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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AMDF</td>
<td>Al-Mujadilah Development Foundation</td>
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<td>BEAM</td>
<td>Building Effective and Accessible Markets</td>
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<td>CBO</td>
<td>Community-based organization</td>
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<td>CSO</td>
<td>Civil society organization</td>
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<td>CSR</td>
<td>Corporate social responsibility</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>ETI</td>
<td>Ethical Trading Initiative</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>GEM</td>
<td>Gendered Enterprise and Markets</td>
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<td>GrOW</td>
<td>Growth and Opportunities for Women</td>
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<td>HCS</td>
<td>Household Care Survey</td>
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<td>HLP</td>
<td>High-Level Panel</td>
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<td>HNI</td>
<td>Human Network International</td>
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<tr>
<td>IAFFE</td>
<td>International Association for Feminist Economics</td>
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<td>ICS</td>
<td>Improved cooking stove</td>
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<tr>
<td>ICT</td>
<td>Information and communications technology</td>
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<td>IDB</td>
<td>Islamic Development Bank</td>
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<td>IDRC</td>
<td>International Development Research Centre</td>
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<td>IDS</td>
<td>Institute of Development Studies</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<tr>
<td>LGU</td>
<td>Local government unit (Philippines)</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>MSI</td>
<td>Multi-stakeholder initiative</td>
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<td>MOWGCD</td>
<td>Ministry of Women Affairs, Gender and Community Development (Zimbabwe)</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
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<td>ONRS</td>
<td>Oromia National Regional State</td>
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<td>RCA</td>
<td>Rapid Care Analysis</td>
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<td>RCT</td>
<td>Randomized control trial</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>TLSE</td>
<td>Time- and labour-saving equipment</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UWONET</td>
<td>Uganda Women’s Network</td>
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<tr>
<td>VAW/G</td>
<td>Violence against women and girls</td>
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<td>WCoz</td>
<td>Women’s Coalition of Zimbabwe</td>
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<td>WEE</td>
<td>Women’s Economic Empowerment</td>
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<td>WORUDET</td>
<td>Women and Rural Development Network</td>
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1. INTRODUCTION

Why unpaid care work?

The eradication of poverty and injustice depends on women’s equal enjoyment of their human rights. Oxfam has invested significantly in women’s economic leadership, and affirms that economic empowerment requires parallel progress in women’s political, social and personal empowerment. Women’s control over their own time and labour is increasingly recognized as a precondition for, and component of, empowerment, as confirmed in the report by the UN Special Rapporteur on Human Rights (2013) and the UN Women report, *Progress of the World’s Women 2015–2016* (2015). The inclusion of women’s unpaid care work in the Sustainable Development Goals (SDGs) and in DFID’s Call to Action on Women’s Economic Empowerment (WEE) are evidence of the growing traction of care work on the global development agenda.

Oxfam’s WE-Care project

To address the issue of unpaid care work, in 2014 Oxfam initiated a three-year programme, ‘Women’s Economic Empowerment and Care: Evidence for Influencing (WE-Care)’. The first phase of the WE-Care programme was launched in August 2014 with grants from the William and Flora Hewlett Foundation, the Garden Trust and family foundations in the United States. Building on Oxfam’s previous experience with Rapid Care Analysis (RCA) methodologies in livelihoods programmes, the programme aimed to complement and strengthen Oxfam’s initiatives on women’s leadership and livelihoods by building evidence for influencing change on care, while also providing the development sector with methods and knowledge to strengthen future advocacy on women’s economic empowerment and care work. The project comprised three strands of work:

- Developing and testing innovative research methodologies
- Implementing research and learning about outcomes of change strategies
- Influencing development policy and practice.

The focus of the WE-Care programme has been on six countries – Colombia, Ethiopia, Malawi, the Philippines, Uganda and Zimbabwe – within wider Oxfam programmes on livelihoods, sexual and reproductive health rights and HIV/AIDS, and women’s leadership. This report provides a brief account of the implementation and results of this project from August 2014 to June 2016.

Summary of key achievements

- The programme has successfully developed innovative research methodologies, using mixed methods to gather context-specific evidence about care activities, create tools that are accessible to local organizations and harness new communications technologies.
- WE-Care teams have carried out effective advocacy and influencing using research findings, making presentations at eight international forums, including conferences and workshops run by DFID, UN Women, the International Association for Feminist Economics (IAFFE) and the SEEP Network, and at more than 20 national advocacy and media events in six countries. WE-Care evidence has guided Oxfam’s recent Inequality Report.
- The WE-Care initiative has successfully influenced practice within Oxfam: it has shifted how Oxfam conducts its Effectiveness Reviews, with the impact on women’s unpaid care work now analysed as standard practice. Oxfam recommends that all livelihoods projects assess care.
- The Household Care Survey (HCS) has proved to be a sophisticated tool which draws on previous research on social norms in other areas, and which uniquely gathers evidence on time use, social norms, access to equipment, infrastructure and care services.
- The HCS has also successfully introduced the concept of ‘supervision’ hours, measuring hours of responsibility for looking after dependants as well as hours doing actual care work.
- The RCA is widely recognized by development actors, companies and donors, as well as Oxfam staff, as a user-friendly, rapid, low-cost tool for analysing care at the household and community levels. Online guidelines and training webinars have made it accessible to practitioners worldwide, and Oxfam teams in 20 countries have been trained and have implemented the RCA.
- Local organizations have used evidence from WE-Care research to engage with stakeholders and to win investments from government authorities and private companies, and to implement innovative strategies to shift social norms about care (see p.7)
Unexpected achievements

• Influencing private sector policy and practice: WE-Care research methodologies and findings have been presented to meetings of the Ethical Trading Initiative (ETI) in London. Unilever’s Enhancing Livelihoods Fund, a partnership with the Ford Foundation and Oxfam, has trained project staff in RCA, and based on WE-Care evidence, the Enhancing Livelihoods Fund is considering recommending WE-Care approaches for all its women farmers’ projects. A major brand is now negotiating three-year funding for WE-Care.

• Influencing market systems approaches: The Ethiopia WE-Care project hosted a participatory action research team funded by the BEAM Exchange and the Institute of Development Studies (IDS), leading to joint publications on integrating unpaid care into market systems work.

Grace Aloyo, 23, and Mark Diara, 30, with two of their children, share their story of interchanging roles and helping each other since attending a training by Oxfam partner WORUDET in Uganda. Photo: Julius Caesar Kasujja/Oxfam
2. ACTIVITIES, PROGRESS AND ACHIEVEMENTS

This section outlines the progress achieved under the project’s three work strands.

Developing, testing and implementing innovative research

The project developed and tested three research methodologies designed to improve understanding of unpaid care, improve programme design to address women’s care work and measure the impact of Oxfam programmes on women’s empowerment and care.

