POLICY BRIEF #35

The Care Economy:

A case for expanding the role of the private sector

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Economic Policies for Women-led Development

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Abstract

Projections indicate that in the next three decades the country's demographic will change, requiring more elderly and child care. On average, women in India spend 30 percent of the day in unpaid care work. This leaves them with little time to dedicate to paid labour. Boosting women's participation in the workforce is essential for narrowing gender inequalities. This requires efficient and functional care infrastructure. In order to provide care infrastructure to all, it is vital to bring both the private and the public sector together. Having child and elderly care facilities at work relieves dual-income households and encourages female labour force participation. This policy brief provides an overview on gender gaps in unpaid domestic care work, the state of care infrastructure in India and the role of private sector in providing care infrastructure. Keeping the unique position of India, it also suggests the way forward.

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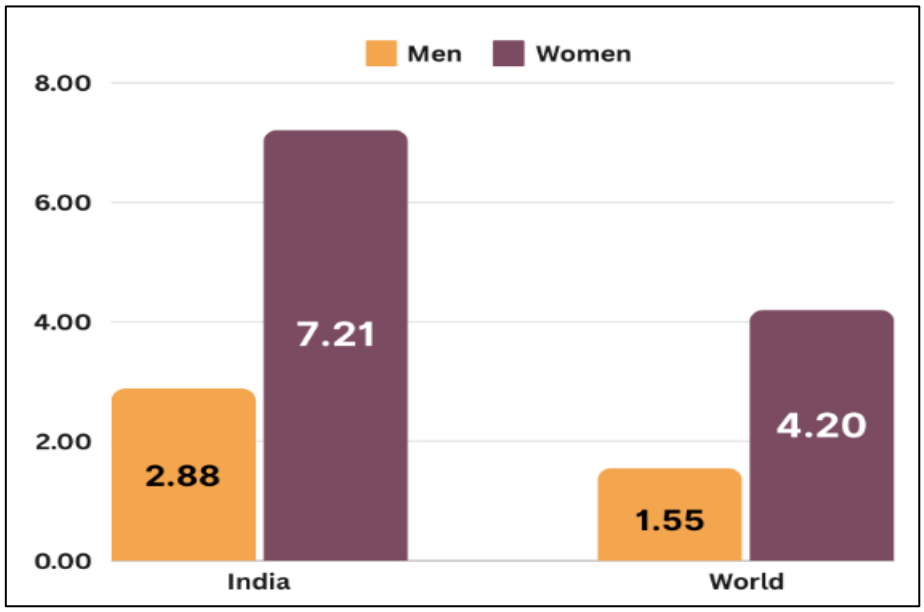
The Care Economy: A case for expanding the role of the private sector

Shabana Mitra and Anjhana Ramesh

1 Introduction

In India, women's labour force participation rate is only **41.7 percent** (2023-24). There are several reasons that explain why women are missing from the workplace, some relate to social and cultural norms, others relate to access to education and skills. One such factor contributing to women's low economic participation is the disproportionately heavy care burden they bear within the family. There are only limited hours in a day, and if women spend on average, spend 5 hours of the day on domestic services, and another 2 hours and 14 minutes on care giving, then there is little to no time left to go out and work.

Graph 1: Number of hours spend on care/domestic work



Source: Time Use Survey (2019) and UN women data

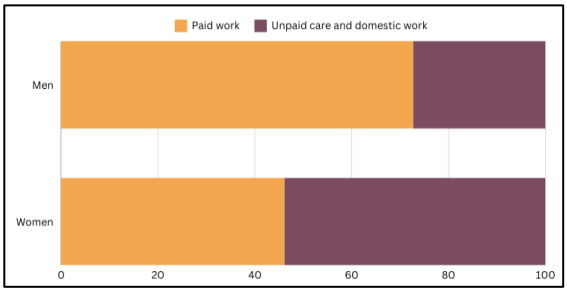
By 2050, the proportion of elderly persons is expected to increase to 20.8 percent of the population, that is about 347 million persons from 149 million (10.5 percent of the population). The number of children will be close to 300 million. India is a home to almost 19 percent of the world's children. Safe, affordable, and accessible childcare services are required to facilitate women's labour force participation. The aging population of India will require homecare and a wide range of other professional services.

On average, Indian women allocate 4.33 more hours per day to caregiving and domestic responsibilities compared to men. The current social structure surrounding care reveals deep inequalities in status and power, often leading to the exploitation of the labour of women and girls. Around the world, women and girls provide more unpaid care work, undertaking an average of 4 hours and 12 minutes per day, compared to 1 hour and 33 minutes for men.

Out of the women who are not working, **61 percent** cite child care and domestic responsibilities as the reason. Even working women often endure the 'double burden' of balancing outside jobs with household responsibilities, which aren't reduced despite their contributions to family income.

According to Time Use Survey (TUS, 2019), men spend 7.65 hours per day on paid work and 2.88 hours on unpaid household work, whereas, women spend 7.21 hours on unpaid household work and spend about 5.5 hours on paid work.[1] Additionally, the care work they perform goes unrecognized in broader economic assessments.

Figure 1: Proportion of day spent on pain and unpaid work



Source: Time Use Survey (2019)

The unpaid domestic work performed by women is often interwoven with patriarchal norms. Historically, gender division of labour, known as gender polarization has existed in different societies across the globe. This has continued into modern times in various forms, one of them being the disproportionate burden of intra-household unpaid care work. The Time Use Survey (TUS, 2019) finds that **81.2 percent** of all Indian women are engaged in unpaid domestic services for household members, whereas only **26.1 percent** of men are engaged in the same. According to the same survey, about 27.6 percent Indian women are involved in domestic care giving, compared to 14 percent of men.

