



PARTICIPATORY METHODOLOGY: **RAPID CARE ANALYSIS**

Toolbox of Exercises

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**WE-CARE
WOMEN'S
ECONOMIC
EMPOWERMENT
AND CARE**



Table of contents

1	Summary	3
2	Introduction: What do we mean by care work?	5
3	Toolkit of exercises	6
	Exercise 1: Understanding care roles and relationships in households	6
	Exercise 2: Average working hours spent on different types of work	7
	Exercise 3: How care roles are distributed	14
	Exercise 4: Identifying social norms that impact on care work	15
	Exercise 5: Exploring changes in care patterns	18
	Exercise 6: Identifying problematic care activities	20
	Exercise 7: Mapping infrastructure and services that support care work	22
	Exercise 8: Proposing solutions to address the problems with care work	24
4	Conclusion	26
	Annex 1: Examples of unpaid care work	27
	Annex 2: List of probing questions for the different exercises	28
	Annex 3: Documentation template	30
	Annex 4: Reporting template	37
	Annex 5: Action points for advocacy	45

1. SUMMARY

The methodology is composed of two ‘companion’ documents:

- The **Guidance for Managers and Facilitators** provides the background for making adequate and effective use of the RCA tool, and for making decisions in terms of resources, timeframe, and choice of exercises based on the specific programme objectives and types of outputs required. It should be read before undertaking the exercises in this Toolbox.

- This **Toolbox of Exercises** presents a concrete method for implementing RCA using participatory exercises which can be adapted to various contexts and programmes. The Toolbox also includes the documentation template for capturing findings; the reporting template for presenting findings and lessons learnt; and the ‘action points for advocacy’ template.

The RCA tool comprises eight exercises, as follows:

Purpose	Exercises	Objective
Explore relationships of care in the community	Exercise 1: Care roles and relationships	Get participants to reflect on who they care for and who cares for them, and how relationships of care build on social roles in the family and community
Identify women’s and men’s work activities and estimate average hours per week	Exercise 2: Time use	Make visible the total volume of work done by women and men in a given context/community, and identify the share of care work done by women and men
Identify gendered patterns in care work, social norms influencing care work patterns, changes in care patterns, and most problematic care activities	Exercise 3: Distribution of care roles	Explore the distribution of care roles at household level
	Exercise 4: Social norms	Identify and discuss key social norms and how they impact on patterns of care work
	Exercise 5: Changes in care	Understand fluctuations and changes in patterns of providing care, including those due to external events or policies
	Exercise 6: Problematic care activities	Identify the most problematic care activities for the community and for women
Discuss available services and infrastructure, and identify options to reduce and redistribute care work	Exercise 7: Services available	Identify different categories of infrastructure and services that support care work
	Exercise 8: Proposed solutions	Identify and rank options to address problems with current patterns of care work, with a focus on reducing difficulties and redistributing responsibility for care work, thereby improving women’s lives

The following sections of this **Toolbox** explain each exercise in detail. The explanation for each exercise includes the objective of the session, the process, tips for facilitators and documenters, and propositional ‘probing questions’. More probing questions are attached to this Toolbox as Annex 2.

Timeframe:

This Toolbox of Exercises has been designed to be flexible enough to apply to a range of programme design and assessment needs. For example, the tool may be used for:

1) A rapid assessment to improve the design of a wider programme through gathering evidence to promote the *recognition* of care work and identification of practical interventions – especially those which can *reduce* the time or labour required for daily housework and caring for people, and thus increase women’s participation, empowerment, leadership and *representation* in both the public and private spheres.

2) To begin a longer process of awareness-raising and change for gender justice. In this case, it is likely that programme leaders have explicit objectives of gender justice and economic justice, and a more explicit *redistributive* agenda. The proposed exercises could be incorporated into longer-term participatory action research processes.¹

We estimate that it takes **two full days** to carry out the RCA in full, including all eight exercises. Below is an example of a schedule for a two-day process:

Example of a two-day (10 hours) RCA schedule

DAY 1 (5 hours, plus breaks)	
Time	Activity
30 min	Introductions, clarifying objectives, clarifying ‘care’ in language and context
60 min	Exercise 1
120 min	Exercise 2
90 min	Exercise 3 and 4
DAY 2 (5 hours, plus breaks)	
90 min	Exercise 4 and 5
90 min	Exercise 6 and 7
90 min	Exercise 8
30 min	Conclusion, feedback, thanks

The Toolbox can also be adapted for use in a situation where the care analysis needs to be conducted in a **single day**. In this situation, the facilitators need to skip some exercises and/or bring some exercises together, depending on the objective of the RCA. Below is an example of a one-day RCA process:

Example of a one-day (6 hours) RCA schedule

DAY 1 (6 hours, plus breaks)	
Time	Activity
30 min	Introductions, clarifying objectives, clarifying ‘care’ in language and context
45 min	Exercise 1
60 min	Exercise 2
120 min	Exercise 3 and 4 for 90 minutes, then Exercise 6
90 min	Focus on Exercise 8
15 min	Conclusion, feedback, thanks

As explained in the **Guidance for Managers and Facilitators** Box 2, in specific, unusual situations it might not be possible to have enough time for a complete RCA, e.g. in conflicts or crises, with in-school children or formally employed workers, etc. Though not **recommended**, it is possible to adapt the exercises of the RCA to gather some information about patterns of care work in as little **as two hours**.

In this case, the facilitators have to select only a few exercises focusing on their key areas of interest, and do these in a plenary session.

Sequence of exercises:

Please note that the exercises in this methodology were designed **to build a logical sequence** in how participants conceptualise and analyse care work in their community. It is advisable to follow this sequence as much as possible, although depending on context some flexibility can be applied after Exercise 4.

2. INTRODUCTION: WHAT DO WE MEAN BY CARE WORK?

Objective:

Introduce the notion of 'care' in a simple way. Create a good working atmosphere.

Process:

- Explain that the purpose of the day is to gain a better understanding of how care for people operates in their community, and to think through options that might exist to address difficulties with care work.
- Explain how this analysis can improve the outcomes of other development initiatives or the specific project that participants are involved in.
- Briefly present the RCA tool, including the exercises and the participatory nature of the tool. Explain that some exercises will be undertaken in mixed groups, others in single-sex groups.

Tips for facilitators:

- When dealing with **children under 18 years**, ensure that consent has been granted by parents or guardians. You should abide by your organisation's child protection and safeguarding policy, and **do everything in your power to ensure the safety and protection of children, and that information about children is dealt with carefully and confidentially.**

- It is beneficial to prepare some simple materials (such as photos, pictures, or diagrams) to help participants form an idea of what 'care' means, and discussions of various alternative **translations and terms** used for 'care' in the local context.
- During this introductory session it can be helpful to provide space for participants to discuss the project they are involved in, and to explore how 'housework and caring for people' fits or conflicts with the project's activities and objectives. Allow plenty of time for questions and answers.
- Be prepared to answer questions about what counts as 'care', for example: 'Is going to a community meeting care work?', 'Does providing financial assistance to relatives count as care?', 'What about cooking for a wedding?', or, 'I am the breadwinner that supports the family, which enables care work, so I am doing care.' Whilst generating income for the family is important and valuable for the well-being of the family, the focus of the RCA is on the usually unrecognised activities of directly caring for people, and housework. Financial assistance and income is important for family well-being, but is not care work.

The separate **Guidance for Managers and Facilitators** offers support with more details on the concept of care and related definitions. Please also refer to **Annex 1** for some examples of unpaid care work.

3. TOOLKIT OF EXERCISES

Exercise 1: Understanding care roles and relationships in households

Objective:

Get participants to reflect on who they care for, who cares for them, and how relations of care build on social roles in the family.

Please note:

This is an individual exercise. However, if your time for conducting the RCA is limited, this exercise can be done in two groups, i.e. one group for men and another for women.

Key questions:

Who do you care for, on a daily, weekly, or monthly basis? Who in your household cares for you? Who cares for others? Do you care for other people outside your household? See Annex 2 for probing questions.

Process:

a) Ask participants to draw an **individual diagram** (on an A4 piece of paper) showing a set of concentric circles:

i. In the middle, ask each participant to write their name.

ii. In the first circle, ask the participants to write down who they care for on a daily basis. They should write these as relationships, e.g. 'husband', 'sisters-in-law', 'five children'.

iii. In the second circle, the participants should write down who they care for on a weekly basis. This can be an estimate, e.g. 'grandmother', 'three neighbours'.

iv. In the third circle, the participants document who they care for on a monthly basis, e.g. 'four to six children of my siblings/cousins'.

v. Help illiterate participants, i.e. those with difficulties in reading and writing. If there are many illiterate participants, you may choose to conduct this exercise in small groups, although the differences between participants will be less apparent.

b) Ask everyone to present their diagram to the group.

c) If time permits, do a **collective exercise** (using a similar diagram with concentric circles) to visualise who men care for, and who women care for.

d) Discuss the findings. Compare and contrast responses to relations of care in terms of the age, gender, and family status of participants.

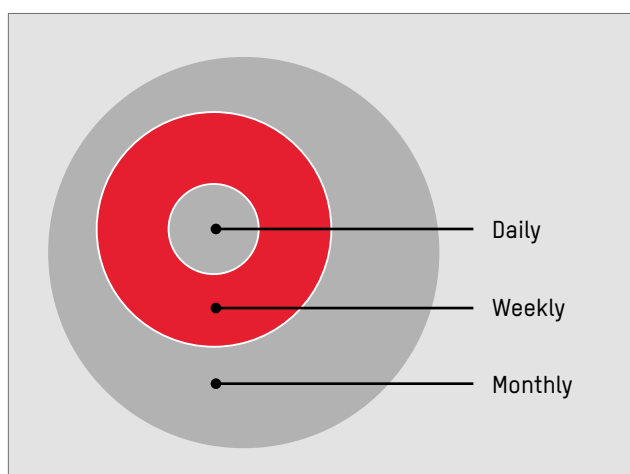
Rapid analysis for Exercise 1:

Ask participants to reflect on the results. Is anyone surprised with the range or number of people s/he provides care for? How many people do you receive care from? What types of people tend to have more names/relations in the first concentric circles reflecting daily care responsibilities? In the second circles reflecting weekly care responsibilities? Why is this? Is this finding surprising? Why? Why not? Can you think of anyone who receives insufficient care from others?

Tip for documenters:

Record the exact words of the participants. For example, instead of making notes like 'participants agreed on the importance of family care', write down as much detail about what the participants said as you can. For example: 'R. said, "I cook for my sister-in-law because she has a disability, and she also listens to me and helps me with my baby." L. said, "With my siblings we have agreed to take turns caring for our grandmother, we believe it is important for the elderly not to be isolated. She is much happier because one of us visits every day."'

Figure 1: Concentric circles



Exercise 2: Average weekly hours spent on different types of work

Objective:

Make visible the total volume of work done by women and by men, and within this, identify the share of care work done respectively by women and men.

Key question: Through documenting all the work that people do in this community, estimate how many hours care work represents, on a weekly basis, for women and for men.