1. Rapid Care Analysis (RCA)

The RCA tool, developed in 2013, was tested widely during the project. This qualitative participatory methodology for assessing care work in communities has been used in the six WE-Care project countries, as well as in at least 14 other countries, including an adapted version for humanitarian settings. Oxfam’s Economic Justice teams and the Gendered Enterprise and Markets (GEM) initiative now promote the RCA as standard practice. Based on feedback from practitioners, a revised, improved version of the RCA exercises and guidance will be published in the coming months.

2. The Household Care Survey (HCS)

The HCS is a quantitative survey with a time use component that is designed to investigate gender- and age-based patterns of care work, access to equipment and public services, gaps in and negative outcomes from heavy care work, factors associated with the level and distribution of care and related norms and perceptions. It was implemented as a baseline and endline survey using the SurveyCTO data collection tool in all six WE-Care countries. The questionnaire was innovative in that it successfully measured hours of care responsibility and supervision of dependants as well as direct care work hours, and also factors associated with patterns of care.

3. Care module and follow-up qualitative research

The ‘care module’ – a much shorter version of the HCS – was designed and tested for baseline surveys of other (wider) programmes. It aimed to generate more detailed quantitative data in Oxfam’s quantitative evaluations, and to evaluate the (unintended) impacts of development programmes on unpaid care work and related aspects of gender relations. Care modules were integrated into two of Oxfam’s Effectiveness Reviews (Oxfam-wide impact evaluations) and tested in Ethiopia and Uganda. The results were then taken as the starting point for in-depth qualitative research designed to explain and expand upon the quantitative data.

4. New uses of the HCS: ICT-enabled survey and Randomized Controlled Trial

As part of the mNutrition programme in Malawi, Oxfam developed an information and communications technology (ICT)-enabled Randomised Control Trial (RCT) using a Household Care Survey. The RCT aimed to generate evidence to influence private (mobile provider Airtel) and public (government) partners in Malawi on the importance of addressing women’s time constraints when developing ICT-enabled information services that target women smallholder farmers. The RCT was successfully carried out in February 2016, with findings reported in March 2016.

Implementing and learning about change strategies

In each of the six (mostly rural) programme areas, findings from the RCAs identified the most problematic care tasks – which were consistently shown to be water collection, firewood/fuel collection, meal preparation and childcare. Change strategies were then designed and implemented, which aimed to address the heavy and unequal responsibility for these tasks borne by women, and to understand the changes in patterns of care as they did so. Change strategies were divided into three types:

- Demonstration projects distributing time- and labour-saving equipment (TLSE)
- Public awareness-raising interventions seeking to shift attitudes and gender roles
- Advocating to government and the private sector on care-related infrastructure and services.
5. Demonstration projects distributing time- and labour-saving equipment (TLSE)

Partnerships were set up with other NGOs and businesses to distribute different types of TLSE, experimenting with various ‘business models’ and combining with efforts to shift social norms. For example, community members were trained to build fuel-efficient stoves and families contributed to the price of improved stoves. Other equipment included solar panels, water pumps, water collection devices, gas stoves and washing machines. As well as reducing the time that women spent on some domestic tasks, the distribution of labour-saving equipment has acted as an incentive for men to start contributing to household chores. However, the analysis of quantitative surveys so far has not consistently shown an association between TLSE and reduced hours of care work for women. Additional research is required to understand whether this finding was due to a bias of self-selection (families and women who do more cooking or washing on average were the ones tending to join TLSE pilots) or whether it was due to raised social expectations about cooking or washing when equipment was made available women worked more.

6. Public awareness-raising interventions seeking to shift attitudes and gender roles

A number of different approaches were adopted across the six countries, which aimed to shift attitudes on gender roles and care and to challenge the societal norms that reinforce current care patterns. Family or community discussions were initiated in several countries, often to accompany the distribution of TLSE. In Ethiopia, Uganda and Zimbabwe, programme teams used the approach of training ‘WE-Care champions’ and ‘model families’ to talk about and model how care work can be redistributed from women to men. Public communications were also used to disseminate positive messages: in each of the six countries either videos, billboards, leaflets, posters or radio and/or television spots drew attention to the issue.

7. Advocating to government and the private sector on care-related infrastructure and services

In each of the six project areas, Oxfam and partner teams used evidence from the research to advocate to local and national government officials for increased recognition of women’s unpaid care work and for investments in service provision, infrastructure or data collection on time use, unpaid work and care work (see the individual country reports below for examples of this work and outcomes).

Private sector collaborations have been established in a variety of settings:

In Malawi, Oxfam staff have conducted training for the Ethical Tea Partnership, which will be using the RCA to support programme design and to evaluate change. Findings from the RCT have also convinced Airtel Malawi, as part of the mNutrition consortium, to consider women’s care work and time poverty in its strategy for targeting women smallholder farmers in the country and potentially in the southern Africa region.

The Enhancing Livelihoods Fund, a partnership between Unilever, Oxfam and the Ford Foundation, is supporting key stakeholders in the supply chain for vetiver (a type of grass used) in Haiti to develop a gender analysis tool that takes into consideration women’s unpaid care work. NGOs supporting women in the supply chain have been trained in the RCA and are implementing WE-Care approaches in the project. A new IKEA Foundation partnership with Oxfam includes a component on changing social norms, including norms and gender roles with regards to household work.

The Ethical Trading Initiative (ETI) has co-hosted two meetings on unpaid care work, with Oxfam presentations on methodologies and findings.

Officials from a number of companies have found the WE-Care evidence on heavy and unequal care work compelling and relevant for their social missions and for their businesses. In a few companies, managers are considering using the power of their product advertising to contribute to efforts to shift gender roles in housework and care.

The local pilot projects have yielded impressive changes in women’s and men’s understanding, attitudes about gendered roles in work and behaviours. In all contexts, women have proved capable of advocating on care with municipalities and government ministries, and teams have reported men ‘taking on’ care as an important issue. The strategy of convening and involving many stakeholders has been a factor in this success. Men and (male) traditional and religious leaders have publicly promoted doing care work as ‘part of my responsibility’, beyond ‘helping my wife’, with many experiences of men supporting women who have increased their time and work on livelihoods projects and public life.
Influencing development policy and practice

Oxfam’s research methodologies and findings have been shared widely across the development sector and have been used to influence international institutions and donors. By providing the sector with research methodologies, findings and case studies, Oxfam has made a valuable contribution to the increased visibility of the issues at global and national levels.

Oxfam’s collaboration with DFID has been successful in influencing the Department’s strategy on women’s economic empowerment: after Oxfam held two round tables on WEE co-hosted by DFID, unpaid care was made one of the three pillars of DFID’s strategy, which was announced at a UN General Assembly event in September 2015. WE-Care research evidence was presented at a recent conference of the research project Growth and Opportunities for Women (GrOW), organized by DFID and the International Development Research Centre (IDRC); and Oxfam’s research and reputation on care have contributed to Oxfam International’s Executive Director, Winnie Byanyima, being invited to join DFID’s High-Level Panel on WEE.13 In May 2016, Oxfam, the IDRC and the IDS began a joint global consultation to compile experiences of addressing care, to submit to the High-Level Panel.

