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Unpaid care work in urban displacement

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1 Introduction

Since arriving in Baidoa, I have not been able to make any real changes to my livelihood because I am busy caring for my young children. This takes most of my time and energy, so I haven't had the chance to find new ways of making more money. – Internally displaced man in Baidoa, Somalia

Unpaid care work is a global and universal phenomenon. It encompasses care and domestic tasks carried out without pay for family and community members, such as raising children, taking care of the ill and elderly, cooking and cleaning. Most unpaid care work is undertaken by women and girls, representing 'a key driver of gender inequality in both the labour market and the household' (UN Women, 2022: 6). It has economic value, produces social capital and frees others to enter the labour force. Unpaid care work is also mostly invisible: unrecognised and unaccounted for in national budgets and decision-making, even as conservative estimates put women's unpaid care work as exceeding 40% of GDP in some countries (ILO, 2018; UN Women, 2024). It is similarly unrecognised and unaccounted for in aid budgets and decision-making, even though without it, humanitarian needs would be significantly higher.

There are different factors that increase the amount of unpaid care work undertaken within a family, such as a country's per capita income (i.e. higher per capita income relates to lower levels of unpaid care work generally); availability of basic services and infrastructure (e.g. electricity and water); the provision of social protection (e.g. healthcare, education and care services for children, the elderly and people with disabilities); and gender norms and level of gender inequality (ILO, 2018; Alonso et al., 2019; Charmes, 2019). In conflict and humanitarian crises, additional care demands arise alongside the collapse of formal care services and informal social networks like communities and families, through which care is often provided (UN Women, 2025). For urban internally displaced people (IDPs), for example, neighbourly ties that had previously helped share care work are often lost in displacement, as is the access to – or knowledge of – social programming. A lack of steady job opportunities for men, more permissive social environments for women and broken social and familial ties can also lead to changing gender roles and the potential for shifting gender norms, though evidence on changing gender norms in displacement is limited (Levine et al., 2019; Levine, 2020; Holloway et al., 2022).

Unpaid care work affects livelihoods in both positive and negative ways. Those that do the unpaid care work free up time and opportunities for others within the family to access livelihoods and to be prepared for work (e.g. rested, fed, wearing clean clothes), while simultaneously curtailing their own livelihoods opportunities (Chopra and Zambelli, 2017). On average, women undertake three more hours of unpaid care work than men every day, covering more than 75% of all unpaid care work worldwide (ILO, 2018; Alonso et al., 2019). Women who have no alternative caregiver may be unable to work outside the home, and those that do paid work are more likely to be self-employed, work informally, take on part-time or piecemeal work, or work in family businesses. Young girls who take on unpaid care work so that mothers can do paid work may have to leave education to do so, limiting the potential of their own future livelihoods. Unpaid care work is more than unfair: it has material effects on women's

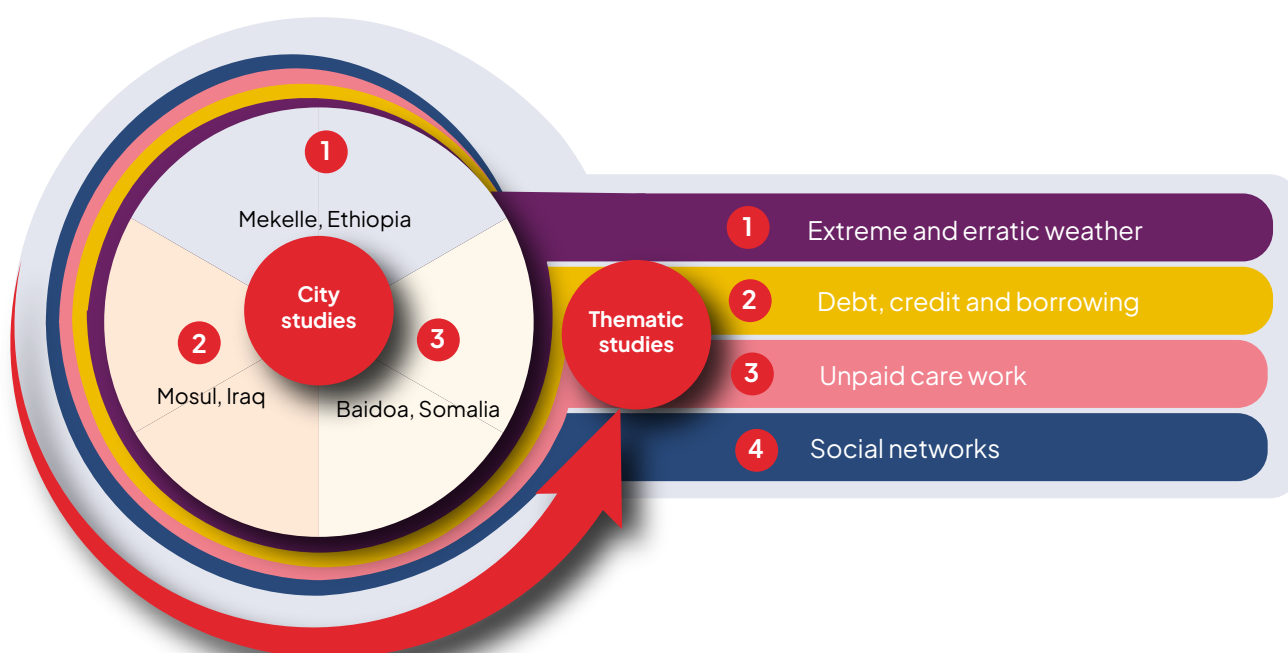
and girls' health and wellbeing. Stress and mental health impacts, compounding vulnerabilities to impoverishment, a loss of earnings and independence and an increased risk of gender-based violence are all well documented (ILO, 2018; Seedat and Rondon, 2021; Nanda et al., 2022).