Tips for facilitators:

1. For the first task, the individual one-day recall, you can keep the group as a single large group. In this task, the objective is to validate and recognise all activities that all people do, whether paid work, education, agriculture or care work. Later, the focus is on care work. When you get to the second task (making an estimate of hours spent on a weekly basis), you will need to split the group into single-sex groups to ensure that you get gender-disaggregated data. Always keep in mind that the main outcome of Exercise 2 is a **comparison of the total average weekly hours spent by women and men on different types of work categories, e.g. care**, as a proportion of total work hours, and of weekly hours overall.
2. When estimating time taken on different activities, ensure that each day amounts to **24 hours**, and that total hours in **a week amounts to 168**, consistently.
3. It is important that you understand this exercise. You need to be fully comfortable with the methodology, particularly the use of the tables and calculations of hours, and consolidation of hours per activity and weekly totals.







Please note that more time might be spent on the individual one-day recall with older people and those who are illiterate. If you notice that **most of the participants are illiterate, consider completing the exercise as a group**, taking the group through each hour. For **children under 18 years**, the comparison will be between **boys and girls**. Time permitting, and if time-use is the focus of your programme, **you might need to further split the groups by key populations of interest**. For example, in-school and out-of-school children; women with children and women without, single and dual-headed households, agricultural producers and waged workers etc., to determine the differences.

Process:

Begin with a discussion of the different categories of work that women and men perform. Introduce the following categories:

1. Work to produce **products for sale**. This includes farming crops for market (cash crops) and other business activities (including home-based businesses like making cheese, beedies, informal business like street food stalls, etc.).
2. Paid **labour** and **paid services**. This includes waged work on farms, and other waged work. In urban areas this may be cleaning, repairing, building, washing, or transporting goods for sale or transport to get to work or market.²
3. Unpaid **care work**. This includes the direct care of persons, and the housework that facilitates the care of persons (in one's own household or for other households), and the collection of water or firewood, or in urban areas, food shopping; **supervising a child or dependent adult is unpaid care work**.
4. Unpaid work producing **products for home consumption** or for the family. This includes gardening, rearing animals, making clothes or furniture, preserving fruit, and subsistence agriculture.
5. Unpaid **community work**. This includes attendance at committees, and community work related to health, education, natural resources, and religious or cultural events.
6. **Non-work time**. This includes personal care (bathing, resting), sleep, education and training, socialising, entertainment and recreation.

Table 1: Examples of simple symbols to denote different types of work

Work to produce products for sale	
Paid labour , paid services	
Unpaid care work	
Unpaid work producing products for home consumption	
Unpaid community work	
Non-work	

Allow time for questions and discussion to ensure that people understand these categories. As indicated in the **Guidance for Managers and Facilitators**, some communities might feel strongly that some tasks such as praying, taking care of pets, marital sex, etc. are considered as unpaid care work in their community. Please ensure the documenter takes note of such tasks. However, explain to the group that you have noted these contextual definitions, but for the purposes of the exercises these will not be considered as unpaid care work.

7. Put the above categories on a flipchart on the wall for everyone to see, and choose a symbol for each category.

8. In the example below we have used the following simple symbols, but be flexible and allow your group to agree on different symbols that are relevant for them, if they so wish

9. Then proceed with the individual one-day recall.

a) Individual one-day recall

Task 1: Ask each participant to use **Table 2** to list all the activities they undertook in the day before if it represents a typical day, hour by hour. Ask participants

to fill in the three activity columns. For each hour of the day, they should write down **one** main activity, **one** secondary or simultaneous activity, if any, and also state whether they were **supervising a child or dependent adult** at the same time.

This exercise will be most useful if the 'day before' was a 'regular' day reflecting the participants' usual daily activities. If the day before was not a typical day (for example, it was a market day or a funeral, or a Sunday in a Christian community) ask participants to provide information on the day before that. Alternatively, adjustments can be made later. Ask whether yesterday was a usual day; if not, ask what was unusual.

Explain what '**simultaneous activities**' are and give concrete examples. Make sure that simultaneous activities are included in the description of a typical day. Explain what **supervision responsibility** means: an hour when the carer has responsibility to 'supervise', 'look after' or 'be on call' for a dependent, for example, looking after a sleeping baby. Also define who is considered a child (anyone below the age of 18 years) and dependent adult (e.g. people with chronic or terminal illness, or disabled persons above the age of 18 years). For definition and explanation of concepts, see the **Guidance for Managers and Facilitators** (Section 2.6: Key concepts in 'care').

Please note:

Hours of supervision should be separated from main and simultaneous activity hours. **Supervision of children and/or dependent adults is only recorded under the supervision responsibility column.** Actual 'work' involving childcare or care for dependent adults, e.g. feeding, bathing, nursing an ill person, dressing a dependant or actively helping with homework, etc., is recorded under **primary** or **simultaneous** activities. Please see the example in Table 2 below.

Tip for facilitators:

Although many activities are done in one hour, especially at home, ask participants to choose one main activity and only one simultaneous activity for each hour, to limit the complexity of later tasks in this exercise.

Tip for documenters:

All the outputs should be collected at the end of the exercise.

Table 2: Example of completed individual one-day recall of daily activities

Time	Main (primary) activity	Symbol	Simultaneous (secondary) activity	Symbol	Supervision responsibility (children/dependent adults)	Symbol
00:00-01:00	Sleeping					
01:00-02:00	Sleeping					
02:00-03:00	Sleeping					
03:00-04:00	Sleeping					
04:00-05:00	Getting up: Praying, ³ bathing, dressing		Putting beans to soak		Looking after sleeping baby	
05:00-06:00	Preparing breakfast		Vegetable garden: watering garden		Looking after sleeping baby	
06:00-07:00	Serving breakfast		Childcare: dressing, preparing school bags. Planning the day and budget for expenses with husband		Looking after sleeping baby	
07:00-08:00	Taking children to school		Talking with neighbours			
08:00-09:00	Fetching water		Helping elderly neighbour with water			
09:00-10:00	Preparing milk to make cheese to sell		Cooking beans and lunch			
10:00-11:00	Ironing for neighbour (waged work)		Supervising cheese-making process		Looking after sleeping baby	
11:00-12:00	Ironing for neighbour (waged work)		Attending customers buying cheese at front-door stand		Looking after sleeping baby	
12:00-13:00	Collecting children from school		Buying soap and sugar at shop			
13:00-14:00	Serving lunch		Listening to children			
14:00-15:00	Weeding in onion fields (waged work)				Supervising playing children	
15:00-16:00	Weeding in onion fields (waged work)				Supervising playing children	
16:00-17:00	Weeding in onion fields (waged work)				Supervising playing children	
17:00-18:00	Community meeting					
18:00-19:00	Preparing dinner		Supervising children's homework			
19:00-20:00	Serving dinner, eating dinner		Clearing up after dinner			
20:00-21:00	Prayer group with neighbours		Getting children to bed			
21:00-22:00	Mending clothes		Watching TV			
22:00-23:00	Sleeping					
23:00-24:00	Sleeping					

Task 2:

Once this is done, ask participants to look at the proposed list of work categories and to place the appropriate symbol next to each type of activity, as in **Table 3** below. Also do the same for the **supervision responsibilities**. Each participant should then count up and record the number of hours of work that were allocated to each category, first for the main activities, and then the simultaneous. The number of hours for supervising a child or dependent adult should also be summed up.

Tip for facilitators/documenters:

Participants will have questions and disagreements about which symbols to place by which activities. It will be important to record which issues are most debated. However, do not spend too much time debating: ask participants to come to an agreement 'for now' about categories (this is not a critical point of the RCA).

Table 3: Allocating the work categories to activities

Time	Main (primary) activity	Symbol	Simultaneous (secondary) activity	Symbol	Supervision responsibility (children/dependent adults)	Symbol
00:00-01:00	Sleeping	✗				
01:00-02:00	Sleeping	✗				
02:00-03:00	Sleeping	✗				
03:00-04:00	Sleeping	✗				
04:00-05:00	Getting up: Praying, bathing, dressing	✗	Putting beans to soak	♥	Looking after sleeping baby	♥
05:00-06:00	Preparing breakfast	♥	Vegetable garden: watering garden	🏠	Looking after sleeping baby	♥
06:00-07:00	Serving breakfast	♥	Dressing and preparing school bags for children. Planning the day and budget for expenses with husband	♥	Looking after sleeping baby	♥
07:00-08:00	Taking children to school	♥	Talking with neighbours	✗		
08:00-09:00	Fetching water	♥	Helping elderly neighbour with water	♥		
09:00-10:00	Preparing milk to make cheese to sell	💰	Supervising cooking beans and lunch	♥		
10:00-11:00	Ironing for neighbour (waged work)	👤	Supervising cheese-making process	💰	Looking after sleeping baby	♥
11:00-12:00	Ironing for neighbour (waged work)	👤	Attending customers buying cheese at front-door stand	💰	Looking after sleeping baby	
12:00-13:00	Collecting children from school	♥	Buying soap and sugar at shop	♥		
13:00-14:00	Serving lunch	♥	Listening to children	♥		
14:00-15:00	Weeding in onion fields (waged work)	👤			Supervising playing children	♥
15:00-16:00	Weeding in onion fields (waged work)	👤			Supervising playing children	♥
16:00-17:00	Weeding in onion fields (waged work)	👤			Supervising playing children	♥
17:00-18:00	Community meeting	👥				
18:00-19:00	Preparing dinner	♥	Supervising children's homework	♥		
19:00-20:00	Serving dinner, eating dinner	♥	Clearing up after dinner	♥		
20:00-21:00	Prayer group with neighbours	✗	Getting children to bed	♥		
21:00-22:00	Mending clothes	♥	Watching TV	✗		
22:00-23:00	Sleeping	✗				
23:00-24:00	Sleeping	✗				

b) Estimating the number of hours worked on a weekly basis and the number of hours spent on unpaid care work.

Process:

1. Split the group into one group of men and one group of women (you will need two facilitators, one for each group, and often a trained 'helper' for each group). The output for this exercise is illustrated in Table 4.

2. Here is an example of how to do this, although you may prefer to design your own process. On a large paper, the group should record information, with a separate paper for the men's group and the women's group.

Task 1:

Ask individuals to look at the totals of hours they have in each **category of work**, either as a main or simultaneous activity for a single day. They should also look at the supervision responsibility hours. **Please note that the total hours for the main activity should always amount to 168 per week per person.** Double check this for all participants.

One individual's 'daily totals' can be presented to the whole group as an example (see below). Record the information coming from the individual one-day recall. The first column will sum the total number of hours dedicated to main work activities in the day, while the second column records the total hours of simultaneous work activities. The third column will record hours spent on supervision of children or dependent adult.

Tip for documenters:

In the planning process, you might have decided to have sub-categories under each category of work. For example, under unpaid care work you might have firewood collection and water collection, if water and fuel are particularly important issues in your area, or care of HIV+ people if this is the main issue, etc. This disaggregation may also be desired to obtain a better understanding of time-use differences between men and women.