In November 2014, an issue of Oxfam’s Gender & Development Journal dedicated to care included an article on the evolution of the RCA and HCS methodologies written with partners from the Philippines and Honduras,14 which highlighted the shift from care being considered a private, family issue to being a ‘social justice and development’ issue.

In 2015, the Ethiopia WE-Care team participated in action research on integrating unpaid care into market systems approaches – research that was subsequently published by the BEAM Exchange and the IDS.15

UN Development Programme (UNDP) staff in West Africa have been trained to use the RCA and have used it in programme design; and UN Women in East Africa has used exercises from the RCA as part of assessments in its women’s empowerment programmes.

Oxfam has held a series of meetings with the Islamic Development Bank (IDB) about WE-Care approaches, leading to the IDB funding projects on unpaid care with Oxfam partners in Bangladesh and Tajikistan.

Presentations on care have been given in a number of other international forums: at the SEEP conference in September 2015; to feminist academics and development actors at the IAFFE conference in Berlin in July 2015; at an ETI workshop in September 2015; and at the launch of the Knowledge Hub on Women’s Economic Empowerment in Agriculture in Nairobi in February 2016.

Findings from the RCAs and baseline HCSs have been used to produce presentations, infographics and webinars, which have been shared on Oxfam’s Policy and Practice website. A series of six webinars have been produced and shared on Oxfam’s Grow.Sell.Thrive website, with a further four organized internally to train Oxfam staff.
3. KEY FINDINGS FROM RESEARCH

WE-Care has developed, revised and improved both quantitative and qualitative research methodologies that have contributed to a better understanding of women’s work, how women use their time and how unpaid care is provided in households and communities.

At a WE-Care learning event in Zimbabwe in February/March 2016, researchers presented findings from qualitative and quantitative survey research in the six WE-Care countries. Key findings included the following.

- **Hours of care**: Women surveyed by the HCS reported doing 5.5–6 hours a day of care work on average and 13 hours a day with care responsibility, including supervising dependants.

- **Gender inequality**: Compared with this, men reported an average of one hour of care work and 4.3 hours a day of care responsibility. Thus, women in these poor rural communities do 3–6 times more hours of care work than men; this exceeds the (UNDP) global statistic of women (all women including in urban areas) spending 2.5 times the hours that men do on care. Sixty percent of men reported zero hours of care work as a primary activity (some doing care work as a secondary activity). Men reported 6.4 hours a day of paid and productive work, on average, exceeding women’s average of 3.7 hours. Younger adult women spent more hours than older women on unpaid care work.

- **Total work hours**: Women reported an average of 9.14 hours a day of all work, 1.8 more hours than men (averaging 7.35 hours), when paid, unpaid and care work are taken into account.

- **Children’s participation in care**: Girls do more care work than boys, and boys do more paid work than girls. Data on children’s care work were collected in two different ways with the same families, with discrepancies between findings, with hours reported by parents about children’s time use differing from those reported by the children themselves.

- **Perceptions and norms about care work**: Men value care tasks less than women do, when asked to rank the value (and skills required) for productive and care tasks. When asked to rank tasks by ‘skills required’, both men and women ranked planting crops, house construction and taking care of farm animals as the most skilled tasks, ranking higher than childcare, elderly care or cooking. Multiple regression analysis found an association between perceptions of the value of care and patterns of care work: households with greater recognition of the value of care tasks had a more equal gender distribution of hours spent on care.

- **Acceptability of gender-based violence and gendered care roles**: A significant minority of women (26 percent) and of men (21 percent) responded that it was acceptable to beat a woman because of a perceived failure to carry out care tasks; a larger minority (38 percent) found ‘harsh criticism’ against women acceptable in at least one circumstance. There were large variations between countries – 1 percent in the sample from Colombia, 50 percent in the Uganda sample and 66 percent in the Philippines sample. A significant minority of women (20 percent) and men (21 percent) believed that it was acceptable to mock or shame men who carry out care tasks.

- **Factors influencing care hours**: Women’s unpaid care hours increase if they have children under the age of six. Women who spend more time on paid work spend slightly less time on care work, but have higher overall workloads and on average have less leisure time and less sleep. The hypothesis that an increase in women’s income is associated with a decrease in care hours is not supported by the data so far, nor is a higher level of education consistently associated with fewer hours of care work. Care hours vary with marital status, family structure (polygamy), proximity of kin, seasonality and children’s school attendance.

- **Public services and reduction of women’s care work hours**: In households that have electricity, compared with those that do not, women spent fewer hours on care work. This association was also found in some contexts with water services; and access to water may tend to increase water use. There was no consistent association found between care hours and other public services.

- **Women’s decision-making power and equality of care hours**: An index compiled from responses to questions about women’s decision-making power and influence found that female respondents were involved in about eight out of 10 household-level decisions. No association was found between greater female decision-making power and equality in the distribution of care hours. These findings are not consistent with the common assumption that women with more ‘agency’ are able to renegotiate care work; this points to a need for more research on social norms as a potentially more significant factor shaping the gender division of care work in families.

- **Consequences of heavy and unequal care responsibilities**: Across various quantitative and qualitative research findings, the project found an association between inequality of unpaid care and social harms: marital discord, adverse effects on health (smoky fires, burns, back problems, stress) and limited mobility.

- **Interventions influencing care hours**: Participation in WE-Care initiatives on social norms is sometimes associated with more gender-equal care hours. Labour-saving equipment sometimes reduces care hours, but not always; this is perhaps due to social norms and raised social expectations when new equipment is available, or perhaps due to a self-selection bias.
4. COUNTRY REPORTS

The WE-Care project was launched with an inception workshop in Oxford from 29 September to 3 October 2014, which was attended in person or remotely by WE-Care coordinators from all six participating countries, as well as by colleagues from Oxford Novib and Oxfam Canada. Throughout the project, webinars and teleconferences were organized to share experiences and provide for capacity building of staff. A learning event to conclude the first phase of the project was organized in Zimbabwe from 29 February to 4 March 2016, which all six country teams attending, along with eight partner organizations. During this event, country teams presented their progress, which is summarized in the following pages.

Colombia

The WE-Care initiative in Colombia was implemented as part of an economic justice programme, working with the National Association for Rural, Black and Indigenous Women and the San Isidro Foundation.

Main activities and outputs

• Advocacy meetings were held with mayors in four districts to present the findings from the local RCA and HCS and to highlight the issue of care work and promote the role of local government in redistributing responsibility for care from families to the state. During election campaigns in October 2015, public meetings were held at which the WE-Care project team advocated for better provision of public services (water in particular) and care centres for children and adults.