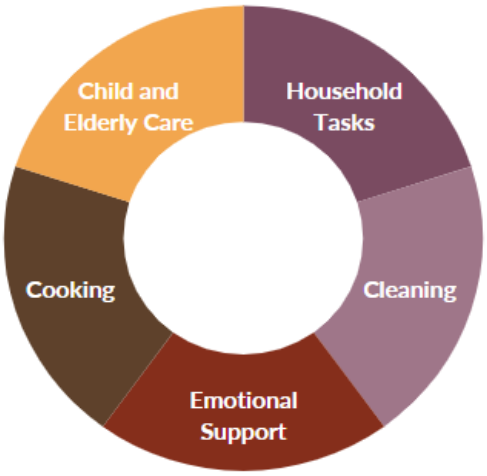
The prevalence of unpaid work among women acts as a significant barrier to their full participation in the economy, limits their income-earning potential, and perpetuates ongoing inequalities. If India, has to reach its full growth potential, women will have to participate in paid economic activities.

[1] Ministry of Statistics and Programme Implementation (MoSPI). (2019). Time Use Survey Annual Report. Government of India.

What is care work?

Care can be understood as "a species activity that includes everything we do to maintain, continue and repair our world". Paid and unpaid care work encompasses direct care for individuals (physical and developmental support) as well as indirect care activities (such as cooking, cleaning, collecting water and firewood, and transportation), carried out both within and outside the home.

Figure 2: Components of care work



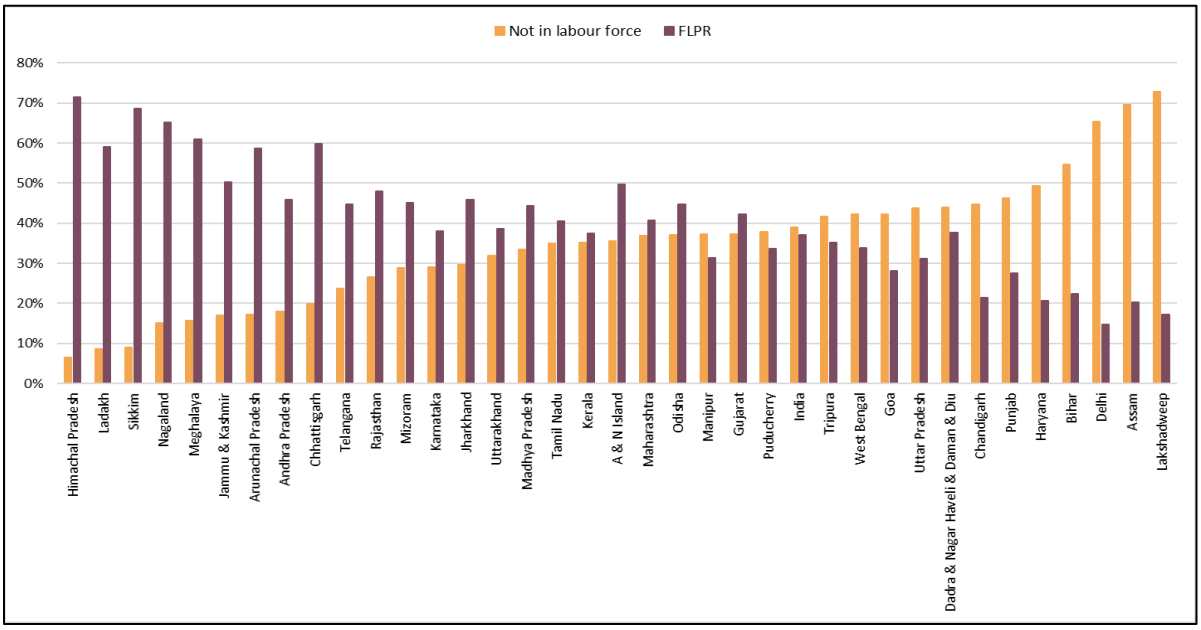
Care work is vital for both our societies and the economy. Without people dedicating their time, effort, and resources to these essential activities, communities, workplaces, and entire economies would come to a standstill. Within the unpaid care sector, women's time is primarily spent providing care to three categories of family members - children, the elderly or special-needs individuals, and non-dependent members of any age.

Unpaid care work is most intensive for women and girls living in poverty; in countries with limited public services, basic infrastructure or social protection; in rural areas; in single-parent households; and those with children and grandchildren under school age.

2 State-level variation in care burden

Since patriarchal norms are ingrained into discussions of care, it is not surprising that we see variation across the Indian states as these norms also vary across states. According to the Periodic Labour Force Survey (2022-23), in India, **39 out of 100 women** are stepping out of labour force due to child care and other domestic commitments. **Lakshadweep**, **Assam** and **Delhi**, with about **71 percent**, **69 percent** and **65 percent**, respectively, have the highest proportion of females who do not participate in labour force due to care responsibilities and domestic work. Among these, Delhi being a leading metropolitan city, the numbers are not only concerning but also shifts our focus toward the need for better policies to develop care infrastructure. **Himachal Pradesh** has the lowest number, **6 out of 100 women**, who are not part of the labour force due to care responsibilities.

Graph 2: State-wise proportion of females who are not in the labour force due to care responsibilities and FLPR



Source: Author's computation of PLFS (2022-23)

Care burden upon the young girls in the household is even more disconcerting. In most developed countries care responsibilities are higher for people above the age of 25 years, when they decide to have children and may have aging parents to look after. But in India, the young females in the age group 15-29 years also have high care responsibilities, as they are taking care of younger siblings or aging grandparents. This is very concerning as young adults are unable to gain skills or participate in the economy.