Table 4: Example Task 1 – total hours for yesterday by category of work time for women

Categories of work/ activities (6 women)	Example of one participant's daily totals			Yesterday's main activities x 7 days: all participants	Estimated weekly hours of work for women		
	Main	Simultaneous	Supervision		Main	Simultaneous	Supervision
1. Work to produce products for sale	1	2					
2. Paid labour and paid services	5	0					
3. Unpaid care work	9	9	7				
4. Unpaid production of products for home consumption	0	1					
5. Unpaid community work	1	0					
6. Non-work	8						
TOTALS	24	12	7				

Task 2:

Ask each individual to multiply her (his) own daily totals by seven, and write her (his) answer up on the second column. They should do that for main, simultaneous and supervision hours; the group will then have **a range** of how many hours women (or men) in the community typically spend on each category of work.

Tip for documenters:

It is useful to capture explanations for numbers in each category, such as ‘the lower number is typical of young women, while the higher end of the range applies to women with many children’, or ‘two women have waged work jobs, others work on family farms’, etc.!

Table 5: Task 2 – Weekly totals by category of work time for women

Categories of work/activities (6 women)	Example of one participant's daily totals			Yesterday's main activities x 7 days: all participants	Yesterday's simultaneous activities x 7 days	Estimated weekly hours of work for women		
	Main	Simultaneous	Supervision			Main	Simultaneous	Supervision
1. Work to produce products for sale	1	2		7, 7, 14, 28, 28, 35	14, 7, 0, 21, 0, 7			
2. Paid labour and paid services	5	0		35, 0, 7, 14, 28, 14	0, 0, 21, 0, 0, 7			
3. Unpaid care work	9	9	7	63, 28, 42, 49, 56, 70	63, 28, 28, 14, 21, 56			
4. Unpaid production of products for home consumption	0	1		0, 7, 14, 14, 0, 21	7, 7, 14, 0, 0, 7			
5. Unpaid community work	1	0		7, 0, 0, 0, 7, 14	0, 0, 0, 0, 0, 0			
5. Non-work	8			7, 7, 14, 28, 28, 35	7, 7, 0, 0, 0, 0			
TOTALS	24	12	7					

Task 3:

Then the group should reach an **estimate** of **how much time is spent, on a weekly basis, for each category of work by women or by men. This estimate will probably be in the middle of the range** (but do not just record a mathematical average); it may take into consideration whether or not **the one-day recall was a typical day for some activities** and modify the numbers accordingly. For example, if community reforestation work happens weekly on **a Saturday**, or if **yesterday was clothes-washing day**, but clothes washing only takes place on **three days in the week**. Both men's and women's groups will include the category of unpaid care.

1. Ask participants to **express this estimate as an average across households**. This requires skilled facilitation (getting participants to reflect beyond their individual situation on the average number of hours spent on different categories of work, without getting lost in details). Have one of the facilitators draw up a table summarising the estimates for each category and put it up on the wall for everyone to see and agree on (see **Table 6**).

Note:

There may be important **differences between households**, and between women depending on their **family situation** or their **stage in the lifecycle**. It can be worthwhile to record some of these differences. If you decide it is important to gather disaggregated information in relation to these differences, you could consider forming sub-groups of women, for example

‘married women with young children’, ‘married women with grown-up children’, ‘single mothers’, ‘older women with grandchildren’, adolescent married women and so on. Whatever option you adopt, try to keep steering the discussion towards **an estimate of the number of hours spent undertaking each of the main work categories by women or by men**. This is to indicate to the organisation and others in the community the time-use patterns.

Table 6: Task 3 – Estimates of weekly hours of work

Categories of work/activities (6 women)	Example of one participant's daily totals			Yesterday's main activities x 7 days: all participants	Yesterday's simultaneous activities x 7 days	Estimated weekly hours of work for women		
	Main	Simultaneous	Supervision			Main	Simultaneous	Supervision (averages)
1. Work to produce products for sale	1	2		7, 7, 14, 28, 28, 35	14, 7, 0, 21, 0, 7	20	7	
2. Paid labour and paid services	5	0		35, 0, 7, 14, 28, 14	0, 0, 21, 0, 0, 7	11	7	
3. Unpaid care work	9	9	7	63, 28, 42, 49, 56, 70	63, 28, 28, 14, 21, 14	51	27	42 [49, 42, 63, 35, 28, 63]
4. Unpaid production of products for home consumption	0	1		0, 7, 14, 14, 0, 21	7, 7, 14, 0, 0, 7	7	7	
5. Unpaid community work	1	0		7, 0, 0, 0, 7, 14	0, 0, 0, 0, 0, 0	4	0	
TOTALS	16	12	7			93	48	

Rapid analysis for Exercise 2:

This exercise should start some degree of reflection around the differences in what men and women do. Ask participants reflective and analytical questions, such as:

- What striking differences stand out between what males do and what females do?
- If females are found to be doing more care work than males – Were you aware that this was the case? To this extent? What are the consequences in terms of females' time?
- Could you imagine a scenario where females would do less care work or more paid work? More community work? More political work at community level?

Transition to Exercises 3, 4, 5 and 6: Having understood and discussed the different types of work and activities that people engage in, make it clear that the rest of the discussions and exercises will **focus only on care work**. Remember that the purpose of **Exercises 3-6** is to discuss, identify and agree on what participants perceive as problematic about current patterns of providing care in their community, from a variety of angles, i.e. beginning with the division of labour by sex and age, followed by how social norms determine care patterns, to a discussion on how external events affect care provision including seasonality and to the identification of most problematic care activities in the community.

Exercise 3: How care roles are distributed

Objective:

Explore the distribution of care roles at household level.

Process:

1. Start the discussion by presenting the universal categories of care, referring to activities discussed in Exercise 2. These can be presented as drawings or images which have been prepared in advance, or as a list, depending on the levels of literacy in the group. The 'universal' care categories are: meals, clean clothes, personal care (bathing, dressing, feeding), clean living space, moral support (talking and listening), nursing ill people, etc. (see Annex 1 for more examples of unpaid care work). Ask what other forms of care take place in this community (e.g. special care for disabled persons, protection work such as accompanying abused children for referrals, etc.).

2. Once this list is complete, ask participants to look at their one-day recall, and to put detailed activities under the universal categories. You can facilitate this process by asking probing questions such as: What does 'preparing meals' involve? What does 'caring for children' entail? What about 'cleaning the house'? This should generate a more detailed list of activities. One facilitator should start organising the categories, and placing them in an orderly manner in the matrix (see Ranking Matrix 1, below).

Tips for facilitators:

It is important that you focus on the **categories of care that are most relevant to your programme**. For example, if your programme focuses on resilience and adaption to climate change, you should focus on time spent gathering water and firewood/or any source of fuel for cooking. If you are operating in a situation where HIV is endemic, 'caring for ill people' may be an important category to focus on. In urban areas, perhaps food shopping and childcare will have more prominence. Doing this will enable you to get a deeper understanding of what these categories involve for different people, and how your programme may need to address emerging issues or concerns.⁴ Likewise, you can guide the group to focus less on those activities which are less relevant to your programme. Outputs from Section 3.5 and 4.1 in the **Guidance for Managers and Facilitators** can be helpful.

3. Ask participants to reflect on who does what care work. Steer the discussion towards at least six social categories (there may be more): girls, boys, women, men, older women, and older men. Also add other relevant social group categories depending on the focus of your programme. A gender justice programme may want to focus on the role of girls, asking many questions about what work girls do, how much time and energy is required, at what time of the day girls have most care-related demands, and how care work affects their access to education, leisure, paid work, etc.

Prioritise which tasks are important to discuss. Then create one column for each social group on the **Ranking Matrix**. You can use a picture to represent the different categories (a picture of a girl, a boy, etc.).

4. Ask participants to fill in the matrix by estimating the frequency of care work performed by different categories of people.

For example:

3 dots = daily

2 dots = sometimes/once a week

1 dot = rarely/once a month

No dots = never

This exercise should provide you and the group with a **detailed gender analysis of care activities**. You can also add up the number of dots at the bottom of each column. This provides a visual representation of how care work is distributed within the household and community

Tips for facilitators:

This ranking exercise should be done **collectively**, and the figures placed in the matrix should be the outcome of a consensual decision made by all (or most) participants. You may need to play an active role in facilitating this process to ensure that it remains collective and participatory. When dealing with **children under 18**, it might be helpful to focus on different age categories and also on in-school and out-of-school.

Tips for documenters:

Try to record key elements from this discussion. Keep track of disagreements or contradictions, as these often reveal differences in social or economic status, age differences, marital status differences, and so on.

Table 7: Ranking Matrix 1 – example of detailed gender analysis of care activities

Care activities	Sub-categories of care activities	Girl	Boy	Middle-aged woman	Middle-aged man	Elderly woman	Elderly man
Preparing meals	Collecting firewood	•		...	..	...	..
	Pounding grain	...		..
	Washing the dishes	...		...	•	...	...
Taking care of sick people (in the family)	Staying home	...					
	Buying medicine		...				
	Cooking special food	...					
Cleaning the house	Taking out the garbage			•	...		
	Sweeping the floor			...		...	•
	Cleaning the backyard		...		•		..
OR preparing clothes	Fetching water	•	..	...	•
	Washing clothing	..		...	•	•
	Drying/folding clothes		•	...			
	Mending/ironing clothes	•		...		•	

Exercise 4: Identifying social norms that impact on care work

Objective:

Identify social norms that influence the distribution of care work

Key questions:

What are the attitudes and perceptions about care activities in this community? Are they enjoyable activities? How important are they – are they important in comparison to paid work or agriculture? Do care activities require many skills? Are they activities that people want to do – which ones, and why or why not? Which care activities are ‘work’? What tasks should men/women do? What tasks are acceptable for women/men to do? Why? How do you know that women/men should do these tasks? Who says so? What do the community or your peers consider to be acceptable for women/men to do? Why?

Process:

1. Clarify objectives: a) **perceptions of care work** – to find out how participants and their peers perceive care work, and b) **gender roles and care work** – to find out what participants and their peers think women/men should do in terms of tasks and roles in paid and unpaid work (i.e. how gender roles and care roles interact).

2. Split the group into men and women (or to save time, do together with men and women)

3. Give each group two flipchart papers with Table 8 on one and Table 9 on the other.

4. Ask participants to share how they and their peers perceive care work in general, and then specifically some of the key care tasks done in their community. Ask them to fill in the table (Table 8), listing whether activities are enjoyable/desirable, important/valuable, and require skill (YES or NO answers) for women and for men.

5. Ask participants to say what they think a ‘good’ woman should do, and what a ‘good’ man should do, listing tasks for women and men in Table 9 based on this. The men should start with the question, ‘What should women do?’, whilst the women start with the question, ‘What should men do?’. Build on this by asking what makes a ‘good’ wife/husband, mother/father.

6. **Probing questions:** *Perceptions of care work* – How do you perceive care work? How skilled, important, difficult, and desirable/enjoyable is this work? How does care work compare to paid work? Is it equally, more, or less valuable?

Gender roles and care work – What tasks should women/men do? Why? What tasks are acceptable for women/men to do? Why? How do you know that women/men should do these tasks? Who says so? What would a group of your peers consider to be acceptable for women/men to do? Why? Ask participants to also identify sayings about ‘good’ wives/husbands, mothers/fathers. Are there local sayings about ‘good women/mothers/wives’? Or about ‘good men/fathers/husbands’? Or about boys/men who do certain care tasks?