• In the context of Oxfam’s GROW campaign, a Forum for Rural Women was organized in March 2015, during which a WE-Care/GROW-produced film, Harvesters of New Horizons (Cosechadoras de Nuevos Horizontes), was shown, highlighting the heavy responsibility that women assume for unpaid care, the problems this generates and proposals for political leaders. This video was presented to representatives of government agencies such as the Presidential Council for Women and the National Planning Department and of bodies such as UN Women and the Gender School of the National University of Colombia. The National Forum for Rural Women received substantial coverage in television news, radio programmes and two national newspapers, with quotes from members of Congress who were panel members at the Forum events.

• The Harvesters film was also the focus of a ‘Cinema-Conversation’ – an event organized in a cinema in the capital, Bogota, where academics, legislators, government officials and members of the Platform for Rural Women debated and proposed public policies on care.

• In October 2015 a series of ‘role reversal’ days were organized during which men cooked. A male facilitator led reflections on what it meant to redistribute work in the kitchen and the barriers that prevent men getting more involved in care work.

• The distribution of time- and labour-saving equipment (TLSE) was accompanied by awareness-raising activities amongst beneficiary households. Men in families who received equipment (washing machines, stoves, water pumps, filters or rainwater collection tanks) participated in discussions on unpaid care work and were asked to commit to using the equipment the family received. Workshops were also held to promote the redistribution of care work in the family.

Outcomes of the project

• The HCS in Colombia showed positive results in the redistribution of care work within households, greater involvement of men in care work and reduced time spent by women on activities such as collecting water and firewood and doing laundry.

• Research tools and other materials from the project have been shared with the Care Economy Group in Colombia (an alliance of feminist organizations, unions, government representatives, legislators, a university and members of civil society).

• The project has enabled Oxfam to gain a better understanding of the reality of rural women’s lives, and learning from it is being applied to other initiatives within the programme for Equality and Territorial Development for Rural Women. Care work is also being incorporated into concept notes and proposals for new projects in areas such as WASH and the promotion of women’s participation in productive processes in rural areas.

• One of the mayors committed to organizing film forums on care in local schools and youth clubs to promote the recognition and redistribution of care work amongst young people in their homes.

• Domestic and gender-based violence has been a recurrent issue in the communities where the WE-Care project has been implemented. Oxfam and partners developed a day of reflection on violence against women using theatre. Despite the sensitive nature of the topic, the day was received positively by community members.
CASE STUDY VIDALINA MUÑOZ

Vidalina Muñoz participated in WE-Care focus group discussions (FGDs). She realized that she was spending eight hours a day on non-paid care work and seven hours in the family nursery business and selling fruit.

Vidalina participated in a pilot project in which she received a gas stove in exchange for her wood-burning stove. After using it for some time, she told Oxfam: ‘Now I have time for other activities, since with the new stove with its four burners I can put the vegetables on one burner, rice on another and meat on another and I only need 30–40 minutes to cook everything.’

She added: ‘In the morning, my husband makes the coffee and brings it to me in the nursery; now we compete for kitchen duties. Sometimes he makes breakfast or dinner and sometimes I do it when I am not too busy with my business. He is not that hesitant any more to get close to the stove. Before, he would never make dinner because he was arriving home very tired and cooking on the old stove was a hassle. But with the new stove it’s easy and he cooks dinner now.’

Vidalina concluded: ‘It is great that the stove was not provided just for the sake of providing it. Rather, they visited us and assessed our real needs. They also supported us and gave us a demonstration on how to use it. This is wonderful.’

Vidalina Muñoz, 49, in front of her new cooker. She cooks for twelve adults and four children on a daily basis.

Photo: Cineskrúpulos/Oxfam
**Ethiopia**

The WE-Care project in Ethiopia was implemented in Oromia National Regional State (ONRS) in two Oxfam projects – the Dairy Value Chain project and Gendered Enterprise Development for Horticulture Producers.

**Main activities and outputs**

- **Research:** Oxfam and partners implemented the RCA in four locations and the HCS as a baseline and endline survey, enabling longitudinal evaluation of programme outcomes from 2014 to 2015. WE-Care in Ethiopia collaborated with the IDS and the BEAM Exchange on participatory research that explored the role of unpaid care in market systems approaches.  
- **Training:** A total of 26 facilitators (staff from the Bureau for Women, Children and Youth Affairs, district development agents, health extension workers and staff from the Rift Valley Women and Children Development Organization) were trained to run community conversations on care. In all, 390 community members participated in these community conversations.  
- **Time- and labour-saving equipment:** A total of 750 improved cooking stoves (ICS) were distributed to households, who each made a 40 percent contribution to the cost. The new stoves need less fuel, produce less smoke and reduce meal preparation time. The money collected will be used to buy more ICS to distribute, thus supporting local ICS producers.  
- **Influencing:** A national learning event at the end of the project (early 2016) brought together government representatives from the Ministry of Women, Children and Youth Affairs, the gender unit of the Regional Bureau of Agriculture and the Irrigation Office, as well as civil society representatives from UN Women, Oxfam affiliate offices, German development agency GIZ, GOAL Ethiopia, ChildFund and other development actors.

**CASE STUDY KITABE TERFE**

‘Now I have taken part in WE-Care, there is more discussion within the house between my husband and me. We discuss things more and support each other more. This is not only with my husband but also with my peer group. My husband has stopped asking me where I am all the time. He knows I am working on the farm. If he asks me for money, I can now ask why he wants it. If it’s not something for the house, I can say no.’

Kitabe Terfe, a participant in Oxfam’s Horticulture Value Chain Project and WE-Care project

**Outcomes of the project in Ethiopia**

- The WE-Care project, and particularly the RCA tools, brought new insights and understanding of care work to the targeted communities of ONRS. The RCA exercises provided the inspiration to start a conversation platform (community conversations) for community members; discussions improved understanding of care work in women’s lives and generated positive change.  
- In the El Niño humanitarian response (2015-2016), questions about care were integrated into the gender analysis, with the intention of understanding if women’s time allocated to unpaid care work increases in emergency drought situations. Findings showed that time allocation for unpaid care work did increase, such as water and fuel wood collection and walking animals to find fodder. At the same time, the decision-making power of women improves in such situations, because men often lose their livelihoods and women engage more in small income-generating and ‘food for work’ activities.  
- Oxfam country programmes, both livelihoods and humanitarian, have been inspired to start considering the WE-Care methodology, specifically the RCA, as a tool to understand and address unpaid care work within their planning and implementation processes. The pastoralist programme in the Fanfan Zone of the Somali region applied for and received regional funding to integrate WE-Care methodologies into its work.  
- Oxfam and partner staff (including government staff) have increased their capacity to design programme components on care, including running RCAs, convening community conversations and advocating for the inclusion of care issues in women’s empowerment programmes.  
- The learning event provided a platform for discussion, as well as for commitments by government and NGO counterparts to create alternatives and solutions to heavy and unequal care responsibilities.
Malawi

The WE-Care project in Malawi had a unique design compared with the other five WE-Care countries. As elsewhere, it implemented the RCA and the ICT-enabled HCS, but there was an additional research and advocacy component through links made to the mNutrition programme, which uses mobile phone messaging to provide farmers with information on health, agriculture and nutrition.