3 How vulnerable are young women in India?

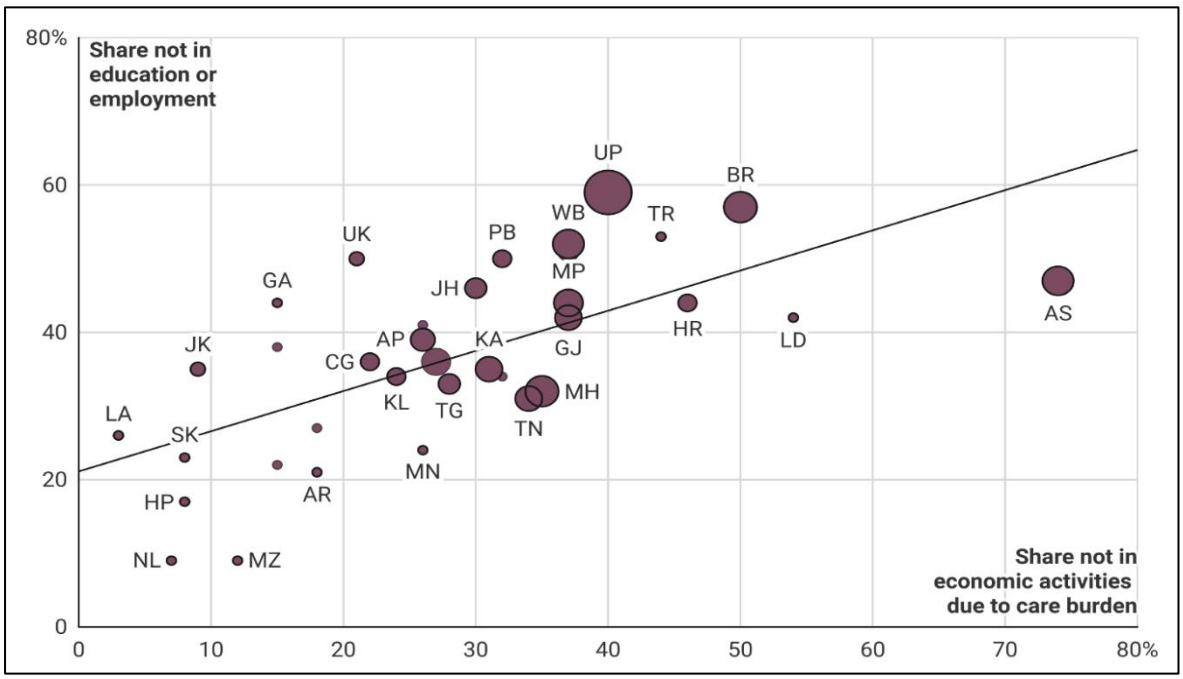
According to Comprehensive Annual Modular Survey (CAMS, 2022-23), nearly **44.6 percent** of young females are neither in employment nor in education or training. In this age group, the possibility of acquiring job related skills is the most. Keeping women out of workforce, education and training at this point in time sets them back perpetually on the job market. About 88 percent of young women in India participate in unpaid domestic activities in a day as opposed to 39 percent young men. This shows that nearly half of the young adult women are engaged in household responsibilities and are unable to either participate in economic activity or skill themselves to later join the workforce.

Given that CAMS data is available only for the year 2022-23 and does not provide the reason for being out of labour force, we use the Periodic Labour Force Survey (PLFS) to calculate and temporally compare the proportion of women disengaged from both education and employment.

Even according to the PLFS (2022-23), **48 percent** of women are disengaged from economic activity. Nearly **79 percent** of young women (15-29 years) state that childcare or household commitments are the biggest impediments to their participation in education or employment as compared to just 3 percent of young men. This is in contrast to the large majority of young men who cite not finding work as their biggest reason for not participating in employment.

It is no coincidence that females in this age group are both disengaged from the economic activity and bear a high care burden. As expected, we find a strong positive corelation. Graph 3, shows a scatter between share of young women in each Indian state that cite care burden as their primary reason for not participating in economic activities (education or employment) and the share of young women in each state that are not in education and employment. We find a strong positive coefficient of 0.65, indicating that indeed states in India where young women face excessive care burden are those in which they are not in education and employment.

Graph 3: Correlation Scatterplot of State-wise Care Burden on Young Women and Women's Participation in Education and Employment



Source: Author's computation of PLFS (2022-23) and CAMS (2022-23)

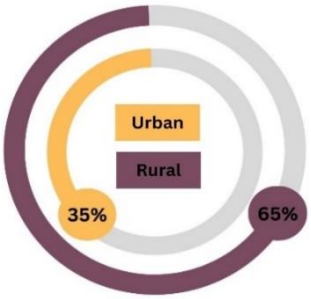
Even as the share of women not participating in education and employment has slightly decreased from **49 percent** to **48 percent** between 2020-21 to 2022-23, the burden of care among young women has actually increased. In 2020-21, about **68 percent** of young women cited care responsibilities as the main barrier. Recently, that number has risen to **79 percent**, suggesting that while some women are managing to break through, for many others, care obligations are becoming even more demanding.

This burden is even more pronounced in rural areas. A staggering **81 percent** of young women not participating in education or employment are currently engaged in care activities within their household. A possible reason for excessive care burden in rural India could be the fewer number of nuclear families present in this cohort as compared to urban areas, making young women not only care for their children but for the elders in their family as well. Given this situation there is a need to provide care infrastructure in India.