Ask participants to also identify sayings about ‘bad’ wives/husbands, mothers/fathers. Are there local sayings about ‘bad mothers/wives’? Or about bad men/fathers/husbands’? Or about boys/men who do not do certain care tasks?

7. Ask the groups to reconvene, and allow each group to read their responses to each question.

Table 8: Perceptions of care work

Women				Men		
Tasks (which ones are ‘work’?)	Enjoyable/desirable?	How important? (compare with paid work)	Requires skills?	Enjoyable/desirable?	How important, valued?	Requires skills?
Meal preparation						
Fuel/water collection						
Cleaning house						
Washing clothes						
Childcare						
Caring for the sick						

Table 9: Social norms – who should do what, and why?

Women			Men		
Tasks	Why	Who have we heard this from?	Tasks	Why	Who have we heard this from?
Meal preparation Firewood collection Water collection Caring for the sick Moral support	It’s a woman’s job, women do it better, women are better at listening, etc.	<ul style="list-style-type: none"> • Cultural tradition, songs, roles during funerals or weddings • Religious leaders and texts • Community leaders • Textbooks in schools • Grandparents, aunts and parents 	Looks after livestock Does paid work Builds houses Collects firewood	Men are physically stronger, it’s a man’s job, the task requires a lot of skill, requires an individual to be away from home for long hours, etc.	<ul style="list-style-type: none"> • Cultural tradition, songs, roles during funerals or weddings • Religious leaders and texts • Community leaders • Billboards

8. Ask participants to identify exceptional cases where women and men in the community are not fulfilling the expected roles and to say why this is the case. The participants should characterise the women and men who do not fulfil the identified roles and not use names of family or community members.

Probing questions:

Which women/men in the community are **NOT** carrying out these roles? Which ones are getting respect – or not – for these new roles? Why is this so? Which norms might be changing, and why?

Table 10: Exceptions – women and men not fulfilling expected roles

Women		Men	
Exceptions – still respected	Why		Why
Pregnant women Women with disabilities Elected women representatives Women business leaders	<ul style="list-style-type: none"> • Most tasks are too strenuous for them • Not physically able • Considered exceptional, other women doing care 	Professional men Men with disabilities High-ranking community leaders Elderly men Men caring for children and cooking	<ul style="list-style-type: none"> • Not physically able • Away from home most of the day • Engaged in productive work • Have other community role • Wife is ill or disabled
Exceptions – not respected	Why		Why
Educated young women Women in paid jobs Young/teenage mothers	<ul style="list-style-type: none"> • Failing to balance responsibilities • Not properly cultured • Lazy 	Educated young men Men in urban areas doing cleaning or washing	<ul style="list-style-type: none"> • Lazy • Not properly cultured • ‘Culture is different in cities’

Table 11: Sayings about women’s and men’s work roles

	Women	Men
Care work	‘Women have natural abilities’, ‘It’s easy for women.’	‘Men aren’t good at taking care of infants.’ ‘Care work is “petty work” and “beneath men” – they shouldn’t do care work.’
Paid/productive work	‘Women do paid work if they’re on their own.’ ‘Young women these days think they should earn their own money, but you can’t be a good mother and have a job.’	‘This work is difficult, heavy, and requires men’s strength. Men’s roles are to provide for their families.’

Please note that this exercise is about understanding how social norms determine the distribution of care work between men and women. Therefore, focus more **on the why, and who says so?** Capture sayings accurately. Ask participants to reflect on the results.

Also try to make them discuss what can change how the community views what is men’s and women’s work, i.e. distribution of work. How? **Refer to Annex 2 for more probing questions.**

Exercise 5: Exploring changes in care patterns

Exercise 5 is a discussion around factors that affect care work patterns either positively or negatively (external factors like seasons, economic or environmental shocks, migration and displacement, changes in employment patterns or land tenure, changes in policy, but also internal factors like pregnancy, illnesses and old age, etc.).

Objective:

Understand fluctuations and changes in patterns of providing care, i.e. to find out how external events and policies affect patterns of care work, often for influencing and advocacy purposes.

Key questions:

What factors lead to fluctuations in patterns of care? Has care work become more or less heavy (time-consuming, difficult) over the last months/years? Why? How do the factors affect care work?

The focus of the exercise will depend on the objective of the RCA and the context. These will determine the probing questions for the exercise. Examples are given below for a rural setting, a post-disaster situation, for policy changes, displaced communities, and changes in employment patterns.

Examples of probing questions:

i. Climate change in rural areas: What is the impact of climate change on care work? What changes have you witnessed in weather patterns? What has been the impact on agriculture, availability of water and fuel, livestock, etc.? How has this affected the distribution of care work? Who is doing more? Are there times of the year when meeting care responsibilities is more difficult?

ii. Post-disaster situation: How have the care patterns changed as a result of the disaster? How has the disaster impacted on the difficulty of conducting some care tasks? Which care tasks have become more difficult to conduct? What is the prevalence of illness such as water borne diseases and how has the disaster affected care tasks? How has the disaster affected service provision?

iii. Changes in policy: (This can be a policy at national or local level, e.g. changes in food prices, establishment of a healthcare facility nearby, closure of a school, etc.). What was the situation like before the policy change? How has the policy change

impacted on care responsibilities – has the change had negative and/or positive effects? Who is affected the most, and how?

iv. For displaced communities: How is displacement affecting the way in which care is provided in your community? When did the displacement happen, i.e. was it in the past or is it continuing to happen? How has this affected/is this affecting care activities for different categories of households? Which activities are more difficult (e.g. long queues/waits to obtain food, children cannot play safely outside) or less difficult (e.g. access to water taps)?

v. Availability of seasonal employment: How have the care responsibilities changed as a result of changes in employment patterns? Which tasks have become more difficult/easier to conduct due to availability of employment in the community? Who are the people who get employed? Who is affected the most by the changes in employment patterns?




















a) To understand when in the year care activities are most problematic, and to identify seasonal issues to be raised with local leaders or presidents of producer associations, for example.

- Ask participants to draw a ‘**seasonal calendar of care**’ using a month-by-month representation of the changing volume of care for different care categories (see Table 12). For example, the water-collection activity may double in volume during the dry season, as people have to go further to find water sources, while childcare and housework may remain stable over the entire year. Harvest season may increase the demand for cooking meals for day labourers hired on farms. For in-school children, care work might increase over the holidays, etc.
- List the broad care categories and agree on a symbol to represent each category. You might even want to focus on specific activities under these broad care categories. The detail depends on your context and programme focus.
- Put the symbol for this care activity in the boxes for the months when it is most difficult.
- Draw conclusions from the matrix about the most difficult months for care work, and why this is the case.

Table 12: Seasonal calendar of care activities

Care category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Water collection												
Fuel collection												
Childcare												
Meal preparation												
Cleaning												
Care of dependent adult												

Figure 2: Example of a seasonal calendar of care activities

														Care increase for the ill and elderly
														Harder to collect fuelwood
														Harder to collect water
														Childcare increase during school holidays
JAN	Feb	Mar	Apr	May	Jun	JUL	AUG	Sep	Oct	Nov	Dec			

To explore what has changed in terms of care work due to a particular situation (e.g. crisis, displacement, earthquake, drought, deaths of young people in conflict, absence of grandparents due to the community being an urban migrant community, etc.) you could design an exercise to look at care work

before, during and after the situation. Lead the discussion and note the points discussed in Table 13, below.

Tip for facilitators:

Always ask why, and probe for more details or personal stories.

Table 13: Changes in factors affecting care before, during and after a situation

Care categories	Before	During	After
Water collection			
Fuel collection/energy			
Childcare			
Meal preparation/ purchasing food			
Cleaning			
Care of dependent or ill people			

Additional categories may be added if necessary, e.g. washing clothes and community well cleaning.

Exercise 6: Identifying problematic care activities

Exercise 6 aims to identify the most ‘problematic’ care work (based on parameters agreed with participants).

Objective:

Identify the care activities that are most problematic for the community and for women.

Key question:

What issues about care in this community are you most concerned about? Of all the care responsibilities that women face in this community, which are the most challenging, and why?

Process:

1. Clarify that the objective is to find out what care activities are most problematic so that solutions to address these can be developed.
2. Divide the group into women and men. The men’s group could discuss, ‘What’s problematic for the whole community?’, including the problems that arise because certain groups receive inadequate care (e.g. elderly people). Then ask the men, ‘What’s most problematic for women?’, and why they think certain activities are problematic for women.

With the women, start a discussion on the difficulties women face as a result of the care work they do (either in general terms, or with reference to a particular project they are involved in). You can add a column at the end of the Ranking Matrix 1 prepared under Exercise 3 above, and define a quick way of identifying the most challenging tasks. (You could allocate three dots for the most challenging, two dots for ‘manageable’, and one dot for ‘simple’ care work. Or you could number all care work, going from the most challenging to the least challenging.)

Tips for the facilitator:

In a RCA with children and adolescents (under 18 years) you might want to divide them by gender, i.e. split participants in two groups: 1) girls 2) boys (or to save time, do the Ranking Matrix together with girls and boys). **Refer to Annex 2 for some probing questions.**

3. Complete the Ranking Matrix (see Table 14: Ranking Matrix, below)

a) Fill in the four most problematic care activities in the matrix.

b) For each problematic care activity assign dots to assess:

- i. How much the activity exacerbates time pressure/ time poverty because of being inefficient or difficult.
- ii. How much it affects mobility (limits movement or travel away from home)
- iii. How much it affects health (e.g. muscle ache, respiratory infection, exhaustion).
- iv. how much risk is involved (e.g. violence, accidents involving children, natural setting e.g. risks from snakes/wildlife).
- v. How much it affects ability to do other activities such as education, social activities, paid work, agriculture, individual/collective action, leisure, participation in programmes/training, etc. (choose one or two to add to the table).
- vi. How much it causes harmful behaviour, e.g. criticism, humiliation, violence, exposure to different types of dangers (e.g. beatings, physical and sexual harassment or violations, etc.) (choose one or two to add to the table).

c) Explain the meaning of the dots:

- i. 3 dots: most challenging/most negative impact.
- ii. 2 dots: manageable/ average negative impact.
- iii. 1 dot: simple/ minimum/no negative impact.

Table 14: Ranking Matrix for problematic activities

	Time poverty	Mobility	Health	Other effect, e.g. education	Other effect, e.g. criticism, humiliation
Activity 1					
Activity 2					
Activity 3					
Activity 4					

Tips for facilitators:

Ask **a lot of 'why' questions**. Why is meal preparation so time-consuming? Is this true for all households or only for some? What activities most limit your movements? In what way do these activities cause health problems? What sort of dangers do women face as they do care work in and outside their homes, e.g. collecting firewood or water, preparing meals, and supervising children or dependent adults?

Try to bear in mind that **problems with particular care activities may arise not from the main activity, but from the simultaneous activity or supervision responsibility**.

For instance, doing meal preparation and ironing for a neighbour may not truly limit a woman's movement, but it is the simultaneous activity or supervision responsibilities, such as taking care of a very young child, that makes cooking and ironing hazardous or difficult, restricts mobility, and makes doing paid work very taxing.

d) Bring groups together.

e) Ask each group to present and explain their ranking.