Oxfam staff worked closely with the mNutrition consortium to advocate for the inclusion of the issue of women’s unpaid care work in the design and monitoring of the programme. As a result of Oxfam’s advocacy, three ministries (Agriculture, Health and Gender), one mobile network operator (Airtel) and one NGO (Human Network International (HNI)) agreed to support the implementation of an RCT to determine the impact of mNutrition services on women’s time allocation.

Main activities and outputs

- The RCA was conducted in Chitipa and Lilongwe, and the HCS and RCT were conducted in Lilongwe and Mchinji districts from January to March 2016.
- Findings were presented at a national workshop in March 2016, which was attended by government officials from the Ministry of Health – Department of Nutrition, HIV and AIDS, the Ministry of Gender, Children, Disability and Social Welfare and the Ministry of Agriculture, Irrigation and Water Development, as well as by representatives of national NGOs, donors, private sector actors and academia. Three hundred copies of the findings report have also been disseminated; this has generated much interest in continuing the collaboration with Oxfam and INGOs on care, and fundraising is currently under way to enable this to take place.

Outcomes of the project in Malawi

- The RCA methodology proved to be successful in the Malawian context and has demonstrated that dialogues of this nature are possible and can be successful. Men now better understand care work and some households have embraced the sharing of care work between men and women, despite the cultural barriers that prevail.
- Findings of the RCA were used to initiate awareness raising at the local and national levels, as well as to influence key stakeholders involved in the mNutrition programme. Stakeholders in Malawi have come up with strategies on how the government and civil society organizations (CSOs) should use the RCA approach and findings in programming and for influencing others. The RCA has empowered communities to approach relevant players to reduce the burden of unpaid care work, such as NGOs working within their areas.
- The findings from the RCT have been highly informative for the mNutrition programme and will be used to influence the redesign and implementation of the programme in Malawi and the other 12 countries involved. They show a statistically significant association between increases in hours spent on productive paid work and decreases in sleeping time for women who receive text messages on their mobile phones about income-generating work. The interpretation of this finding is that promoting livelihoods without addressing care tasks may result in women having reduced time for rest or personal care.
- Oxfam has held discussions with Airtel Malawi to consider care work and time poverty as two areas they should include in its strategy for targeting women smallholder farmers in Malawi and potentially in the southern African region.
- Oxfam in Malawi’s country programme has adopted the RCA as standard practice, and it is committed to integrating care work into the country strategy. The tool will be used to ensure that unpaid care work is taken into consideration in all livelihood and resilience programmes. Efforts to influence other INGOs and the donor community to use the RCA and RCT analysis in WEE interventions are ongoing.
- Local leaders have begun to acknowledge unpaid care work as a developmental issue and one that needs to be included in village development plans.
The Philippines

The Philippines was one of the first countries to pilot and implement both qualitative and quantitative methodologies on unpaid care work in 2013 and early 2014, and was the first country to implement the RCA in both a development and humanitarian context, working with local partner Al-Mujadilah Development Foundation (AMDF) in 2014.

Main activities and outputs

- **Training and humanitarian response:** Oxfam and partner staff from three different projects were trained to implement the RCA. One of these projects was the post-Typhoon Haiyan reconstruction programme in Eastern Visayas, which sought to increase women’s leadership by building their resilience and preparing them to respond to disasters. As a result of the RCA exercises, laundry facilities and community kitchens were included as part of the programme response.
- **Research:** The HCS was translated into the local language and conducted amongst 232 households.
- **Time- and labour-saving equipment:** In all, 219 households received various forms of TLSE to reduce work at the household level. Equipment included rice cookers, water dispensers, baby cribs, washing machines and water barrels for harvesting rainwater.
- **Shifting social norms:** All families who received TLSE participated in a series of family Maswarah – family dialogues or discussions which served as awareness-raising sessions to change social norms on care work. Oxfam’s partner AMDF carried out these sessions with the 219 households. Topics include ‘What is care work?’; ‘the need to recognize, reduce and redistribute care work’; and ‘the realities of care work done by women and girls’, based on the results of the HCS. At the end of the family Maswarah, the households were able to identify options to reduce and redistribute care work at the household, community and government levels.
- **Advocacy:** Under Project EMBRACE, local partners and community-based organizations (CBOs) conducted meetings and advocacy with local government unit (LGU) officials, based on the needs identified during the RCA. Project EMBRACE developed information, education and communication (IEC) materials on care work (posters and billboards).

Outcomes of the project in the Philippines

- Oxfam staff have increased their capacity to integrate care analyses and WE-Care strategies into other programmes. The value of the RCA as a tool for analysis and for polishing the gender lens of livelihoods and resilience programmes was particularly appreciated and has led to a commitment to adopt the RCA as standard practice in Oxfam programmes.
- Lobbying LGUs has resulted in them co-financing the installation of water systems and providing the land and building materials for trading centres, benefiting more than 17,000 community members.
Uganda

The WE-Care initiative in Uganda has been implemented by two local partners, the Uganda Women’s Network (UWONET) and the Women and Rural Development Network (WORUDET). It is hosted by Oxfam’s Women’s Leadership Project, which aims to foster local activism and women’s leadership in order to address violence against women and to claim their land rights.

Main activities and outputs

- The project employed a number of context-specific community strategies to influence the recognition, reduction and redistribution of care work and the representation of carers in decision-making at the sub-national level. These included community dialogues, door-to-door outreach and working through community-based care change agents, role model families and community theatre to raise awareness about the negative implications of heavy care work on women and household development. Drama performances in the three sub-counties where the project was being implemented were used as a strategy to change attitudes and to stimulate positive behaviours in the community. Several men attributed their decision to get more involved in care work to the drama performances. A total of 712 people attended community dialogue meetings, which were organized by WORUDET with support from the sub-national district local government authorities.

- Media campaigns at community and national levels were conducted to raise awareness about care work and to change attitudes and perceptions. UWONET signed an agreement with the country’s leading television broadcaster to run a media campaign during the 16 days of activism. A documentary entitled The Invisible Barrier, highlighting best practices and lessons learned from the project, was produced as a learning tool for future reference.