4 The Care Economy

Care work is undervalued and, in most cases, goes uncounted and unrecognized which implies that market mechanisms alone cannot help set up the care economy. Since women are the ones primarily engaged in the care economy, this leads to heightened time poverty for women, an inefficient use of woman's skills and talents, and a shortage of well-paying jobs in the care sector.

Figure 3: Sector-wise share of the monetary value of unpaid female labour



In India, women's unpaid labour amounts to a staggering **22.7 lakh crore rupees (Rural: Rs 14.7 lakh crore and Urban: Rs 8.0 lakh crore)**. This is about **7.5%** of India's GDP.[2] If the time spent on unpaid care work across the world was valued based on an hourly minimum wage, it would amount to **9%** of global the GDP, which corresponds to **USD 11 trillion**. These numbers indicate the advantage of investing in the care economy.

There is a double benefit to investment in the care economy. First, it reduces of the burden on the women at home, so that they can step out and participate in economic activities. Secondly, increased investments for the establishment of childcare institutions, particularly crèche, located near workplaces and work sites generates jobs, especially for women. For example, childcare services support holistic child development, provide more job opportunities in childcare sector and reduce the burden of unpaid care work on parents, especially mothers, thereby promoting women's employment and income over their lifetime.

Even in the segment of the care work that is a paid service, women constitute the majority of paid care workers**,** mostly in health, education, and paid domestic sectors. Despite being essential, this paid care work is underpaid and considered unskilled. Formalising care work would benefit the economy in two significant ways: first, it would pay the care workers a minimum wage and give them better living conditions. Second, it would increase the standard of the existing care infrastructure, encouraging more families to use it.

[2] SBI Research Ecowrap (2023)

In India, the care economy is supported by many stakeholders, who are addressing the needs of different segments of the population. There are three main providers of care infrastructure and services:

1. Governments (both the centre and states) have several schemes and programmes that care infrastructure.
2. NGOs (such Mobile Creches and SEWA) that strive to address the concerns of women in rural and semi-urban areas.
3. Private sector who are offering care services (like Klay) and care facilities for employees created by corporations (such as ONGC and Tata Power).

Direct public investment equivalent to **2% of GDP** could potentially create **11 million jobs** in India, with nearly **70%** of these positions likely to be filled by women. Enhancing investments in the care economy has the potential to not only bridge gender gaps in women's labour force participation, but also unlock a new economic segment for emerging economies, creating increased economic output and jobs in the care work services sector.

5 Government support for the care economy

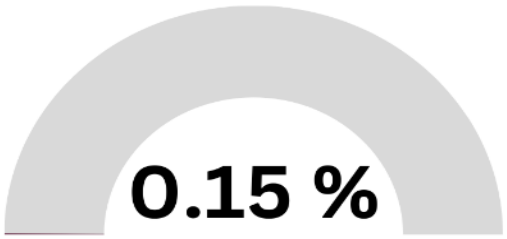
In India, fiscal support is provided through two main types of policies:

I. those that directly deliver care services

II. those designed to enhance care-supporting infrastructure, primarily focused on alleviating the burden of unpaid domestic labour

The total budget allocation for care infrastructure stood at about **0.18 percent of the GDP** (which is 0.73 percent of the total budget expenditure) for the year 2023-24 and about **0.15 percent of the GDP** (which is 0.6 percent of the total budget expenditure) for the year 2024-25. In 2024-25, Saksham Anganwadi and POSHAN 2.0, scheme was allocated **80 percent** of MoWCD budget to fight malnutrition and support early childhood care.

Figure 4: Percentage of the GDP for care infrastructure



The central government schemes for provision of care infrastructure and services are:

- **Saksham Anganwadi and Poshan 2.0:** is an Integrated Nutrition Support Programme. It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content

and promote practices that nurture health, wellness and immunity. It also provides early education (3-6 years) and anganwadi services (child care centres).[3]

- **Mission Shakti's Samarthya sub-scheme:** consist of erstwhile schemes of
  - Ujjwala (LPG connection)
  - Swadhar Greh (provides shelter, clothing, food and health benefits to women)
  - Working Women Hostel
  - National Creche Scheme for children of working mothers
  - Pradhan Mantri Matru Vandana Yojana (PMMVY): ₹ 5000 Direct Bank Transfer to pregnant women and lactating mothers [4]
- **Atal Vayo Abhyuday Yojana:** The main objective of the Scheme is to improve the quality of life of the Senior Citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support.[5]
- **National Social Assistance Program:** secures for citizens adequate means of livelihood, raise the standard of living, improve public health and provide free education to all children.[6]

Investing in care infrastructure and services can unlock significant economic potential for India by creating new business opportunities and generating jobs, particularly for women.

The **Anganwadi system** (now in Palna scheme), world's largest public system for child services, reaches 80 million children of up to six years of age through 1.4 million centres. Anganwadi centres primarily cater to children aged 0–6 years. They significantly contribute to early education and holistic child development. However, since they are only open from 9 a.m. to 1 p.m., women still need additional care options if they are to work a full eight-hour day.[7]

The **National Creche scheme** had over 6 lakh beneficiaries and about 25000 creche in 2013. By 2023, there were less than 1 lakh beneficiaries and 3900 creches. This was due to funding constraints. It is alarming that there is a massive fall in the number of government creches.[8] [9]

However, the government is unable to support all the segments of the population that need care services. Here the NGOs are able to provide complementary services to women in specific regions of certain states like Delhi/NCR, Uttar Pradesh, Rajasthan.