Table 15: Example of Ranking Matrix – comparative analysis of the 'heaviness' of care on women

	Time poverty	Mobility	Health	Other effects, e.g. girls' education, women's ability to participate in development/humanitarian project, girls' ability to take part in youth groups, women in leadership, etc.	Other effects, e.g. criticism
Preparing meals (includes firewood collection)
Water collection
Keeping the house clean

Rapid analysis for Exercises 3, 4, 5 and 6

Discuss the key findings from these exercises. Are these findings surprising? What did you not know before today? How does current care work affect well-being or (conversely) poverty in this community? Who in the family is responsible (or has become responsible) for care work? Is the sharing of responsibilities between women and men fair, or equitable, or helpful? In what ways has housework allocation become less or more equitable between men and women, and between girls and boys? If it has not, why not? What are the consequences girls have to face for spending this amount of time doing housework, compared to their brothers? What public policies, employer practices, or external events have

had the most (negative or positive) impact on patterns of care work? What care activities are most problematic for women, and why? What care activities are most problematic for men to perform, and why? What main concerns are emerging? What external factor stands out as most critical in the particular context you are in? Has anything been done to remedy this? How?

Make it clear that the next exercises will identify ideas to address problems, and develop proposals that are relevant and feasible for this community.

Exercise 7: Mapping infrastructure and services that support care work

This exercise looks at the infrastructure and services that support care work in the community.

Objective:

Identify different categories of infrastructure and services that support care work.

Key question:

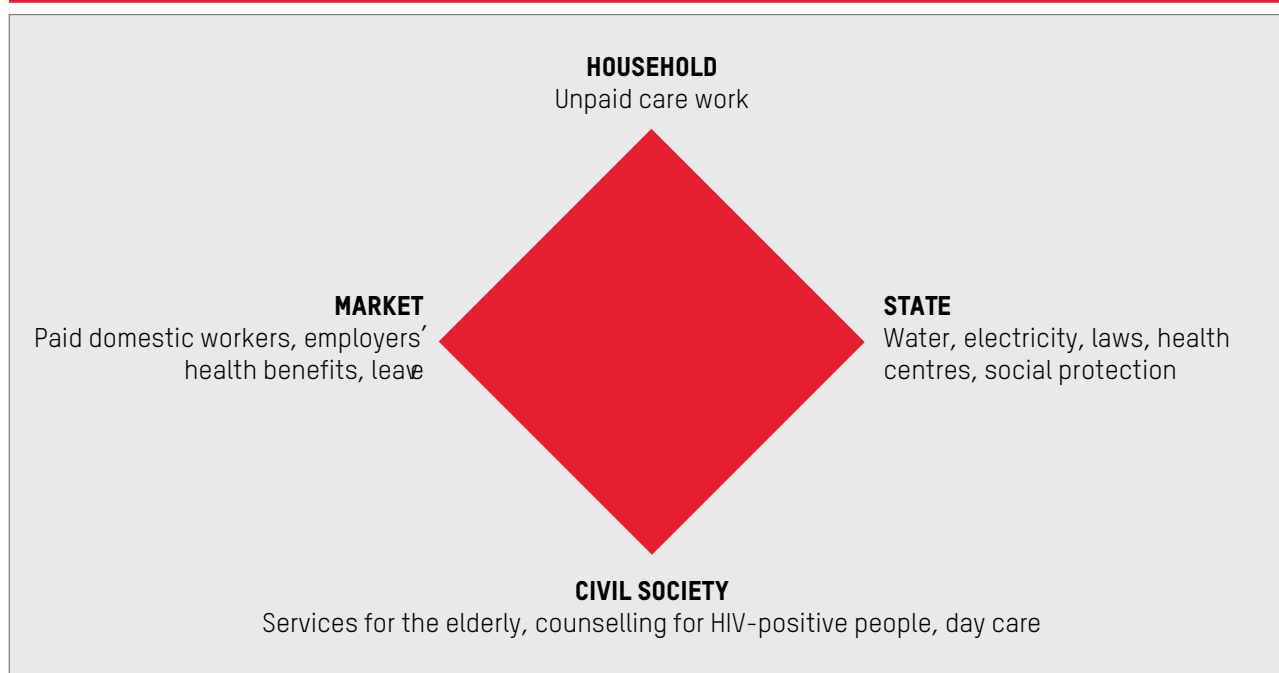
What support, what infrastructure, and what services (including service providers and employer practices) help your work in caring for people or your housework?

Refer to Annex 2 for more probing questions.

Process:

First, present the 'care diamond'.⁵ (Figure 3) This should be prepared by facilitators in advance.

Figure 3: The 'care diamond' [Source: Razavi, 2007]



The care diamond shows the four categories of actors which can provide care support, infrastructure, and services: 1) Households/family; 2) Markets/employers; 3) State/municipality; and 4) NGOs/religious organisations/community groups. This tool will serve to broaden the scope of the discussion on care beyond the household, by looking now at other local and institutional actors.

Then proceed with the following exercise.

1. Ask participants to draw a few important landmarks from the places where they live and work. The landmarks should cover a **large circle**. Then ask them to represent all the facilities, services and infrastructure that people go to or use in order to facilitate the caring they need to do: water sources, the clinic or hospital, the school or nursery, sources of fuel, transport to reach state services, the grain-grinding machine, the oil press, grandparents' house, the counsellor for HIV-positive people, shops to buy food or cleaning supplies, paid

services to wash/iron clothes. You can use a different colour for each care category.

2. Draw a second outer circle, larger than the first, and ask participants to represent the **services that are not visible in the landscape, but do exist (these should be drawn in green)**. This may include services provided by the community (for example by religious organisations, NGOs, or the elders' council); by the municipality or state (e.g. subsidies/social protection, old age pensions); or by the market (e.g. small businesses selling prepared food or laundering clothes; employers that pay for childcare, health or maternity benefits).

3. Draw a third outer circle (larger than the previous one) and ask participants to reflect on what they 'wish to have' to complement or improve what already exists (these should be **drawn in red**). This may include new services or infrastructure, but also more efficient equipment, social innovations systems, more user-friendly services, and so on.

Figure 4: Mapping of community care services and infrastructure

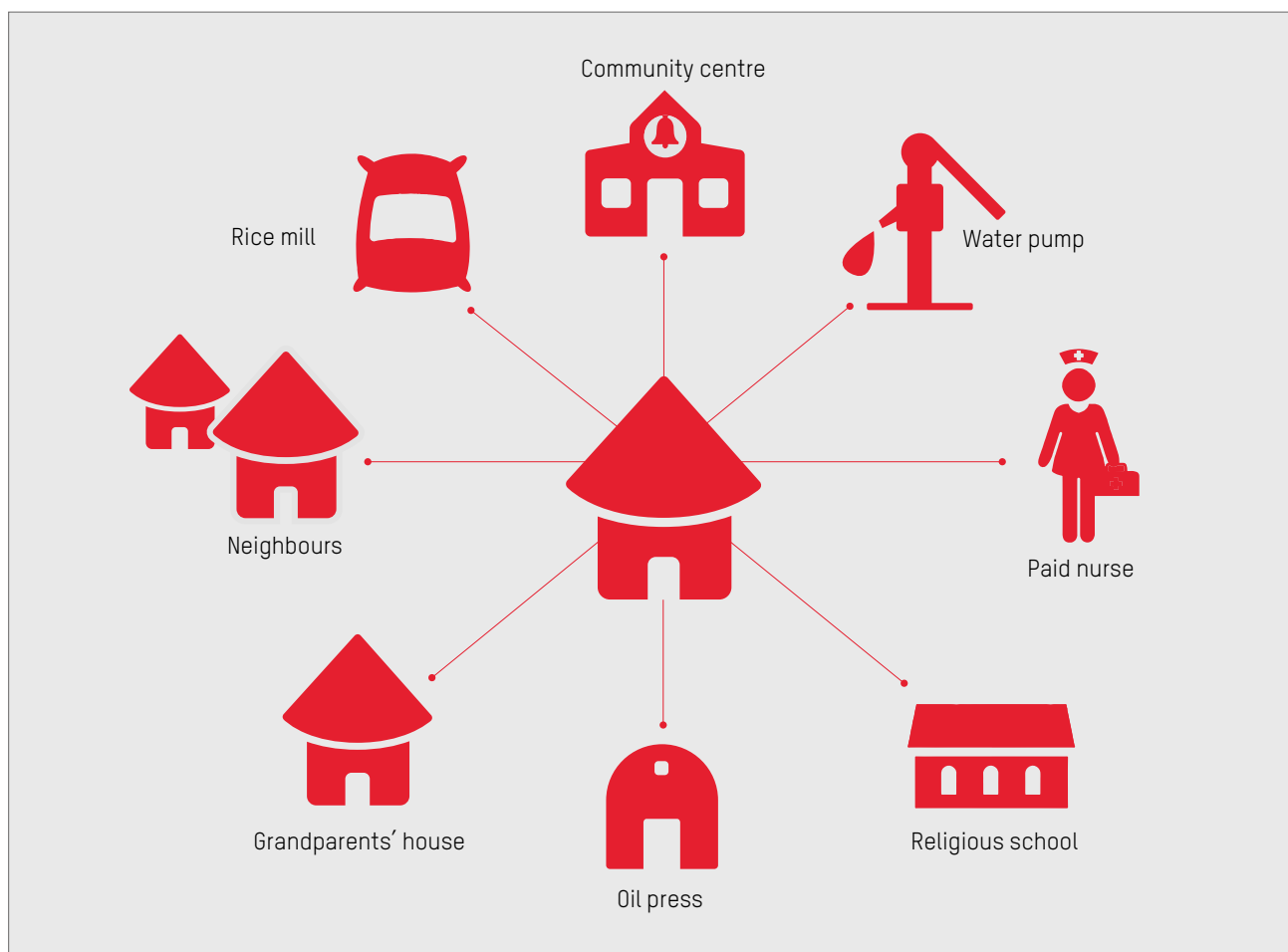


Tips for facilitators:

Making a community map can be time-consuming. It is best to do it where you have a relatively large number of participants (more than 12). Try to identify people

within the group who are good at drawing, listening, or synthesising information, and rely on them for eliciting information from the group, and for producing the map.

Figure 5: Community map of care services and infrastructure (step 1)



Exercise 8: Proposing solutions to address the problems with care work

This exercise will help participants to think through options for interventions to address problematic aspects of care work. It is critical that the discussion concludes with creative and inspiring ways for communities to address problematic care activities, rather than ending with a 'problem statement'.

Objective:

Identify and rank options to address problems with the current patterns of care work, and especially to reduce difficulties for women around care work.

Key questions:

What options exist for reducing difficulties and redistributing care work? How can care work be redistributed within households or redistributed from families to state or other providers?

Process:

Use the outputs from Exercises 5, 6 and 7.

a) Generate a discussion on options for reducing and redistributing care work

Probing questions:

- What forms of social innovations (labour-sharing, support for childcare) and technological innovations (pounding mills, washing machines) could be developed or strengthened in order to reduce the time or labour that care tasks require for families in this community or organisation? If possible, make a list.
- How can care work be redistributed within the household, between men and women, between boys and girls, or between different generations, without increasing work for girls and older women, for better distribution across household members, and less heavy responsibility for women and girls?
- How can care work be redistributed from poor families to governments and/or employers? What package of changes do communities see as being needed to substantially contribute to women's well-being and

empowerment? Which officials and institutions (governments, companies, trade associations, NGOs, religious organisations) should take on more responsibility for care provision? Who could be called on to make decisions to support or invest resources to reduce/redistribute care work? Which officials and institutions would be more open to investing in care? Could these 'allies' help influence others to invest in care?