- Advocacy with local government: WE-Care change agents in the three sub-counties lobbied local government through ‘community parliaments’ on access to safe water, with the result that one of the sub-counties agreed to relocate a borehole, reducing the distance that people (usually women) have to walk to fetch water.

- Unpaid care work in the national census: At the national level, strategic meetings were held with the Uganda National Bureau of Statistics (UBOS, which is part of UNBS) to include questions on care work in the Uganda Demographic and Health Survey (UDHS 2016). UBOS expressed its desire to continue working with UWONET and Oxfam on this issue.

- National advocacy: UWONET and Oxfam also jointly organized a national women’s conference where a panel discussion on the unequal and heavy burden of unpaid care work was presented to at least 250 stakeholders, including female MPs in the 10th Parliament, to build their understanding around care work.

Outcomes of the project in Uganda

- FGDs for the endline study indicated that there is increasing recognition of care work, and that men are realizing that they need to do more to support their households. Throughout the discussions held, there was a general understanding of the need to reduce women’s care work and to redistribute tasks amongst household members.

- There is also increased involvement of women in productive activities such as small-scale businesses and shops.

- The change agents held dialogue sessions with community members on care work, which has resulted in open discussion of the issue in most community gatherings. More people are approaching the change agents to support them, so that men start performing care tasks and conflict in families is reduced.

- Women expressed appreciation for the project, which has brought peace to their homes, where they feel valued and appreciated.

- Although the project did not specifically address violence against women and girls (VAW/G or GBV), high rates of alcohol consumption by men are a driver and contributing factor to this problem. Besides experiencing a heavy care workload, women also face violence for ‘delayed’ care responsibilities when men arrive home – for example, when men need to bathe and the water is not heated up in time, women may be subjected to domestic violence. The inclusion of men in programme activities and care work has enabled them to understand the heavy workload that women face. In interviews, several men reported that because they were staying at home to participate in housework, they were drinking less. Thus some families credit WE-Care activities for subtly reducing the levels of alcohol consumption in the region and thus reducing the occurrence of domestic violence.

CASE STUDY FEMALE FGD PARTICIPANT

‘I had the most disorganized family because of heavy care work. The change agent came and talked to me with my husband. My husband understood the message and joined the drama group. This has changed him. He never used to do any work at home but now when I am away, he prepares food for the children, bathes them and does other work. I am happy.’ Female FGD participant, Logwar parish
Zimbabwe

The WE-Care project in Zimbabwe was implemented in Zvishavane, Umzingwane and Bubi districts with three implementing partners – Bethany Project, Bekezela Home Based Care and Umzingwane Aids Network – within the Securing Rights in the Context of HIV/AIDS programme.19

Main activities and outputs

• **Research:** The RCA and baseline and endline HCSs were implemented, and revealed the extent of care work for women and the inequalities of unpaid care work in Zimbabwe. The programme then introduced three change pathways: changing gender roles and attitudes to care, introducing TLSE, and advocacy to the state and the private sector for recognition of care work.

• **Time- and labour-saving equipment:** Demonstration projects distributing TLSE to households were piloted in all three provinces.20 A total of 202 households received energy-saving stoves, known as tsotso stoves, 80 households were trained on stove making and 15 households received domestic solar systems. Two 5,000-litre tanks and accessories were installed in Bubi district, where the original tanks at water points were no longer operational. With the new tanks, approximately 450 households in three villages now have improved access to water.

• **Shifting social norms:** Eighty-seven WE-Care champions were recruited, one or two per village, and trained to facilitate discussions on care with their neighbours. Community dialogues and door-to-door discussions reached 3,674 people.

• **Advocacy efforts** included meetings with over 124 community leaders – headmen, village heads and chiefs, all of whom were men – on the issue of unpaid care. A round-table meeting was organized in January 2016 and was attended by local women’s rights organizations, various UN representatives, ActionAid, the Ministry of Women Affairs, Gender and Community Development (MOWGCD) and other local CSOs promoting gender justice. This was an important event in generating consensus around the importance of care work as a development issue, and helped to raise the profile of care nationally. Following from that, in partnership with the Women’s Coalition of Zimbabwe (WCoZ), a Women and Care symposium with the theme ‘Accelerating Advocacy for Women and Care Work’ was held, with 60 participants drawn from the MOWGCD, MPs, councillors, businesswomen, academics, WCoZ member organizations and individuals. The objective was to raise awareness on advocacy issues for women and care work, and to generate commitment to collective action to address the advocacy issues raised.

• **A number of media products** supported advocacy and awareness-raising efforts: an infographic video and poster were produced, profiling results from the RCA and HCS; the district government provided free space for two large billboards that were mounted in Zvishavane and Bubi districts to raise the visibility of the project and to influence positive behaviour change; and three local radio dialogues (one of which was done in collaboration with Padare Men’s Forum on Gender and the Women’s Action Group) were held to bring the discussion on care work to the general public.

• **Influencing the private sector:** Results from the HCS were shared with the Mimosa Mining Company, and meetings were held with 30 employers from nearby mines and farms with the aim of seeking investment in TLSE. Two dialogue sessions were also held with a total of 30 local business people to raise awareness of care issues.

Outcomes of the project in Zimbabwe

• The provision of labour-saving tools in the three implementing districts seems to be a main trigger in the reduction and redistribution of unpaid care work in the home. The tsotso stoves, for example, have been successful with families as men are saying that it is no longer demeaning for them to be seen cooking, as they are now doing it standing up instead of kneeling down in front of the fire. For women, the tsotso stoves have opened up new meal ideas and have enabled income-generating projects such as baking and catering for community events. The provision of water tanks has helped households, especially women, to establish flourishing nutritional gardens, which in turn have helped them to improve dietary diversity and set up small businesses.

• The follow-up HCS reflected changes in social norms, values and beliefs and evidence of the redistribution of care work and a reduction in the hours spent by women doing care work. Awareness-raising work and efforts to change attitudes to care have borne fruit: in all three districts, most community members are now recognizing care work as ‘proper’ work. Influential men in the community have been involved, sometimes joining WE-Care ambassadors in their door-to-door messaging or taking part in radio interviews and dialogues on care. There are also anecdotal reports of male partners participating in care tasks such as cooking and fetching water and firewood for the first time, due to awareness raising and a shift in mindset. Longitudinal analysis (2014–15) of men’s hours of care work in project communities found a statistically significant increase in men’s average hours of care, and a decrease in the gender inequality of care work.
• Oxfam and partners have successfully garnered support and interest from government, donors and civil society partners around unpaid care, and have influenced stakeholders to recognize care work as a development issue. There has been clear government interest and buy-in: the MOWGCD has influenced its ward coordinators to monitor WE-Care activities and to incorporate results within their monthly reports submitted to provincial and national-level government. The Ministry of Small and Medium Enterprises and Cooperative Development has helped to train 80 people on the construction and use of tsotso stoves, and has pledged its support to train more communities going forward.
• The project has enabled new partnerships to be formed. For example, Practical Action, an international NGO, has approached the Bethany Project with an interest in working together on the installation of solar systems and construction of tsotso stoves in the communities.
• Oxfam and partners have also managed to harness private sector engagement. Results from the HCS were shared with the Mimosa Mining Company, whose corporate social responsibility (CSR) department in Zvishavane has offered to provide bicycles to the WE-Care champions to facilitate their access to all households in the wards as they conduct door-to-door awareness raising and monitoring.
• The Bethany Project has negotiated a regular radio slot on Ya FM radio station in Zvishavane on care for 2016.