The economic argument for decreasing the amount of unpaid care work that women do is that it frees up time and energy for productive work. Indeed, care responsibilities are the primary reason given by women worldwide for being outside of the labour force (ILO, 2018). Reducing unpaid work stimulates local economies since people who are employed in paid work can afford to hire out jobs and functions to others, as well as spend more on household goods and services. Thus, more tasks are financially rewarded via the marketplace, rather than undertaken freely at home (Alonso et al., 2019). For urban IDPs who already tend to have less social and financial capital than other residents who have not been displaced, increasing productive hours and building a stronger local economy are both important in increasing self-reliance.

1.1 Methodology

This thematic study is part of a wider three-year research programme (2024–2027) centred on the lives and livelihoods of urban IDPs. The programme comprises a series of city studies (in Mekelle, Ethiopia; Mosul, Iraq; and Baidoa, Somalia) and a series of thematic studies (on extreme and erratic weather; debt, credit and borrowing practices; unpaid care work; and social networks). The data collected in each location underpins its individual city study as well as each of the more global thematic studies (see Figure 1).

Figure 1 Overlapping city and thematic studies



The data for this project was collected through key informant interviews at the global level, as well as semi-structured interviews and focus group discussions with IDPs and non-displaced residents in Mekelle, Mosul and Baidoa. Further information about how these studies were conducted can be found in each respective report (Sturridge and Tufa, 2024; Holloway et al., 2025; Sturridge et al., 2025). It also draws on existing HPG research that was conducted with urban IDPs in Mogadishu, Somalia (Crawford et al., 2024).

This paper seeks to answer the following questions:

1. In what ways do IDPs rely on unpaid care work? Who provides unpaid care work to whom, and why?
2. Under what circumstances does unpaid care work enable IDPs to build and rebuild their livelihoods in the ways they intended?
3. For whom and under what circumstances does unpaid care work constitute a form of exploitation and a barrier to building a better livelihood?
4. What kinds of support would help reduce the responsibility of unpaid care work?
5. Are aid actors¹ doing enough to support IDPs' care-giving practices? What should they do differently or better?
6. To what extent is there a disconnect between IDP experiences of unpaid care work and system-level assumptions and norms?
7. What can aid actors learn from IDPs' experiences of unpaid care work?
8. What could a nexus approach to unpaid care work look like?

¹ The term 'aid actor' is used throughout the report to refer to any person or institution providing assistance, including but not limited to humanitarian and development actors; donors; United Nations (UN) agencies; local, national and international non-governmental organisation (NGO) workers; and civil society and local actors. Governments are the duty bearers for the welfare of IDPs and so are not considered 'aid' actors, though they may be providing similar support.