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[3] Ministry of Women and Child Development issues Guidelines of 'Saksham Anganwadi and Poshan 2.0' - an Integrated Nutrition Support Programme
[4] Press release of detailed Guidelines for 'Mission Shakti'
[5] Department of social justice and empowerment. Ministry of Social Justice and empowerment, Government of India
[6] https://nsap.nic.in/circular.do?method=aboutus
[7] The Hindu article -the measure of the working woman
[8] Times of India article
[9] https://sansad.in/getFile/loksabhaquestions/annex/1715/AU165.pdf?source=pqals

6 NGOs for the care economy

The second stakeholder providing care infrastructure are the NGOs. There are several initiatives supporting women from lower income families. Two such successful initiatives are mentioned below:

Self-Employed Women's Association (SEWA) has been running childcare services for **2.1 million** informal workers across **18 states**. These centres were initially started to support the who were working with the SEWA initiatives. Now they are available to all the mothers in the regions they operate. Parents cover just 10-15 percent of the costs, with the rest coming from private donors, SEWA ventures, and government funding.[10]

Mobile creches: Mobile Creches is an organisation working for the right of marginalised children to Early Childhood Development. Ensures childcare (health, nutrition, early learning and care) for 0 to 12 years old children living at the construction sites of Delhi (NCR). The Child care services at construction sites ensures creche services to **5,000 children** of migrant workers, at 40 locations in Delhi/NCR. Their slum settlements programme (at 7 locations) in Delhi reaches out to children of slum dwellers, through family-based interventions and access to state services.[11]

There are several other NGOs like CARE International, Goonj, HelpAge India, SMILE foundation etc. working on care infrastructure. These NGOs can only support a small fraction of the population since they have limited funds. Scalability of some of these programmes is not possible, which narrows the range of the women that can be given care infrastructure. India has a mandate that says that firms above certain size, need to provide care facilities for their employees. This has opened a new avenue to provide care services in India- the private sector employers.

7 Private sector and Employer's role in Care economy

The third stakeholder in the care economy is the private sector. This encompasses two different models of private participation. First are the individuals or firms who offer paid care facilities to mothers and families in lieu of a competitive market fee. The challenge is that these services are not affordable by majority of the people and so there is a risk that women will pull out of the workforce to provide care since the fee is too high. The second is the model, where the employers provide care facilities to their employees free of cost or at a subsidised fee. This can potentially encourage women to join these specific organizations.

The middle-income households (largest by number) in urban India are mostly two income households. Therefore, there is a requirement to facilitate care responsibilities. There is a growing demand among working women for care facilities provided by employers. Offering

[10] https://finshots.in/archive/can-indias-care-economy-boost-womens-workforce-participation/
[11] Mobile creches

day-care at the workplace can bring numerous benefits to companies, such as boosting employee morale, reducing turnover, and attracting a more diverse pool of applicants. The government has mandated companies with 50 or more employees to offer day care facilities.

What does the law mandate for Employers?
To govern and enhance women's involvement in the workforce while ensuring that they can continue to provide essential early care for their children, the Indian Parliament passed the Maternity Benefit Act in 1961. After the Maternity Amendment Benefit Act in 2017: • It is mandatory for companies with more than 50 employees provide onsite or nearby day-care facilities for their employees, with costs to be borne by the employers • Maternity leave was doubled from 12 to 26 weeks • It encouraged companies to allow women to work from home • Maternity leave for adoptive and commissioning (surrogacy) mothers • Employee awareness, mandatory for employers, to educate women about the available maternity benefits at the time of their appointment • A woman who legally adopts a child below the age of three months or a commissioning mother is only entitled to maternity benefits of twelve weeks from the date the child is handed over to the adopting mother

Employers have the flexibility to choose the most effective day-care solution, whether it's an onsite creche, a shared crèche with nearby employers, or a partnership with an existing community creche. For businesses with multiple locations, the ideal approach may vary by site.[12]

However, the implementation of the Maternity Benefit Act has not been very successful; therefore, most employees are relying on alternative means for care services. There are some companies who have done well to support their female employees in this regard. We present two example one a public sector enterprise and second a private company.

7.1 Case studies of providing Childcare support by corporations13 14

Oil and Natural Gas Corporation (ONGC) a public sector undertaking, has two provisions that provides care support. First is the availability of creche or day-care facilities at all of their cites. This is a significant task considering the spread of their operations. Secondly, ONGC provides 730 days of child care leaves can be taken mothers till the child turns 18 years. This is beyond the mandated maternity leaves.

[12] Bright Horizons. International Finance Cooperation, World bank Group. The Benefits and Challenges of a Workplace Crèche: Employer-Supported Childcare in India.
[13] ONGC
[14] Tata Power

Oil and Natural Gas Corporation (ONGC)

The Oil and Natural Gas Corporation (ONGC) has a number of policies to support women and their families.

- Employees can take up to 730 days of Child Care Leave to care for their children. This leave can be used for rearing children or for looking after their needs, such as sickness or examinations. There is no age limit for disabled children with a disability of 40% or more.
- 15 days of paternity leave.
- ONGC provides crèche facilities at all work centres for employees with pre-school or primary school-going children, and pays for the crèche facilities.