The WE CARE Champions singing and dancing to the care work song (I Do Care) as they welcomed partners who had arrived for the Global Learning Event Field Visit, Masarasara Business Centre, Ture Ward, Zimbabwe. Photo: Hilda Manokore/Oxfam
5. LESSONS LEARNED

In addition to lessons learned in the first period of programme implementation (see Interim Report, June 2015), the following lessons were identified during the global learning event held in Zimbabwe in early March 2016.

1. Importance of addressing social norms

Time- and labour-saving equipment by itself will not necessarily result in the reduction or redistribution of care work responsibilities within the household. It is imperative that the distribution of TLSE should be coupled with activities or interventions targeted towards changing social norms and behaviours.

During the research, a link was identified between GBV and unpaid care. Further research is being carried out to understand the context and specific details about GBV and care roles.

2. Use of community champions on care

The use of community champions or role models proved to be a cost-effective and sustainable way of ‘cascading’ information, getting buy-in from communities and monitoring the programme with minimum resources.

3. Changes in research methodology

a) The research methodology for the HCS was improved for the 2015 follow-up survey. Less effective questions from the 2014 survey on social norms and on children’s time were replaced with new sections and questions. In 2015, social norms questions investigated perceptions of the values and skills required for care tasks relative to productive tasks; women’s decision-making power; vignettes about couples sharing care work (or not); and violence, criticism and shaming of women and men over changing gender roles on care.

b) The research was initially designed to be flexible and adapted to each context. However, the deployment of decentralized research teams led to inconsistent data analysis across countries. The 2015 survey was led by a centrally based research team, working with national research teams doing data collection. The analysis on five databases from Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe was carried out centrally.

c) Local research teams carrying out the HCS were not always able to re-survey the same households, due to decisions made about the areas of programme implementation. Analysis has been delayed, in part due to delays in Ethiopia caused by the drought emergency.

4. Multi-stakeholder approach to national advocacy

A couple of teams experienced significant difficulties in trying to influence the national or local agenda on their own. Project teams recognized the importance of building broad-based constituencies and engaging in multi-stakeholder initiatives (MSIs), starting from the local level and going up to the national level, as a key strategy to influence national or local authorities. MSIs were built in all six countries.

5. Video/media

The topic of care work lent itself effectively to audio-visual products, and country teams have produced some striking posters, short films and leaflets. Notable examples are the films The Invisible Barrier from Uganda and Cosechadoras de Nuevos Horizontes (Harvesters of New Horizons) from Colombia. The Zimbabwe programme also produced two films summarizing findings from research and project results. All films will be available on Oxfam’s Grow. Sell. Thrive website. WE-Care stories from Uganda were published on Oxfam’s Policy and Practice website to commemorate International Women’s Day in 2016.

6. Youth/men and boys

Teams stressed the importance of engaging men and boys if attitudes towards care responsibilities are to change. In Ethiopia, the introduction of male support groups was essential to transforming community attitudes and practices, as was the ‘community conversations’ methodology. In Uganda and Zimbabwe, identifying and engaging with influential male community leaders and elders was identified as one of the principal keys to success. In Colombia, male adolescents were involved in cooking lessons led by a celebrity chef, images of which appeared in the national video Harvesters of New Horizons.
6. DISSEMINATION OF LEARNING

As mentioned above, all six country teams have held end-of-project events to share learning and findings from the project at the national level, and there is strong evidence in all six countries of government interest and commitment to continue engaging with Oxfam on care. Oxfam will be publishing the Household Care Survey Report in August 2016; and reports, videos and materials are being disseminated through Oxfam’s Knowledge Hub on Women’s Economic Empowerment, which has over 540 members from 250 organizations in 70 countries.

Globally, Oxfam is engaged in ongoing collaboration with DFID, the ETI, the Ethical Tea Partnership, the Gates Foundation, IAFFE, UN Women, the SEEP Network, the Norwegian Agency for Development Cooperation (NORAD) and Unilever. Oxfam CEO Winnie Byanyima has been invited onto the UN’s High-Level Panel on Women’s Economic Empowerment (HLP on WEE). Prior to the HLP on WEE meeting, Oxfam, the IDS and the IDRC are collaborating on a global consultation exercise looking at organizations’ experiences and successes on unpaid care. Oxfam’s CEO will submit the resulting paper on care to the HLP on WEE.

Kitabe, 25, and her baby in Oromia Region, Ethiopia. Photo: Abbie Trayler-Smith/Oxfam
7. BUILDING ON LEARNING AND SCALING UP WE-CARE, 2016–18

WE-Care has now become a ‘global programme’ for Oxfam, with strategies planned through the next three years. In three African countries, WE-Care will focus on scaling up advocacy and influencing at a national level, based on experiences and evidence from the districts where the project was piloted. Advocacy will continue to raise the profile of unpaid care work as a development and gender equality issue and will press for increased investments in care services and infrastructure, as well as better measurement and monitoring of unpaid and care work.

Programme teams will base strategies on several areas of learning:

- context-specific evidence of gendered time use and heavy and unequal care is compelling for community organizations and decision-makers at many levels;
- achieving positive, sustainable outcomes for women appears to depend on combining TLSE, shifting social norms and advocacy for increased investments in services – each strategy is necessary but not sufficient in itself for lasting change;
- an enabling environment for change is facilitated by convening many different stakeholders, including traditional and religious leaders and public and private sector officials, and using various media;
- more research is required to understand social norms and to document ‘what works’ to shift norms. This will include investigating norms concerning gender roles and care, the acceptability of GBV for women doing less care and men doing more care, the association between women’s agency and redistribution of care work hours and also perceptions about the value and skills of care work itself.

WE-Care’s global programme will also invest in developing compelling ‘messaging packages’ for policy makers based on the research evidence, and will engage more with global-level institutions and private sector companies. The programme will explicitly and intentionally document learning about advocacy on WEE and care, and will support the capacity of women’s rights organizations and civil society groups to carry out effective advocacy on these ‘new’ topics.