2 Urban IDP experiences of unpaid care work

I don't have anyone to help me by my side. My original neighbours are in another IDP site in Mekelle. – Internally displaced woman in Mekelle, Ethiopia

Overall, women and girls in Mekelle, Mosul and Baidoa undertook more unpaid care work than men and boys. This aligns with global patterns that suggest women (and girls) universally do more unpaid care work than men (and boys). For women who also do paid work, unpaid care work results in a 'double shift', causing them to work longer hours than men globally (Charmes, 2019).

The reasons behind these patterns are not unique: traditional gender norms determine that women should be the caregivers in the home, while men go out to work, and women are often viewed as being better at care work than men. Thus, although urban IDPs are mostly falling into traditional care roles, the overlapping vulnerabilities that come with being displaced make unpaid care work more time-consuming and difficult for many displaced people. At the same time, however, their changing circumstances often lead them to challenge traditional gender norms, as has been observed in previous studies of gender norms and displacement (Levine et al., 2019; Levine, 2020; Holloway et al., 2022).

2.1 Disrupted social networks

People who are displaced are rarely displaced in an organised manner, alongside relatives and their former neighbours. Instead, displacement disrupts – and often completely removes – many of the social networks that previously existed (Thomas, 2024). This sentiment was expressed in each of the three locations, alongside discussions of how these networks were gradually being rebuilt. Many in Baidoa, for example, spoke of helping neighbours watch each other's children, whereas in Mosul, people often did not feel like they knew their neighbours well enough yet to do so. In Mekelle, new social networks were emerging, particularly where IDPs lived closely with one another, such as in the IDP camps. As one IDP in Mekelle stated, 'Seeking support for children from a neighbour you do not know is also a new thing', and yet these social networks were flourishing. Care for the sick and elderly was often provided by co-inhabitants of the camps, rather than immediate family members, as they no longer lived near one another.

In Mekelle and to a lesser extent Mosul, various respondents also spoke of taking on additional unpaid care work by assuming responsibility for children who had become separated from their families when they were displaced or whose parents had died in conflict. Sometimes this responsibility stayed within families, as when a sister took charge of her brother's children after he was killed in conflict, but not always. For several interviewees in Mekelle, they now had responsibility for friends of their children who happened to be playing together when they were forced to flee. Others who had more care work responsibility following displacement were those whose family members acquired a disability because of the conflict.

In Baidoa, where back-and-forth movement between rural and urban areas was common among IDPs, this pattern also showed up in unpaid care work (Sturridge et al., 2025). According to one woman,

I am the one who handles all unpaid care duties at home. I look after an elderly man and my aging mother, who requires assistance even helping her to the toilet and back to her room. Recently, after the last rains, I took my mother back to the rural area, but now I need to return to town.

2.2 Lack of formal support systems and infrastructure

Being displaced to IDP sites or informal settlements also adds further unpaid work, due to a lack of formal support systems and infrastructure. In Mosul, for example, areas hosting IDPs often lack or have inadequate or unreliable electricity networks. Those who rely on sewing machines for tailoring work and refrigerators for small shops must work odd hours when electricity is available or resort to expensive generators to maintain their livelihoods. These hours may or may not align with typical family patterns of cooking, cleaning and childcare. There is also typically a dearth of early childhood education opportunities for new arrivals, as schools and childcare facilities struggle to cope with increased demand or are too expensive for those with limited financial capital – a situation described in both Mogadishu and Mosul (Crawford et al., 2024; Holloway et al., 2025). Like in other crises, interviewees highlighted how the breakdown of formal care services and informal care networks leads to women and girls acting as default ‘shock absorbers’, taking on additional unpaid care work to compensate (UN Women, 2025: 12).

In Mekelle, this change played out in a culturally specific way, through a shortage of places to bake *injera*, a traditional Ethiopian staple and the basis of all meals. As an IDP explained, ‘There are two ways of baking: using electricity and firewood. In the IDP centre, both are lacking.’ The struggle to bake *injera* was mentioned in several interviews. One man whose wife was displaced to Sudan noted:

The responsibility of caring has fallen on my 15-year-old daughter. At her age, she lacks the skills necessary to manage tasks like baking *injera*, but with the support of the displaced mothers in our camp, she is learning.

Similarly, another woman whose husband is imprisoned in Humera stated that she is only managing as a single parent due to the other women in the site who let her bake first without waiting in the queue. As she remarks:

Most of the time, I am grateful to the IDP women for giving me priority, but even with flour, it’s becoming impossible to bake due to the constant waiting. This adds another challenge to our already difficult lives. This has nothing to do with what we’re used to in our villages. We used to support the elderly, which is natural. This is an unprecedented development, which we never experienced.

