cent of GDP on health care (Nepal currently spends 2.56 per cent on health).

Strategic Entry Points

This section presents the strategies to achieve aforementioned call to actions

1. Raise awareness on care for its prioritization at all levels.

Raising awareness – and conceptual clarity among stakeholders, along with the ILO 5R Framework for Decent Care Work with principles of “Reduce, Recognise, Redistribute, Reward and Representation” – is a fundamental first step in investing in the care economy. The intersectional nature of the care economy must be clearly understood so that it can help inform sectoral policies and local-level planning.

2. Adopt the ‘life cycle approach’ for gender-responsive macroeconomic policies and the care economy.

³³ European Commission. (2023). Early Childhood Education and Care. <https://eurydice.eacea.ec.europa.eu/national-education-systems/portugal/early-childhood-education-and-care>

Gender-responsive budgeting can be used as a strategy to achieve equality by focusing on how public resources are allocated and spent. Periodic planning and policymaking should embrace a life cycle approach and include critical services, such as flexible working hours, breastfeeding entitlements, maternity and paternity leaves, maternity and infant allowances, childcare centres at the workplace and long-term care services for all workers. The financial investments here are as equally important as reforming regulatory landscapes and engaging in social dialogue surrounding care and work. An intersectional and participatory approach to decision-making is fundamental to social and macroeconomic success, whereby the diverse needs of women are considered at all stages of the design, implementation and evaluation of policy.

3. Enhance interagency and inter-ministerial coordination on care services, care policies and care-relevant infrastructures.

The key agencies – the National Planning Commission, the National Statistics Office and the Ministry of Women, Children and Senior Citizens (MoWCSC) – must coordinate with other ministries leveraging sectoral mandates to increase investment in the care economy. Working closely with the private sector, civil society organizations and development partners can mobilize resources and change social norms around care, which will also ensure positive and sustainable outcomes for women and the economy. For instance, on the data front, conducting time-use surveys to better gauge the current state of women in unpaid care and domestic work will be critical to inform investment in the care economy. Strengthening sex-disaggregated data on employment and the status of long-term care in the country will also be crucial to informing policy and investment decisions.

4. Invest in social care infrastructures to alleviate time poverty.

Investing in social infrastructure is another critical avenue for enabling women to participate in the national economy. Nepali women, for example, spend a considerable amount of time on manual, labour-intensive domestic tasks, such as collecting firewood, water, cleaning and processing raw foods. By investing in gender-friendly care-related community infrastructure, time poverty can be reduced and women can be more productive – be that at home or

in the workforce.

5. Expand the scope of social protection to be more gender responsive and meet care needs.

The GoN must maintain its policy objectives and stand for the just and equitable provision of social security to vulnerable peoples, irrespective of short-term political budgetary cycles. Expanding social security transfers with regular review processes and framing these evaluations in a gendered lens would be vital in supporting robust, care-friendly and gender-responsive social protection systems. The benefits of adopting this holistic approach to the nation's care ecosystem in terms of labour supply, demand, investment in human resources and expansion of social protection to working people will boost several critical human economic and social indicators. Ultimately, this approach will advance Nepal's ambitions regarding sustainable and inclusive socio-economic development.

6. Enhance Nepal's commitments to international labour standards on gender-transformative care policies and services.

Strong implementation of family-friendly working arrangements are required for all workers. The decent work approach to care policies needs to be grounded in international labour standards that provide a comprehensive framework of principles, rights and guidance for defining and advancing transformative care policies and promoting good-quality care work. In addition to the fundamental principle and rights at work, several ILO Conventions and Recommendations focus on care policies. The ratification and implementation of specific ILO conventions – such as Nursing Personnel Convention 1977 (No. 149), Maternity Protection Convention 2000 (No. 183), Occupational Safety and Health Convention 1981 (No.155), Workers with Family Responsibilities Convention (No. 156) and Recommendation 156, ILO Convention on Domestic Workers (No. 189), Violence and Harassment Convention (No. 190) – are crucial to improving the participation and working conditions of care workers. Organizing, mobilizing, lobbying and advocating on issues affecting women, care workers and other marginalized groups is another key step in this process, ensuring that investments are made in the right places, with the right beneficiaries both now and into the future.

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