Rapid Care Analysis exercise in November 2014 in Oromia Region, Ethiopia. Photo: Oxfam
“SHE NEVER WANTED ME DOING CHORES”

THE BETTY ANGEYO AND ALEX OTEMA STORY
Context

Lagot Opuk is a village in Lugwar parish, Palabek Ogili sub-county, in Lamwo district in northern Uganda. On its northern side is South Sudan which is just a few kilometres away. The area is sparsely populated by the Acholi who have lived here for over 1,000 years. The Acholi in this area are mainly subsistence farmers who also rare goats, cattle and sheep which they depend on for their livelihood.

There is some form of division of labour in this community, where the men look after livestock while the women grow crops for subsistence and carry out all the domestic chores. The Acholi are proud of their culture which places men at the forefront of all the decision-making processes that every aspect of life revolves around. Women mostly go by what the men say.

Water is scarce in Lagot Opuk, with a few boreholes serving much of the community surrounding it. It is mostly women who fetch water and firewood for domestic use. Some walk for as long as two and half kilometers to the borehole and make about 10 trips daily, starting out before everyone else gets out of bed.

The borehole serves a very big number of people within the community. This means that it takes up to 3 hours for most women to complete the rounds before moving even further to fetch firewood that is enough to serve an average family.
Before the WE-Care training

Alex Otema is a 44-year-old father of 5 sons and 3 daughters between the ages of 15 years and 9 months. He is married to Betty Angeyo who is two years younger than him. He is a small-scale farmer and a retailer whose first encounter with WORUDET, the Oxfam partner on the ground, was in 2015. This encounter that at first seemed inauspicious has revolutionized his life.

At first, the views expressed during the training appeared to be on a collision course with his cultural beliefs. However, with time, that changed when he realized there was so much benefit from sharing domestic work as opposed to his former cultural practices that hindered the progress of his family. Otema says one of the first benefits he noticed was the significant reduction of violence in his home. He was the chief perpetrator. His change took his friends by surprise. The violence, he says, was mainly caused by his love for drinking coupled with his wife’s inability to cope with the heavy workload at home that left her extremely tired at the end of the day. And she could not engage in other productive work either.

At the end of the training, it soon dawned on Otema just how underappreciated Angeyo’s role had been. The training also exposed him as a slightly irresponsible man. His failure to lessen her burden rendered her ineffective in other aspects of their life together. It was high time he made some changes.

As a wife and mother, Angeyo’s work, as is the tradition with a typical Acholi wife, was 24 hours a day, 7 days a week. It didn’t matter whether it was night, weekends, holiday or sick days. She had to cook, bathe the children, do laundry for every member of the family, till the land and grow crops, fetch water and firewood and attend to the husband’s other needs.

Otema was feeling frustrated because his wife couldn’t help him with the business. But he was failing to understand that this was because she was overloaded with domestic work.

The training opened his eyes to the benefit of shared domestic responsibilities. As a result, Angeyo now has time to play a key role as a partner in their business, including running and managing the grinding mill which serves the community in which they live.
"Today my wife isn’t well, which means I am cooking and doing all the domestic chores with the help of our older children. I made breakfast this morning and I am already preparing lunch. I used to not care to understand how much my wife was doing. If I found out she hadn’t done something, I would get violent with her. I was ignorant, bound by cultural beliefs and practices”, he says.

Six of their 8 children go to school. The two youngest ones are only 2 years old and 9 months old. During school holidays, the children are involved with the chores around the house and in the farm. They normally weed and harvest crops. At the time of this interview, they were all busy harvesting sorghum. “We do everything together,” Otema says.

The change

Before undertaking this training, Angeyo was a sad, tired and drained woman. Now, she is a businesswoman who operates the grinding mill whenever Otema is not around. Otema says he never thought his wife was capable of managing anything. Many of the men who never attended this training sometimes mock Otema saying he has been turned into a woman by his wife who has disempowered him. But that doesn’t faze him. He knows what they don’t know and much as he has tried to share it, some still don’t see how going against their culture, as they see it, can be beneficial in any possible way. He has shared his experiences with 7 other families. Some of the men are receptive, while others still find it a challenge to engage in chores and share the responsibility.

“The Lorena stove has made it easier for me to cook. It uses less firewood, it takes half the time since it has two places where you can cook sauce and food at the same time and it doesn’t smoke the place up that would have made it difficult for me.

My wife used to be very negative about me being involved with housework. She used to say she couldn’t eat food cooked by her husband. She couldn’t even allow me to do the laundry. It was quite an adjustment for her too after my training to accept me sharing domestic chores with her,” Otema reveals.
Mark Olara, 30, fuelling the Lorena stove in Lamwo district, Uganda. Photo: Julius Caesar Kasuja/Oxfam
Notes


3 For more information on Goal 5 on Gender Equality of the Sustainable Development Goals: http://www.undp.org/content/undp/en/home/sgoverview/post-2015-development-agenda/goal-5.html


5 Rapid Care Analysis toolkit and guidance can be found here: http://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-302415

6 Afghanistan, Azerbaijan, Bangladesh, Guatemala, Honduras, Iraq, Liberia, Nepal, Nicaragua, Sierra Leone, Sri Lanka, Tajikistan, the UK and Zambia.

7 The RCA was implemented in Nepal’s earthquake response and the post-Typhoon Haiyan response in the Philippines.

8 For more information on SurveyCTO data collection tool: http://www.surveycoto.com/index.html


11 Reports are/will be available on: http://policy-practice.oxfam.org.uk/publications

12 For more on mNutrition: http://www.gainhealth.org/knowledge-centre/project/mnutrition/

13 Multiple regression is an extension of simple linear regression. It is used when we want to predict the value of a variable based on the value of two or more other variables. The variable we want to predict is called the dependent variable (or sometimes, the outcome, target or criterion variable). Definition taken from: https://statistics.laerd.com/spss-tutorials/multiple-regression-using-spss-statistics.php


17 Budgets for the Zimbabwe WE-Care programme were increased by a grant from the Garden Trust.

18 For more information on ‘Oxfam Resources’ on http://grow.sell.thrive.org/our-work/we-care

19 All films will be available on the Grow.Sell.Thrive website: http://growsellthrive.org/our-work/we-care


21 See https://oxfampolicy.exposure.co/i-will-use-my-leadership-position-to-do-more; and https://oxfampolicy.exposure.co/happy-wife-happy-life

Women’s Economic Empowerment and Care (WE-Care) initiative is a multi-country Oxfam programme running in over 6 countries including Uganda. In Uganda, the project runs in 3 sub counties in Lamwo district since August 2014.

We work with local partners such as the Women and Rural Development Network (WORUDET) which is a local NGO implementing WE-Care activities (like training and community meetings) in Lamwo district and works in collaboration with Uganda Women’s Network, another local partner, to profile unpaid care work at national level.

Front cover photo: Florence Alur, 31, and Zakayo David Opwonya, 33, took part in training from the WE-Care initiative following which Zakayo began farming with his wife and doing household chores.

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