2.3 Changing gender roles

There is some evidence, however, that rather than entrenching gender norms, displacement is shifting them.² Men are seen to be taking on more unpaid care work, particularly when they do not have access to steady paid work, as is often the case in displacement. This shift was mentioned more often in Baidoa than in Mosul or Mekelle.

In Baidoa, for example, men who were unable to work helped with fetching water, cutting firewood and grinding maize, and one woman mentioned how her son did the same to help his sister when he saw she was struggling. Indeed, there was some evidence that boys and girls are more likely to share unpaid care work in urban settings than previously in rural areas. In families where men were unable to find work, women often went out of the house for paid work, such as washing clothes, while men stayed home to cook and care for children.

Even in Mosul, however, men take on unpaid care work, when necessary, with that necessity increasing due to disruption of social networks in displacement. One man noted that he adjusted his work schedule to stay with the children now that his wife did not have her sister to help her, and that he also prepared their food out of necessity. Another man in a different focus group who has leukaemia said his son was the caregiver for both him and his daughter, who has a foot condition that makes walking difficult.

² Gender norms are dynamic, and normative shifts are non-linear. It's not yet clear if these changes in gender roles will prove permanent or sustainable, to result in changing gender norms.

3 Supporting unpaid care work with the scaffolding of everyday life

With the graduation approach, we've managed somehow to find ways to provide childcare support to help women be freer for business, but it's not sustainable... It needs to be provided by the government in the long term. – UN actor in Mosul, Iraq

Aid agency support for unpaid care work in displacement responses is often limited to providing childcare while women are working or providing opportunities for women to work at home where they can also watch over their children. Yet, various other forms of 'scaffolding' exist that would enable displaced people to spend less time on unpaid care work, while also increasing the quality of the care provided. Scaffolding is the meso-level support – between micro-level support to individuals and macro-level development-style, often state-led support – that allows people to build and grow their livelihoods on their own terms (Crawford and Holloway, 2024; Sturridge, 2024). For unpaid care work, the key areas of scaffolding needed are not only childcare, quality early childhood education and safe and affordable healthcare, but also improvements in basic services such as water, sanitation, electricity, transport and housing.

3.1 Early childhood education and care

Increasing the availability of early childhood education and care – the formal and informal teaching of children from birth until age eight – is vital for reducing the unpaid care work of women globally, which consistently prevents women from engaging in the labour market or restricts them to flexible, part-time and informal work (Somji, 2023). As families migrate from rural areas to towns and cities, whether voluntarily or forcibly displaced, the traditional extended family structures that previously allowed for childcare support disappear, increasing the need for early childhood provision in urban areas (Devercelli and Beaton-Day, 2020). Within large IDP camps, such as Sabacare in Mekelle, some organisations have been able to establish child-friendly spaces, staffed with childcare professionals, that allow children to stay safe while their mothers go to work either in or out of the home, similar to spaces that exist in many refugee camps. In non-camp urban settings, however, these types of initiative are scant, even though an expanded childcare economy creates job opportunities and helps build the local economy.

Early childhood education is also a key determinant factor for future earnings and the livelihoods success of the next generation. Language, numeracy, emotional control and social skills develop within the first three years of a child's life, and universal access to quality early childhood education can provide equal opportunities for children, regardless of their family's income or background (ILO, 2018). Yet in situations where familial networks are non-existent and mothers must work, as is often the case in displacement, children can end up in settings that are neglectful at best, and dangerous at worst: left home alone or with a sibling or accompanying parents to work in hazardous conditions (Devercelli and Beaton-Day, 2020; see Box 1). Between 2005 and 2013, one in five children under five years old across

53 low- and middle-income countries were left without adequate supervision (defined as being watched by a person older than 10) for at least an hour a week – a figure that rises to almost half when looking only at ‘low-income countries’ (ILO, 2018).

Promoting childcare facilities in cultures with traditional gender roles, however, is not always as straightforward as making it affordable and available. Many women in Mosul – and even more men – dismissed the idea of using childcare external to the family, even if it were freely available, as it was seen as the woman’s responsibility to look after the children. Research into the use of subsidised childcare to promote women’s participation in the labour force in Egypt showed that subsidies alone are unlikely to be enough in countries with prescriptive gender norms, though these types of programme have been shown to work in a range of other countries, including Brazil, China, Guatemala, Kenya and Mexico (OECD, 2019; Caria et al., 2022; 2025). Where subsidies are not enough, attempts to directly change norms, such as through media campaigns, may be required to encourage participation (Somji, 2023).