ONGC also has policies to help employees balance their work and family responsibilities, such as placing husbands and wives working at ONGC in the same location when possible and special consideration for transfers, postings, and job rotation

Tata power a private enterprise, with other initiatives provides the option of reimbursement for nanny at home. This reduces the financial burden of care on parents and provides for a more flexible care system. Both these types of care facilities have advantages and disadvantages. Providing day-care facilities at every job site can be very costly for firms, whereas paying for nannies, encourages the informal care system that is prevalent in India. However, there are learnings from such models that can be incorporated into a comprehensive care ecosystem.

Tata Power

They provide Maternity benefits beyond what the law provides so that they can devote time to their new born.

- Apart from 26 weeks maternity leave mandated by law, another 12 weeks of leave without pay is offered. Adoptive Mothers are entitled to the leave up to 18 Weeks for child rearing.
- Flexi Working Hours after Maternity Leave: Women employees, after returning to work from Maternity Leaves, including adoptive mothers, can avail the option of flexi working hours (8.30 AM- 7.00 PM) for the first six months.
- Break in Service Option after Maternity: women can avail break in service option for 2 years to give that extra care to their child during their initial, crucial life stage.
- Day Care and Creche Facilities: they have tie up with various crèches and Day care facilities across Delhi/ NCR. The option for reimbursement for nanny at Home is also provided.
- Reorientation Program for employees returning Post Maternity/ Break-in Service
- Protecting impact on performance appraisal & career progression due to maternity leave

There is immense scope for the private sector to improve the care infrastructure available in India. 15 percent of the population is working in the formal sector in India.[15] If employers provide care facilities, several issues can be addressed. First, it would reduce the government's burden of providing care. Second, it would create more jobs in the formal sector. Third, it would encourage workers to transition from informal to formal sector jobs due to better childcare options.

Offering childcare as part of employee benefits can often prove more cost-effective than it may initially seem. The cost of childcare benefits is often outweighed by the savings from retaining talent compared to the cost of recruiting and training new staff. By implementing strategies that support parents, both men and women, employers can access a largely untapped talent pool, fostering greater workforce diversity. These initiatives not only help retain valuable employees but also enhance employee loyalty, productivity, and job satisfaction, ultimately driving long-term organizational success.

8 Care work around the world

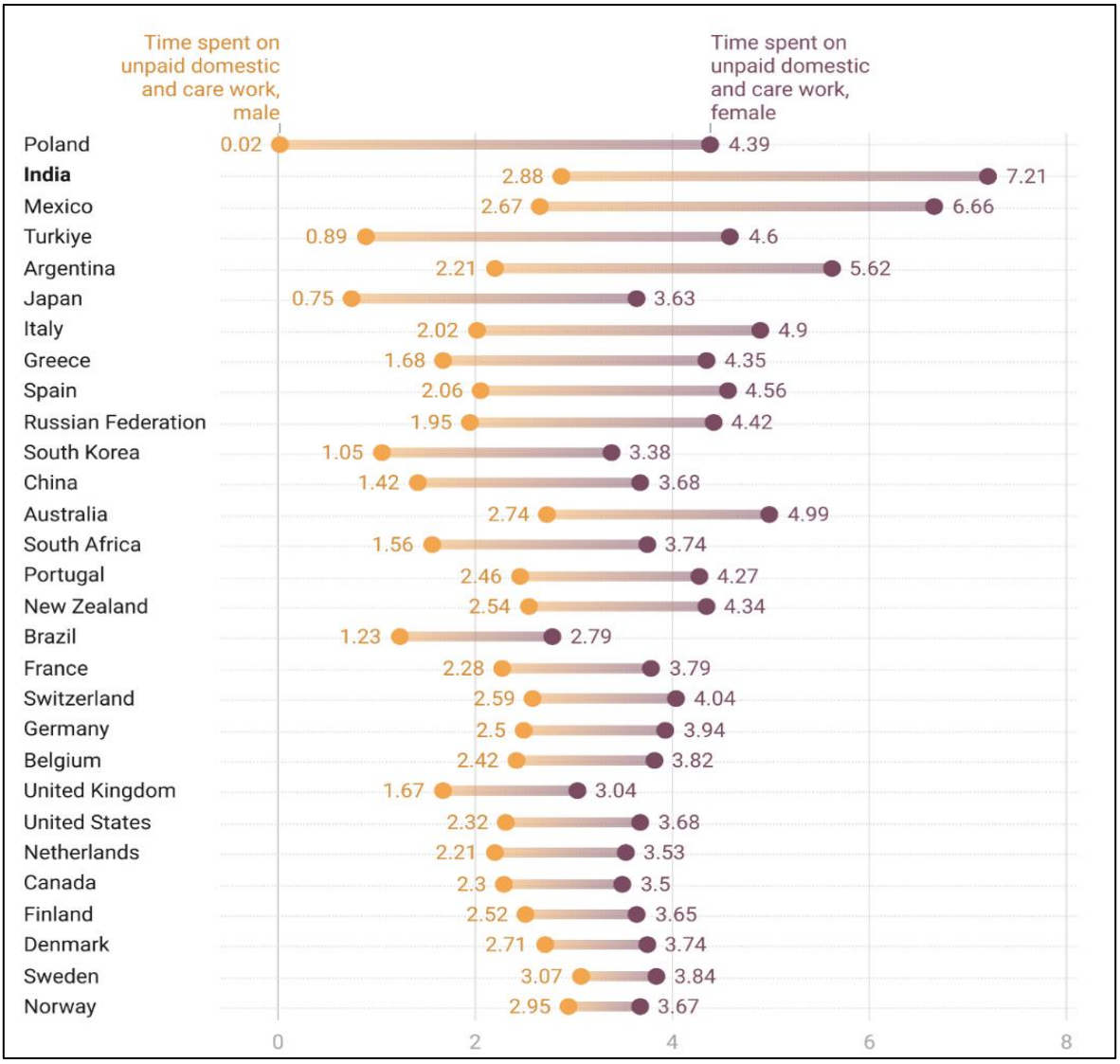
When we compare India with G20 countries, we see that women spend more time on unpaid care work compared to men in all the countries. Disparity in India is the second highest. The number to hours that women spend on unpaid work is the highest in India. Nordic countries are performing much better than the rest of the world in achieving parity in unpaid care work.