- What additional resources, institutions, services, or subsidies can be mobilised to reduce the difficulties and costs of care work done at household level? Use the community map or the care diamond to inquire about the appropriateness and efficiency of existing services and infrastructure.

b) Rank these options according to the perceived benefits attached to each

a) Start by discussing criteria for ranking the options identified above.

b) What constitutes a 'good option' for different participants? Discuss possible criteria (see the first column in Table 16, Solution Ranking Matrix below for ideas to start off the discussion). Allow participants to come up with additional criteria.

c) Once criteria have been established:

- Enter the options into the matrix.
- Look at each option and see whether it is feasible and impactful, following the sub-categories.
- Explain meaning of dots:
 - i. 3 dots: strongly agree
 - ii. 2 dots: agree
 - iii. 1 dot: disagree
 - iv. no dots: strongly disagree
- Fill in the matrix collectively – always ask why when people rank the options.

Additional categories may be added if necessary, depending on their relevance to your feasibility assessment.

Thank everyone

Table 16: Solution Ranking Matrix – ranking different options for reducing and redistributing care

	1	2	3	4
Financially feasible?				
Socially acceptable?				
Achievable?				
Saves time for women?				
Improves quality of life for women (health, mobility, safety)?				
Improves quality of life for family?				
Unintended negative consequences can be dealt with?				

Rapid analysis for Exercises 7 and 8

As you reflect on the outcomes of the two exercises, you may want to use the following set of questions: Which services, infrastructure or equipment are most important to help families provide care? What is emerging from these exercises? How might addressing care help well-being and poverty reduction in this community? Which institutions or leaders should be involved? Are men willing to reconsider their own role in providing care? Are gender norms fixed, or do we observe some flexibility? If so, where are the flexibilities and possibilities for change? What levers can women use to provoke change in their own households? What categories of women (such as older or educated women) might be most influential? What sort of proposals could be formulated at community level, and by whom? Would men in this community support a clearly articulated proposal for more public investment in care-related infrastructure (such as electric mills or day-care centres)? Where are the main blocks, and where do we see substantial scope for change in redistributing care work?

4. CONCLUSION

Final debrief on the RCA process with participants.

Key questions:

Which steps did you most enjoy? Did you find it difficult to participate in any part of this process? What have you learned? Has this process changed the way you look at care? Has it changed the way you see the gendered division of labour? Do you think something should be done about this in your local group or in your household? If so, what do you propose? Can you think of what could be done in your daily lives? Do you think

that the local authorities would be willing to help with providing better infrastructure to support care roles in families? How will the group follow up on this conversation, or carry the results of these discussions to other groups, organisations, or committees? Draw conclusions about the best solutions. If time allows, agree on actions or follow-up: who will do what, and when, to use the outputs from the RCA and/or to implement the priority proposals?



ANNEX 1: EXAMPLES OF UNPAID CARE WORK

Domestic work	Direct care of persons
<p>Meal preparation</p> <ul style="list-style-type: none"> Buying food/waiting in line for food distribution Collecting food for immediate consumption by the family Preparing food: grinding, pounding, peeling, chopping Cooking Serving food Waiting for husband to finish food Washing plates Keeping food Warming food Carrying food to family members/day labourers Queuing for food supplies (e.g. humanitarian context) <p>Water</p> <ul style="list-style-type: none"> Fetching water Cleaning the well Storing and managing water Boiling water for husband to bathe Boiling drinking/cooking water Going to pay water bill (urban) Queuing for daily water supply (e.g. humanitarian context) <p>Energy</p> <ul style="list-style-type: none"> Collecting firewood Cutting the trees Splitting firewood Lighting the fire Maintaining the fire Buying paraffin Lighting the lamps Cleaning the lamps Charging the solar battery Going to pay electricity bill/buy electricity voucher (urban) <p>Clean space</p> <ul style="list-style-type: none"> Cleaning the house Sweeping the house Sweeping the compound Mopping Cleaning/polishing/smearing the floor Decorating the house Landscaping Tidying/organising the house or compound Laying or making the bed Going to buy cleaning products (urban) Disposing of garbage Cleaning/emptying sewerage <p>Clean clothes</p> <ul style="list-style-type: none"> Washing clothes Drying and folding clothes Mending clothes Ironing clothes Buying clothes 	<p>Childcare</p> <ul style="list-style-type: none"> Taking the children to school Taking children to the hospital Treating the children Caring for a sick child Shaving/braiding children's hair Bathing children Feeding children Playing with children Teaching children Emotional support Supervision/being responsible for looking after children Preventing children from playing in dangerous/dirty areas Preparing children for school/bed <p>Care of dependent adults</p> <ul style="list-style-type: none"> Taking care of the ill/injured/disabled/vulnerable Taking people to hospital Taking food to the hospital Helping ill relative in the garden/home Providing emotional support/listening to someone's problems Bathing/feeding ill person <p>Care of community members</p> <ul style="list-style-type: none"> Carrying things for elderly Looking after elderly/dependent relatives or neighbours Cleaning the communal well/street/toilet Looking after/supervising someone else's children Unpaid work to prepare food in/for schools Unpaid help to cook/prepare for funerals/weddings Settling disputes/counselling Volunteer health worker, home health-carer <p>Emotional support/listening</p> <ul style="list-style-type: none"> Moral support for chronically ill people Emotional support for family members who suffer stress or depression Support for bereaved people

ANNEX 2: LIST OF PROBING QUESTIONS FOR THE DIFFERENT EXERCISES

Focus	Probing questions appropriate for each group discussion
Why? Unravelling gender beliefs and norms	<p>Exercise 1: Who do you cook for in your household? Do you ever take food to your neighbours? Why do you provide care for this person/these people? Do you watch over children in your family? Who takes care of your children when you are unwell? Do you watch over any other children in addition to your own? What are local sayings about children who are 'well cared for' or 'badly cared for'? How do these children turn out? What 'praise' do women, girls, men or boys get for this caring role or this care? Do you watch over any dependent adults? Do you ever help ill people in other households? What do people say about families who care well or who care badly for the elderly? To whom do you give moral support? What about men? What are the characteristics of families with enough time or resources to care through cooking, cleaning, listening, or in other ways? What are the characteristics of families who don't? Who cares for you – why do (don't) these people care (more) for you?</p> <p>Exercise 2: Why is there a difference between the hours men and women spend on care in your community? How do your care responsibilities impact on your ability to do paid work or to earn a living?</p> <p>Exercise 3: Do girls help with cooking? Washing the clothes? Do boys ever go to collect water? Who takes care of family members who are ill? Who provides moral support in crisis situations? Is this type of work expected of you? What happens if you fail to provide the care expected from you? Can you obtain support from other household members? For which care activity do you never receive any assistance? Why/why not?</p> <p>Exercise 4: What social norms explain findings in Exercises 2 and 3? Have such social norms changed over the last ten years? How? Does this ever get discussed in your household/community? Which care roles are men expected/not expected to do, and which care roles would you like your sons to do? Is there a local saying about 'good women' or 'bad mothers/wives'? Or about good men or 'bad fathers/husbands'? Or about boys/men who do certain care tasks? Why? How can you imagine this 'saying' changing?</p> <p>Exercise 6/7: Where infrastructure or services are being proposed so that women don't have to work so hard: is the lack of this infrastructure/service considered to be a community problem? Why or why not? What have been the responses to any proposals to invest in this infrastructure/these services? If this were an investment to facilitate work that is considered 'men's work', would the response be any different?</p> <p>Where the redistribution of work within households is being proposed:</p>
What and how much? Exploring time and labour efficiency	<p>Exercise 3/4/5: What care activities take up most of your time in an average day or week? What factors increase the amount of time you have to spend on this task? Which families in the community take least time on this task? Do other communities have services/infrastructure that make this task easier? What do they have/do? What care activities do you do while doing other things (paid work, home garden, running a business)? Who does most of the care work? Why? Who does the most important/valued work in the household? Why? Is the most important/valued work the hardest work? Why? Who determines who does what in a household or community? Who does most of the difficult work? At what periods of the year do you find it more difficult to cope with care work? What have you tried (individually or collectively) to reduce the time you spend on various care/housework activities? What do you wish you could buy? What do you wish you could do differently?</p> <p>Exercise 5/6: On which care activities do you have to spend more time when there is heavy rain or a flood? A drought? Political violence? Why? Do you have to travel longer distances to collect firewood? Do you have to spend more time getting water for the laundry? Do you make a detour to avoid the risk of violence or attack? What happens to women who fail to perform care tasks as expected? If you have to spend more time washing or drying clothes, how do you manage childcare in the meantime?</p>

Focus	Probing questions appropriate for each group discussion
What has changed? Exploring 'before and after' scenarios	<p>Exercise 5: Choose a few care responsibilities that are 'very different' to before. How has this care responsibility changed from before? (For example, compared with the situation prior to displacement; before food prices went up; before the onset of the drought; when there was a school/childcare; before the construction of the dam; when the clinic opened/closed; before the conflict; or when paid employment was more readily available.) What has changed in how you organise your daily care activities? Has the time required changed? What has changed in terms of the types of support you get for performing care activities? How have care roles and responsibilities changed within the family? How has the community responded?</p> <p>Exercise 6: What takes too much time? Which tasks in your day do you not feel good about, put off, or resent (in contrast with tasks you enjoy more)? What element of care is most difficult to manage on a daily basis? What are the main issues and problems? The amount of time spent doing care work? The restriction on mobility associated with specific tasks (like caring for children, sick people, or the elderly)? Some element of physical or mental discomfort? Ability to attend community meetings?</p> <p>Exercise 6/7: What has changed in terms of the services available around care provision? Have conditions for accessing these services changed? Have these services been affected (as a result of budget cuts, environmental change, or political unrest)? Has there been any organised response from the community as a result of these changes?</p> <p>Exercise 7: Where do you access water for cooking and washing? Where do you leave your young children when you do paid work, family enterprise, or farm work? Are there any local organisations providing services for women? Does anyone pay for childcare services in your community? Do local enterprises provide paid sick leave, or maternity leave? Are there government workers who provide support or equipment for caring for elderly, disabled, or ill family members?</p>
What would be the benefits? Exploring options for policy change	<p>Exercise 8: If you had access to a water pump (or improved stoves, washing facilities, electricity, improved grain mills, etc.), what difference would it make for you? By how many minutes or hours would the time you spend on different tasks be reduced? Is time the only difference? What about health and illness, or sleep? Do you cook different types of food? Have the tasks/activities/education for children changed? If there was a childcare centre in your locality, which children would attend, and why? What are the (dis)advantages of having children in a childcare centre? What would people say who were against the change (e.g. some people might say that women whose children go to childcare are 'lazy mothers')? What tasks/activities would you do more of? Would you be able to go to the market to sell your products more frequently? If the community started literacy classes for women in the evening, under what conditions would you be able to attend?</p>

ANNEX 3: DOCUMENTATION TEMPLATE

BASIC INFORMATION

Who participated (include number of women, men, and ages):

Where/location:

Facilitators (include names, women or men, and organisation):

Observers (include names, women or men, and organisation):

Who is documenting? (include names, women or men, and organisation):

INTRODUCTION

How was 'care' translated, explained, and understood?