Box 1 Promoting childcare to improve the quality of care and prevent invisible child labour

Humanitarian actors often support women with unpaid care responsibilities to enter the labour market by helping them establish home-based businesses. This can enable women to earn an income while caring for their children. As one key informant from a local NGO in Mosul noted, this support allowed women to start businesses from home, work and care for their children at the same time and generate sustainable income that strengthened their economic and social stability.

Home working, however, does not negate the need for childcare. Indeed, research has shown that when women work from home while also undertaking care responsibilities, it is more likely that some of those responsibilities are transferred to their older children, reducing their opportunities for play and learning. Moreover, children in these situations are often exposed to dangerous chemicals and tools and have been found to be engaging in the work themselves, ‘often “helping” their mothers complete paid work targets and earn incomes – cleaning homes, rolling incense sticks, breaking stones, etc. – in effect being child labourers even though not reported as such’ (Chopra and Zambelli, 2017: 35). Promoting alternative childcare arrangements, then, supports both the health and development of the child as well as the economic opportunities of the mother.

3.2 Safe and affordable healthcare

Unpaid care is also often required by the elderly and those who have illnesses and/or disabilities – a situation that can be made more time-consuming due to a lack of available and affordable health services for those who have been displaced. In these contexts, accessible healthcare is especially important, as conflict and crises often create additional care needs linked to injury, disability, chronic illness and psychological trauma (UN Women, 2025). IDPs in Baidoa, Mekelle and Mosul spoke

frequently of the additional care responsibilities brought by poor health, due to additional time needed to go to medical appointments and additional strain brought about by expensive medications and procedures. As one IDP in Mekelle explained:

Even when I managed to receive treatment at public hospitals for free, pharmacies at the public hospitals have continuously run out of medicines. This situation forced patients like me with complex problems to purchase what have been prescribed by the public hospitals from private pharmacies, where the prices are excessively expensive, especially considering that we have no income and have no money to spare.

For urban IDPs who have been displaced, a key barrier to accessing safe and affordable healthcare is often not the destruction of physical infrastructure, such as hospitals, as it would be in active conflict zones. Instead, displacement can lead to a disruption in the continuity of care or even the end of care, as existing services in areas of displacement often cannot keep up with an increase in population. The resulting rise in demand may also raise prices for required services, putting adequate treatment out of reach for many.

3.3 Basic service provision

Access to basic services – water, sanitation, electricity, transportation and housing – can also help reduce the time and energy expended on domestic labour and unpaid care work. An IDP in Mekelle explained that electricity – when it works – helps reduce domestic labour, and the lack of a steady supply makes tasks more time-consuming:

The electricity supply is on and off. There is no wood around, and we have no money to buy firewood, so we have to go to very far places to collect firewood.

Similarly, when women in the Philippines and Zimbabwe received new or improved water infrastructure, not only was the time spent on tasks such as fetching water and washing clothes reduced, but those tasks also no longer required intense physical exertion to complete (León-Himmelstine and Salomon, 2020). Lack of sanitation, electricity and adequate housing have been associated with detrimental outcomes on health, education and livelihoods, while the absence of roads and public transport means more time spent travelling to markets and meeting care needs (Chopra and Zambelli, 2017; GADN, 2017; ILO, 2018; OECD, 2019).

This ‘care-supporting infrastructure’ is often lacking in the informal settlements where urban IDPs reside, as cities struggle to keep up with urbanisation rates and expanding peripheral settlements. In a city like Mosul, reconstruction of areas that were severely damaged during the conflict has been slow, leaving IDPs living in unfinished houses that are no longer connected to the city’s electricity or water supply. Connecting (or reconnecting) these settlements and neighbourhoods to public services can also lead to eviction, as seen in Mogadishu, as landlords can now charge more rent for the same land (Crawford et al., 2024).