Most nations spend a significant proportion of their GDP on care. Developed countries dedicate about 1 percent-4 percent of their GDP, whereas, developing countries dedicate between 1 percent and 3.9 percent of their GDP to this essential sector.

In the 1960–70s the Nordic countries began to introduce specific solutions for childcare. In 1964, Denmark became the first country to legislate on childcare, followed by Finland, Iceland and Sweden in 1973 and Norway in 1975. Childcare was mainly made available to families in which both parents work full-time. The intention was for the childcare services to be affordable, flexible and of high educational value to the children.

[15] https://www.citigroup.com/global/insights/india-formalisation-s-relentless-march

Graph 4: Gender-wise time spent (in hours) on Unpaid Care Work in the G20 countries



Source: Authors computation of World bank gender portal data

Note: Due to unavailability of data Indonesia, Saudi Arabia and Finland have not been included

8.1 Best practices from Nordic Countries:

The Nordic model of care is designed to ensure that differences in socio-demographic and socio-economic factors do not lead to unequal access to services. In this model, services are ideally provided based on need, regardless of a person's income or place of residence. Another key characteristic of Nordic service is its flexibility and individualised approach, which accommodates a diverse population with varying preferences and lifestyles.

Some best practices from the Nordic countries
• Introduction of parental leave: fathers as well as mothers can and should be responsible for the care of infants was legitimised through state regulation. A father's quota – paid leave which cannot be transferred to the mother– was first introduced in Norway in 1993 and was implemented in the other Nordic countries as well. • Institutional childcare is another cornerstone of the Nordic approach: Access to childcare services is publicly sponsored and universally available. Danish policy has historically encouraged public childcare services for the youngest children, while Norway has been a latecomer to invest fully in day-care places. Childcare in the Nordic countries is subsidized and is generally paid as a monthly fee dependent on the household income and the number of children.[16] • Health and social care for the elderly are important parts of Swedish welfare policy. Swedish elderly care is largely funded by municipal taxes and government grants. Healthcare costs paid by the elderly themselves are subsidised. [17] • Individual taxation creates incentives for both spouses to work. For instance, tax deductions can be used by both spouses instead of merely one, which doubles the potential financial gain for the household. Creates a strong incentive for married women – or the partner who earns less – to work.

The Scandinavian countries have created sustainable care economies. They provide financial support to families, to cope with care work. Families with preschool children have the option to receive financial support for raising their kids at home. Paid paternity leave policies encourage fathers to take on caregiving duties. They also support people who care for their elderly or disabled relatives with a monthly stipend in Finland.

9 Recommendations for boosting India's care economy

Even after all of this we are unable to provide the required care infrastructure to the needy, indicating a need for expansion. The structure of the economy and high levels of informalization of the workforce along with high participation in agriculture creates enormous challenges in providing care infrastructure to all.

Though there are best practices across the world and within India that can be incorporated in the policy framework, given the unique situation of India we need innovative and holistic policies. With increased government investment and proactive policymaking, this sector could unlock substantial benefits, driving economic growth and creating numerous well-

[16] https://nordics.info/show/artikel/childcare-infrastructure-in-the-nordic-countries
[17] https://sweden.se/life/society/elderly-care-in-sweden

paying jobs, particularly for women. In a diverse country like India, the government care infrastructure can only support a part of the population.

This means that we would require a new model for care economy in India. It is clear is that India's care economy has to be a partnership between the public and private sector. The seeds for this have already been sown by the government's mandate for the private companies.

1. **Private public partnership** to provide affordable care to all: In India, the formal sector is small (15 percent[18]) but significant. It constitutes 56 percent of the economy. This segment can be supported by private care facilities. However, there is a large informal sector and rural economy that can either not afford care or there are no facilities available. For these segments of the population the public infrastructure of care is vital.
2. **Localized interventions:** Insights from expert consultations emphasize the importance of localized interventions in building of care infrastructure and services. This underscores the need for increased fiscal transfers from the central government to state governments, enabling them to take the lead in implementing tailored solutions rather than depending on direct central intervention.
3. **Formalize** India's care economy. It would pay the care workers a minimum wage and give them better living conditions. Second, it would increase the standard of the existing care infrastructure, encouraging more families to use it.
4. **Formation** and **implementation** of policies related to **elderly care leaves**. It is interesting that in states which have the highest number of creches and Anganwadi centres are also the states where the care burden is the highest. So, is no one using it or are we missing to capture a big portion of the care economy? We find a strong positive correlation (coefficient 0.9029) between the number of Anganwadi centres and the number of beneficiaries, indicating that these Anganwadi centres are being used. This indicates that care infrastructure is more than just childcare centres. Within the unpaid care sector, women's time is primarily spent providing care to three categories of family members - children, the elderly or special-needs individuals, and non-dependent members of any age. So, either the elderly care burden in these states is very high or cultural norm is creating high care burden. We find a positive correlation between the number of persons above 65 years and care burden on women, indicating high elderly care burden. To tackle this, we need more old age homes and day-care centres for elders.
5. **Allocation** and **streamlining** of care economy budget. The funding issue faced by national creche scheme indicates that there is a need to increase investment in India's care economy. Saksham Anganwadi and POSHAN 2.0 scheme gets most part of the Ministry of Women and Child Development (MoWCD) budget to fight malnutrition and support early childhood care. But this is not enough, for India to reach gender parity we need support

[18] https://www.citigroup.com/global/insights/india-formalisation-s-relentless-march

in both childcare and elderly care as well as in domestic work. To build a holistic care infrastructure it is vital to have streamlined timely investments.