What other comments did participants make?

EXERCISE 1: CARE ROLES AND RELATIONSHIPS

For all sections, please record exact words of participants (please specify names, age, and gender for quotes).

1) DOCUMENTATION

Take photos of diagrams of 'Who do you care for?'

2) UNDERSTANDING OF 'CARE'

Please ensure participants' exact words are used and include age, gender, and name of the person who spoke.

a) Comments about who does which types of care (women, men, girls, boys, etc.)

b) Comments on value of care

c) Stories

3) QUESTIONS AND DISAGREEMENTS

Questions and disagreements that emerged relating to this discussion (*and details about who, including age, gender, and names if possible – e.g. were young women under 25 disagreeing with older men about the amount of childcare that is done?*).

EXERCISE 2: TIME USE

1) DOCUMENTATION

Keep ALL individuals' papers of the one-day recall hours and the category symbols.
Take photos of any flipcharts where the group aggregated/estimated hours of work.

2) FOR WOMEN: What did women say about estimating hours of work? What were the different categories of women (e.g. those with(out) paid work; those with(out) children)?

3) FOR WOMEN: What were the debates and disagreements from the women's perspective?

4) FOR MEN: What did men say about estimating hours of work? What were the different categories of men (e.g. those with(out) waged work; those with(out) children)?

5) FOR MEN: What were the debates and disagreements from the men's perspective?

6) DISCUSSIONS AND DEBATES

How did the **discussions/debates** compare between women and men?

7) What did women say, and men say, when the time-use results were presented in plenary?

8) FOR FACILITATORS: DIFFICULTIES WITH EXERCISE

What were the difficulties or debates with carrying out this **exercise**?

EXERCISE 3: DISTRIBUTION OF CARE ROLES

1) DOCUMENTATION

Take a photo of the Ranking Matrix of care activities produced by the group (including the process of drawing the matrix).

2) THE FOCUS OF THE EXERCISE

Why did the facilitators/leaders choose to do this? What was the aim/concern?

Which care tasks were focused on?

3) BELIEFS

Why are there gender and age patterns?

What did the members say about beliefs/sayings about why women, men, girls, and boys do different tasks? *(Include who said what, e.g. were young men speaking more about women being 'naturally better' at care or were older women saying it would be 'disrespectful' to ask men to do certain care tasks?)*

4) AGREEMENTS

What did the group agree on?

5) DEBATES

What was debated? What did different people say?

EXERCISE 4: SOCIAL NORMS

1) DOCUMENTATION

Take photos and keep papers documenting the discussions

2) THE FOCUS OF THE EXERCISE

Why did the facilitators/leaders choose to do this? What was the aim/concern?

3) STORIES/COMMENTS

What did participants say (use exact words!) about the perceptions of care activities, which activities were (not) work, were (not) enjoyable, skilled, or valuable? *(Please ensure quotes are recorded precisely, and include age, gender, and name of the person who spoke.)*

What did participants say (use exact words!) about the expected roles of women and men in the community and why this is the case? *(Please ensure quotes are recorded precisely, and include age, gender, and name of the person who spoke.)*

What did participants say (use exact words!) about women and men in the community who do not fulfil expected roles and why this is so? What did participants say about 'good' and 'bad' women and men? *(Please ensure quotes are recorded precisely, and include age, gender, and name of the person who spoke.)*

How did participants describe women's and men's work roles (use exact words!)? *(Please ensure quotes are recorded precisely, and include age, gender, and name of the person who spoke.)*

Which norms around care work seemed to be changing? In which circumstances were non-traditional expectations around gender roles and care work acceptable?

4) AGREEMENTS AND DISAGREEMENTS

Record any agreements and disagreements between women and men on how their roles and cultural values have changed or are changing.

5) FOR FACILITATORS AND OBSERVERS

Do you have any comments about this exercise?

EXERCISE 5: CHANGES IN CARE

1. DOCUMENTATION

Take photos and keep papers documenting the discussions.

2. THE FOCUS OF THE EXERCISE

Why did the facilitators/leaders choose to do this? What was the aim/concern?

3. STORIES/COMMENTS

What did participants say (use exact words!) about changes in care patterns? *(Please ensure quotes are recorded precisely, and include age, gender, and name of the person who spoke.)*

4. AGREEMENTS

What problems were identified?

By the group

Other problems identified that were taken on in discussions by the group

5. ACTORS TO ENGAGE ON INFLUENCING AND ADVOCACY

Which groups, organisations, public officials, or private sector actors were mentioned as having a role in the changes proposed?

6. DEBATES/REALISATIONS

What was new? What was controversial? What needed further explanation?

EXERCISE 6: PROBLEMATIC CARE ACTIVITIES

1) DOCUMENTATION

Take photos and keep papers and flipcharts.

2) FOR WOMEN

What did women say about what is problematic for them – either general issues (e.g. time, mobility, HIV/AIDS) or specific tasks (e.g. water collection, getting medicine for sick relatives, cooking)?

3) FOR WOMEN – AGREEMENTS AND RESULTS

What did women agree were the most problematic care tasks? What was ranked as highest, and why?

4) FOR MEN

What did men say about what is problematic for them – either general issues (e.g. time, mobility, HIV/AIDS) or specific tasks (e.g. water collection, getting medicine for sick relatives, cooking)?

5) FOR MEN – AGREEMENTS AND RESULTS

What did men agree were the most problematic care tasks? What was ranked as highest, and why?

6) PLENARY DISCUSSION

Why do participants consider certain care tasks/responsibilities problematic? What are the causes?

7) DEBATES AND DISAGREEMENTS

Were there age/gender specific characteristics to different positions held in these discussions?

8) FOR FACILITATORS AND OBSERVERS

Do you have any comments on this exercise – either on process, content, discussions, etc?

EXERCISE 7: SERVICES AVAILABLE

1) DOCUMENTATION

Take photos of community maps or diagrams and of the process of creating them.

2) CARE DIAMOND: PARTICIPANT QUESTIONS AND COMMENTS

How was the 'care diamond' explained? What were the questions and comments that came from the participants?

3) COMMUNITY MAP

What did participants say about existing community infrastructure and services to help with caring for people and housework? *(Please record exact words that were spoken and who spoke them, including age, name, and gender.)*

4) NEEDED PUBLIC SERVICES/INFRASTRUCTURE, SERVICE PROVIDERS OR EMPLOYER PRACTICES

What services do participants wish they had, or believe that the community should have?

5) FOR FACILITATORS AND OBSERVERS

Do you have any comments about this exercise?

EXERCISE 8: PROPOSED SOLUTIONS

1) DOCUMENTATION

Take photos of discussions, lists and diagrams, and keep papers/flipcharts.

2) OPTIONS IDENTIFIED

How was the exercise 'identifying options' explained, and what questions did participants ask?

3) BRAINSTORM

Who proposed which options? (Please use their words, including age, gender and name of the participants.)

4) DEBATES AND DISCUSSIONS

What debates and discussions took place relating to the options/solutions they identified? (Please use their words, including age, gender and name of the participants.)

5) CRITERIA USED TO RANK OPTIONS

What criteria were proposed or used to rank the different options/solutions discussed?

6) RANKING AND PRIORITISATION

What did participants say when ranking the different options/solutions? *(Please use their words, including age, gender and name of the participants.)*

7) FINAL LIST OF OPTIONS/SOLUTIONS

What was the final list of options/solutions agreed on by the participants? *(Please include a photograph as well as key points.)*

8) AGREEMENTS AND DISAGREEMENTS

What were the agreements and disagreements? *(And were there age/gender-specific characteristics to different positions held in these discussions?)*

9) AGREED FOLLOW-UP ACTIONS

List all follow-up actions as identified and agreed on by participants.

10) FOR FACILITATORS AND OBSERVERS

Do you have any comments on this exercise – either on process, contents, discussions, etc?

11) CONCLUSION

Comments when evaluating the day.

12) LEARNING

What was your learning from the overall RCA experience?

What would you do differently?

ANNEX 4: REPORTING TEMPLATE

This template is designed to assist you in compiling the Rapid Care Analysis (RCA) report, after you have conducted the research. The template will include some, but not all, of the details in the 'documentation template' filled out during the RCA exercises. It presents a generic structure for presenting both the findings and learning from the RCA. Whilst this is the proposed structure, it can be adapted to suit your needs. However, you are encouraged to adopt the main headings and tables as much as possible to enable comparisons across different sites and countries.

A. REPORT OUTLINE

1. Introduction

- 1.1 Background
- 1.2 Study context and host programme (if applicable)
- 1.3 Objectives of the RCA (for organisation, in project/programme)

2. RCA methodology

- 2.1 RCA tools and exercises done (outline general session plan)
- 2.2 Selection, number and profile of participants (disaggregated by gender, age, and social status)
- 2.3 Limitations

3. Main findings

- 3.1 Introduction: Understanding care work
- 3.2 Exercise 1: Care roles and relationships
- 3.3 Exercise 2: Time use
- 3.4 Exercise 3: Distribution of care roles
- 3.5 Exercise 4: Social norms
- 3.6 Exercise 5: Changes in care
- 3.7 Exercise 6: Problematic care activities
- 3.8 Exercise 7: Services available
- 3.9 Exercise 8: Proposed solutions

4. Learning

- 4.1 On the training, mobilisation and preparation for the RCA
- 4.2 On the methodology (different exercises with communities)
- 4.3 On the process of planning, organising, logistics
- 4.4 What worked well (in discussions, in facilitation, with partners/country team/colleagues)?
- 4.5 What did not work well? What were the challenges (e.g. illiteracy, venue, facilitation, men's participation, etc.)?
- 4.6 What would you do differently next time?
- 4.7 What discussions/questions would you add or encourage?

5. Conclusions and recommendations

- 5.1 Main conclusions from RCA
- 5.2 Recommendations for project/organisation
- 5.3 Next steps (interventions, action plan for influencing)

B. ANNEXES

Annex 6.1 Photos

Annex 6.2: List of tables

1. Composition of participants (age, sex, occupation, civil status)
2. Definition of different categories of work (as per the categories in the RCA Toolbox – include specific icons used in the sessions)
3. Types of work and symbols representing different kinds of work
4. Summary of responses on whom participants care for
5. Women's group summing table of hours (per week)
6. Men's group summing table of hours (per week)
7. Consolidated summing table of hours (per week)
8. Distribution of care roles by sex and age
9. Tasks that women and men do
10. Impact of social norms
11. Exceptions – women not fulfilling expected roles
12. Exceptions – men not fulfilling expected roles
13. Sayings about 'good' and 'bad' women/men
14. Seasonal differences in care work – particularly capturing shifts in heaviness and inequality of specific care tasks
15. Differences in care work before and after major events in community/region (e.g. policy change, drought, natural disaster, displacement, war, new mining factory, etc., as appropriate to the context)
16. Most problematic care tasks identified by women
17. Most problematic care tasks identified by men
18. Consolidated list of most problematic care tasks for the community (including final list agreed between women and men – if this exercise was done in plenary, please include which activities were brought up by women and which by men)
19. Rating of most problematic care tasks by women and men
20. Summary of solutions proposed by women and men (highlighting which were prioritised most by women and which by men)
21. Ranking of solutions for most problematic care activities
22. Action plan for influencing or advocacy (refer to RCA Guidance for Managers and Facilitators for more notes on this exercise)

C. NOTES ON HOW TO COMPILE THE FINDINGS

This section offers guidance for completing Section 3 of the report.