4 The 3R framework for urban IDPs

We always overlook unpaid care work. We never understand it. It is time consuming, and it is preventing them from rebuilding, but it is difficult to identify. – INGO actor in Addis Ababa, Ethiopia

In 2016, the UN Secretary General's High-Level Panel on Women's Economic Empowerment formalised Diane Elson's (2017) 3R framework in policy discussions, aiming to recognise, reduce and redistribute unpaid care work.³ While this framework is widely used and accepted in discussions around unpaid care work globally, this section looks at what the 3R framework would look like for urban IDPs specifically.

4.1 Recognise

As GADN (2017: 5) notes, 'The first step is to count unpaid care work.' Recognising the labour of unpaid carers is crucial to understanding the amount of time that could be recuperated and used elsewhere. It also results in a more accurate picture of an economy, as unpaid care work is essential to maintaining the current workforce and nurturing the future one (ibid.). This work becomes even more essential in conflict and during crises, as it is also needed to address humanitarian needs. Yet it is rarely included in humanitarian needs or protection assessments or camp management plans, 'where physical infrastructure is prioritized and women's caring labour is often taken for granted' (UN Women, 2025: 9).

For urban IDPs, recognising unpaid care work means understanding the specific layers of vulnerability that may increase care responsibilities, such as disrupted social networks and the lack of formal support systems and infrastructure (as outlined in Chapter 2). It is not enough to consider what care needs exist in displacement. Considering how those needs have changed since before displacement can illuminate gaps that may exist and new responsibilities that must now be met. Those supporting IDPs in displacement – government officials, municipal authorities and aid actors – should seek to address these imbalances through policy and practice where possible, such as by ensuring IDPs regain access to services following displacement.

4.2 Reduce

Reducing the time and energy spent on unpaid care work overall is critical to better the lives of women and girls, freeing up time for education and livelihoods as well as improving health outcomes

³ In 2018, the International Labour Organization (ILO) introduced the 5R framework, expanding on the previous 3R framework by introducing 'reward' and 'represent' to also cover paid care work. In 2024, ILO Member States, employers' organisations and workers' organisations adopted the 5R framework. Some organisations have extended to a 6R framework, adding 'resource' (UN Women, 2025). This section does not cover the two Rs that deal with paid care work, as they are outside the scope of this paper.

and allowing more time for rest and leisure (León-Himmelstine and Salomon, 2020; Ford et al., 2025). ‘Reduce’ in the context of the 3R framework ‘does not mean diminishing the amount of care available: rather, it means ensuring that a high quality of care is provided to all’ (GADN, 2017: 6).

For urban IDPs, reducing unpaid care work relies heavily on increasing access to basic services, such as piped water and electricity, which are typically more prevalent in urban areas than rural ones but do not always extend to informal settlements or new arrivals. In Uganda, women who had a water source within 400 metres of their home saved 900 hours of work every year, while the introduction of electricity in rural South Africa has increased women’s employment by 10% in five years (GADN, 2017). Yet infrastructure programmes often do not include reducing unpaid care work as an explicit aim, ignoring positive, intangible outcomes that could sway the cost–benefit analysis and support the argument for scaling up labour-saving technologies (OECD, 2019). Affordable and accessible time-saving technologies could also be provided or upgraded, such as fuel-efficient stoves, which have been shown to save more than 50 hours per week for women in the Democratic Republic of Congo (GADN, 2017).

4.3 Redistribute

Alongside reducing unpaid care work, it should also be shared where possible, from women and girls to men and boys within families, but also from individuals to public and private institutions. Early childhood education and safe and affordable healthcare are two ways that institutions can take on care work from individuals, and in many contexts, these opportunities are more easily implemented than redistribution on the household level from women and girls to men and boys. Moreover, as GADN (2017: 7) notes, ‘with families already time-poor and struggling economically, it is not sufficient to assume that husbands and fathers can contribute enough to fill the gaps’.

For urban IDPs, at the institutional level, cities and towns may offer educational and healthcare opportunities that were unavailable in rural areas, but they are often not accessible to all, either because they are already at capacity, because they are unaffordable or because IDPs lack the required documentation or cannot meet local eligibility requirements. Where state institutions are weak or absent, temporary actors may still be needed to fill gaps (UN Women, 2025). At the household level, displacement has also been shown to disrupt gender norms in ways that may make redistribution easier than in households in the same country that have not experienced displacement (see section 2.3). The pace of this disruption on the global scale, however, is still incredibly slow. It has been estimated that, at the current pace, men and women will not reach equality in time spent on unpaid care work until the year 2228 (ILO, 2018).