6. **Scaling** of successful initiatives implemented by NGOs and state governments, such as the mobile creches and the SEWA initiatives to provide care for their members is necessary.
7. **Paternity Benefit bill:** Paternity leaves are a crucial facet of modern parental benefits. The importance of paternity leave for fathers is becoming more pronounced, reflecting changing family dynamics and increasing demands for gender equality in caregiving. Since 2017, paternity benefit bill has been in the parliament and not an inch has moved.
8. **Data on existing Maternity Benefit Act:** Maternity Amendment Benefit Act, 2017 forced many companies to have creche facilities. Even though it has been more than 7 years there is no data on the implementation of the act and compliance by companies. It should become mandatory for companies to provide details of these creche facilities in their annual report.
9. **Care ecosystem:** Although care services (education, health and lifestyle) are fragmented, they are interconnected. Bridging the gap between different care giving services is necessary for a cohesive care ecosystem.
10. **Skilling** of the care workers: professionally trained manpower of caregivers can attend to diverse and dynamic needs of children relating to education and of elderly population relating to recreation, health and holistic well-being.
11. **Technology**, enables care providers to connect better with each other and the customers. This also provides a gateway for building digital care ecosystems.

10 Summary and Conclusion

The constraints faced by a young and growing population and their ability to participate fully in economic activity have driven the conversation towards care infrastructure. However, the limitations of the government resources pose a challenge in providing public care facilities for the entire nation. Therefore, there is need for partnerships between the public and the private sectors.

There have been many recommendations made for the setup of care economy in India. The following are the recommendations of FICCI FLO (Federation of Indian Chamber of Commerce & Industry ladies organisation), which also call for public-private partnerships.

5-pillar roadmap for building the care economy[19]
1. Robust leave policy framework, highlighting benefits of paternal leave. Urges for collaboration between government agencies and Industries. 2. Subsidies for caregivers, both in private and public sectors. 3. Increasing the investment in care infrastructure by Public-Private Partnerships (PPPs) and introducing new schemes for care facilities. 4. Providing skill training to care workers, enabling the sector to be formalised and enhance the capabilities. 5. Establishment of institutional mechanisms for quality checks.

Given the unique structure of the Indian economy and large segment of the population that needs to be provided care facilities, there is a need to innovate and find new approaches that are a hybrid of approaches followed in other countries and have their own unique features. International care economies rely on government support, however, in India the funds available for care economy are limited and so there is a need for public-private partnership to bridge the gap between the demand and supply in the care economy. The first step towards this was taken early in India when, the law mandated that employers with more than 50 employees provide day-care facilities for their employees. However, there is need for better implementation and monitoring of the law and also for firms to think of ways that they can make the provision of care an integral part of their business models.

Basic infrastructure like proper lit roads, safe public transport etc. other than care infrastructure are also required if women have to step out for work. The process of nation building cannot be limited to only expanding working hours, but it has to focus on improving work conditions and pushing for norms that are inclusive and not blind to socio-cultural realities of contexts.[20] Not being involved in economic activity should be a personal choice for any person and not an obligation.

[19] https://www.cnbctv18.com/economy/ficci-womens-wing-proposes-reforms-to-propel-indias-care-economy-19374931.htm
[20] https://www.firstpost.com/opinion/indian-women-invest-over-70-hours-weekly-in-work-is-society-ignoring-13371492.html

References

International Institute for Population Sciences & United Nations Population Fund 2023. India Ageing Report 2023, Caring for Our Elders: Institutional Responses. United Nations Population Fund, New Delhi.

Chandrakant, Shastri Priyavadan. (2008). Child in India. Indian Journal of Psychiatry 50(2):p 85-86, Apr–Jun 2008.

Hanna T, Meisel C, Moyer J, Azcona G, Bhatt A, Valero S D: FORECASTING TIME SPENT IN UNPAID CARE AND DOMESTIC WORK. UN Women and Frederick S. Pardee Center for International Futures.

Ministry of Statistics and Programme Implementation (MoSPI). (2019). Time Use Survey, 2019-20. Government of India.

Clare Coffey et al. (2020). Time to care: Unpaid and underpaid care work and the global inequality crisis. (ISBN 978-1-78748-541-9). Oxfam GB

Karmannaya Counsel, Confederation of Indian Industry (CII) and Nikore Associates. (2024). Formulating a strategy for India's Care Economy. Ministry of Women and Children Development and the Bill & Melinda Gates Foundation.

UN Nation: Department of Economic and Social affairs. (2020). The World's Women 2020 Trends and Statistics

Department of social justice and empowerment. Ministry of Social Justice and empowerment, Government of India

Rostgaard, T., Jacobsen, F., Kröger, T. et al. Revisiting the Nordic long-term care model for older people—still equal?. Eur J Ageing 19, 201–210 (2022). https://doi.org/10.1007/s10433-022-00703-4

Trydegård, GB. Care work in changing welfare states: Nordic care workers' experiences. Eur J Ageing 9, 119–129 (2012). https://doi.org/10.1007/s10433-012-0219-7

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