Tips for completing this section:

- i. Throughout the findings section it would be helpful to **include quotes, key elements of debate and discussion, disagreements and agreements** (including between who) for each exercise. The documentation template provides probing questions to help you capture this.
- ii. You are encouraged to include the suggested tables in your report to enable comparisons to be made across different sites and countries. However, you are free to add other tables if it will aid you in presenting your findings.

Key questions to consider as you develop this section:

- What responses were there to the hours and inequality between gender and age groups?
- What roles did social norms play in the RCA discussions? How did they manifest?
- What changes seemed most welcome/possible (equipment, awareness, sharing responsibilities, etc.)
- What solutions is the community likely to pursue independently?

Presenting your tables

a. Introduction: What is 'care work'?

Definition of care and non-care work

What is care work?		What's not care work
Domestic work	Direct care of persons	

Take note to highlight activities that participants classified as care work contextually, but which do not fit into the universal definition of care work, e.g. praying

b. Exercise 1: Care roles and relationships – what is care?

Categories of work and symbols representing different kinds of work

Categories of work	Symbol used (agreed with participants)
Work to produce products for sale	
Paid labour, paid services	
Unpaid care work	
Unpaid work producing products for home consumption	
Unpaid community work	
Non-work	







Collective summary of responses on whom participants care for

	Women			Men		
	Girls (<18 years)	Adult women	Elderly women	Boys (<18 years)	Adult men	Elderly men
Daily						
Weekly						
Monthly						

When analysing results, take note to highlight people cared for by women only and by men only. Among the women/men, take note of who is cared for by girls/boys, adult women/men, and elderly women/men.

c. Exercise 2: Time use – who does what care?

Women's group summing table of hours (per week)

Categories of work: WOMEN ⁶	Main		Simultaneous		Supervision	
	Average hours spent on this activity	Multiplied by 7	Average hours spent on this activity	Multiplied by 7	Average hours spent on this activity	Multiplied by 7
						
						
						
						
						
						
TOTALS	24	168				

Do not complete shaded areas – they are not applicable, supervision hours are only completed for unpaid care work.

Men's group summing table of hours (per week)

Categories of work: MEN	Main		Simultaneous		Supervision	
	Average hours spent on this activity	Multiplied by 7	Average hours spent on this activity	Multiplied by 7	Average hours spent on this activity	Multiplied by 7
TOTALS	24	168				

Consolidated summing table of hours (per week)

Categories of work	Main			Simultaneous			Supervision		
	Women	Men	Total	Women	Men	Total	Women	Men	Total
TOTALS	168	168	336						

Exercise 3: Distribution of care roles

Distribution of care roles by sex and age

Care activities	Sub-categories of care activities	Girl	Boy	Middle-aged woman	Middle-aged man	Elderly woman	Elderly man
Preparing meals	Collecting firewood	..	..	...	..	...	..
	Pounding grain	...		..
	Washing the dishes	...	.	...		...

Key: 3 dots = daily, 2 dots = sometimes/once a week, 1 dot = rarely/once a month, no dots = never

Exercise 4: Social norms

Perceptions of care work

Tasks (Which ones are 'work'?)	Women			Men		
	Enjoyable/ desirable?	How important? (compare with paid work)	Requires skills?	Enjoyable/ desirable?	How important, valued?	Requires skills?
Meal preparation						
Fuel/water						
Cleaning house						
Washing clothes						
Childcare						
Caring for the sick						

Social norms – who should do what, and why?

Women			Men		
Tasks	Why	Who have we heard this from?	Tasks	Why	Who have we heard this from?
Meal preparation Firewood collection Water collection Caring for the sick Moral support	It's a woman's job, women do it better, women are better at listening, etc.	<ul style="list-style-type: none"> • Cultural tradition, songs, roles during funerals or weddings • Religious leaders and texts • Community leaders • Textbooks in schools • Grandparents, aunts and parents 	Looks after livestock Does paid work Build houses Collects firewood	Men are physically stronger, it's a man's job, the task requires a lot of skill, requires an individual to be away from home for long hours, etc.	<ul style="list-style-type: none"> • Cultural tradition, songs, roles during funerals or weddings • Religious leaders and texts • Community leaders • Billboards

Tasks that women and men do

Women			Men		
Tasks	Why	Who says so	Tasks	Why	Who says so

Impact of social norms

Norms	Impact on care work	What needs to be done

Exceptions – women and men not fulfilling expected roles

Women		Men	
Exceptions – still respected	Why		Why
Exceptions – not respected	Why		Why

Exercise 5: Changes in care

Seasonal differences in care work – particularly capturing shifts in heaviness and inequality of specific care tasks

Care categories	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Differences in care work before and after major events in community/region (e.g. policy change, drought, natural disaster, displacement, war, new mining factory, etc., as appropriate to the context).

Event:			
Care categories	Before	During	After

Exercise 6: Problematic care activities

Most problematic care tasks identified by women and men

Most problematic tasks for women	Most problematic tasks for men

Rating of most problematic care tasks by women and men

Gender	Time poverty	Mobility	Health	Other effects, e.g. education	Other effects, e.g. criticism, risk
Women					
Collecting water
Activity 2					
Activity 3					
Activity 4					
Men					
Activity 1					
Activity 2					
Activity 3					
Activity 4					

Key: 3 dots: most challenging/most negative impact 2 dots: manageable/average negative impact
1 dot: simple/minimum/no negative impact

Exercise 7: This requires diagrams to be developed with communities to have a community map of care infrastructure and services (see p. 23)

Exercise 8: Proposing solutions to address heavy and unequal care work

Summary of solutions proposed by women and men (highlighting which were prioritised most by women and which by men)

Ranking	Proposed solutions	
	Women	Men
Priority 1		
Priority 2		
Priority 3		
Priority 4		
Priority 5		

Rating the proposed solutions by women and men

	1:	2:	3:	4:
Financially feasible?				
Socially acceptable?				
Achievable?				
Saves time for women?				
Improves quality of life for women (health, mobility, safety)?				
Improves quality of life for family?				
Unintended negative consequences can be dealt with?				

ANNEX 5: ACTION POINTS FOR ADVOCACY

This is an important activity that should start before the conducting the RCA and finalised after it. More notes about this activity are contained in the **Guidance for Managers and Facilitators**.

		Advocacy Objective 1:							
Stakeholders		What are the interests of stakeholders?	What do we want them to do?	What evidence would convince them?	What incentives would get them on side?	How should we engage them (e.g. directly or through intermediary)?	Type of communication	Who will take action?	Timelines
Community level	Traditional leaders								
	Religious leaders								
	Men								
	Influential women (e.g. chief's wife/wives)								
	School teachers								
Local government									
Informal influential institutions/ groups at local level	e.g. Clan groups								
	Radio talk show								
National (include relevant ministries e.g. women affairs, health, energy, finance, etc.)									

		Advocacy Objective 2:							
Stakeholders		What are the interests of stakeholders?	What do we want them to do?	What evidence would convince them?	What incentives would get them on side?	How should we engage them (e.g. directly or through intermediary)?	Type of communication	Who will take action?	Timelines
Community level									
Local government									
Informal influential local institutions/ groups									
National									
Informal influential national institutions/ groups									

Notes

- ¹ As an example, please see *Redistributing Care Work for Gender Equality and Justice: A Training Curriculum*, developed by ActionAid, the Institute for Development Studies and Oxfam. This methodology has five modules with 27 exercises, designed to be completed over weeks or months: <http://api.ning.com/files/s7s9Z08DG1xfes7Jq64QtN5EQrxS5RG4tCNrj8-Le3rppgIDKMNv6mY2uhQ4U1hRJBwufdWzdN48ICVYgD6hMxDvrSJNm3n9/RedistributingCareWorkfinal.pdf>
- ² Travel time to and from work activities should be included as time doing that category of work, for example, travel to a producer group meeting, to other farms for waged work, or to market to sell produce.
- ³ In general, prayer is considered a non-work activity and we would recommend using the associated symbol. However, there have been a few contexts where prayer for an ill family member/dependant or child was strongly considered care work. If this is the consensus in a community around prayer and its role, the symbol for care work can be used for prayer.
- ⁴ These might include lack of mobility due to childcare performed as a simultaneous or secondary activity; difficulty in accessing water at a particular time of the year; or unequal distribution of unpaid community work within the household, for example.
- ⁵ Razavi, S. (2007), 'The Political and Social Economy of Care in a Development Context', Geneva, Switzerland: UNRISD, [http://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/2DBE6A93350A7783C12573240036D5A0/\\$file/Razavi-paper.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/2DBE6A93350A7783C12573240036D5A0/$file/Razavi-paper.pdf)
- ⁶ The facilitators may have decided to have sub-categories for certain types of work, e.g. water collection, childcare or certain types of paid work.
- ⁱ Many people were involved in the development of the concept and methodology of the Rapid Care Analysis, especially Caroline Sweetman, Ines Smyth, Jo Rowlands, Kate Raworth, Laura Phelps, Lauren Ravon, Martin Walsh, Nupur Kukrety, Rosa Garwood, and Valeria Esquivel. The discussions around the 'pilot exercises' greatly improved the thinking and important details of the methodology; we appreciate the contributions of Sonali Gunasekera, Hector Ortega, Felipe Ramiro, Jo Villanueva, Norul Amin, Gunel Mehdiyeva, Catrina Pickering, Hugo Sintes, Michele Bruni, Adriana Rodriguez, Roxanne Murrell, Philippa Young, Celeste Molina, Susan Johnson, Sarah Totterdell, and many others who have supported the process.
- ⁱⁱ The methodology was revised with assistance from Busisiwe Moyo and with technical input from Oxfam GB, Oxfam staff, and staff from partner organisations from various countries, including: Jane Remme, Thalia Kidder, Jocelyn Villanueva, Kumera Kunea, Zahria Mapindi, Roselyn Nyatsanza, Joselyn Bigirwa, Ngonidzashe Sese, Musa Sibindi, Hector Ortega, Lyca Sarenas, Alvaro Valverde, Shamema Akther, Nickie Monga, John Mark Dionson, Imogen Davies, and Alfred Rwamirego.



Women's Economic Empowerment and Care (WE-Care) is Oxfam's initiative in 10 countries that supports women's empowerment by addressing excessive and unequal care work – building evidence, promoting positive norms, new investments and policy advocacy.

www.oxfam.org.uk/care

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Photos:

Page 1: Aubrey Wade

Page 26: Andy Hall

Page 47: Abbie Trayler-Smith

**WE-CARE
WOMEN'S
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EMPOWERMENT
AND CARE**