5 Policy implications and recommended approaches

I would say, yes, we are familiar with the problems, but we do not have a single programme that addresses them. – INGO worker in Mekelle, Ethiopia

In an era of hyper-prioritisation, backlash on gender rights and an erosion of norms, efforts to increase the quality and decrease the quantity of unpaid care work are not prioritised. Yet not doing so risks limiting the local economy, harming people's physical and mental health and curtailing the educational and livelihoods prospects of the next generation. As GADN (2017: 1–2) notes:

The point is not to reduce the overall amount of care provided to individuals and families, nor is it to prevent women from choosing how and when to provide care; rather, our goal is to ensure that unpaid care work is more fairly shared and better supported through accessible services and investment in needed technologies and infrastructure. Public policies should position care as a social and collective responsibility and treat unpaid carers and those they care for as rights holders.

5.1 Policy implications for aid actors

In crises and situations of displacement, in countries and contexts where the government is unwilling or unable to provide sufficient services and support, there is a role for aid actors to help ensure they are – at the very least – not adding to unpaid care work responsibilities, particularly those of women and girls. Unpaid care work takes up the slack when public investment and infrastructure are insufficient or unavailable, representing 'a transfer of resources from women (and very few men) to society and the economy' (ILO, 2018: 47).

For aid actors, this can be extended to aid spending. When decisions are being made on who and what to prioritise with increasingly limited funding, questions should be asked as to who will end up doing the work that is not funded and what ramifications that additional work might have for their livelihood opportunities, both now and in the future. Moreover, many of the recommended approaches below are not necessarily about spending more money, but rather changing ways of working to recognise, reduce and redistribute unpaid care work where possible.

5.1.1 Recommended approaches for aid actors

- Undertake assessments on how any funding cuts and programme changes will impact unpaid care work and use this analysis to inform decisions on cuts and prioritisation.
- Recognise the scaffolding of everyday life – especially childcare, early childhood education and healthcare – as the fundamental support that it is, and fund it appropriately. Where state services are lacking, step in as temporary actors to ensure continuity of care for families of small children and those who struggle with illness and disabilities.

- Strengthen cooperation between the government, the private sector and aid actors to create integrated support services that can ease the burden of care on families, including (but not limited to) childcare, early childhood education and health services. This is particularly important in contexts where IDPs are excluded from or ineligible for state services.
- Design aid interventions with technology and time-saving options in mind. Fuel-efficient stoves and more conveniently located water sources have both been shown to decrease the time and effort spent on domestic work and free up time for paid work.
- In places where home working is desired by women, promote collective working arrangements where groups of women come together to do work at home, with designated carers for the children and income shared collectively.

5.2 Policy implications for governments

Governments have the ultimate responsibility to provide for their citizens, regardless of where they reside. For urban IDPs, however, living in informal settlements, outside of urban planning areas, often means being ignored by local and national authorities, though they still reside in their own country. As with aid cuts, when government services are not extended into these informal settlements, the time spent on unpaid care work rises. Any ‘efficiency’ seemingly gained by not investing in these areas is often overshadowed by losses in the local economy when carers take time off paid work to take over what should be state responsibilities (ILO, 2018). By contrast, ‘governments have a key role to play in redistributing unpaid care work from the household to the state and the market’ (OECD, 2019: 11). Donor governments and development actors have a key role to play in helping host governments fund and implement these recommendations.

5.2.1 Recommended approaches for governments

- Invest in future generations and reduce social inequalities by ensuring quality early childhood education and care is accessible for all, including those living in informal settlements. Not only will this enhance their future earning potential, but it also frees up caregivers to enter the labour force – or, in the case of girls, continue their own education – if they desire.
- Provide safe and affordable healthcare to all, with clinics and hospitals easily accessible from informal settlements and a renewed focus on ensuring continuity of care for those with long-term illnesses and disabilities who have been displaced.
- Consider the benefits on unpaid care work when developing national infrastructure plans. For example, better and more efficient roads and public transportation linking informal settlements and markets ensures that time spent on care tasks is minimised, while investments in digital infrastructure and internet access have also been shown to reduce unpaid work (Alonso et al., 2019).
- Incorporate informal settlements in municipal infrastructure plans, and extend basic services (such as piped water and electricity) as soon as possible to new settlements.
- Include unpaid caregivers in decision-making and prioritise their participation in public forums by providing transportation and childcare as needed.

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