WOMEN’S ECONOMIC EMPOWERMENT AND CARE (WE-CARE) – OXFAM
PHASE II INTERIM REPORT
APRIL 2016 – JUNE 2017
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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AusAid</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>BEAM</td>
<td>Building Effective and Accessible Markets</td>
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<tr>
<td>CEDAW</td>
<td>UN Convention on the Elimination of all forms of Discrimination Against Women</td>
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<td>CGAP</td>
<td>Consultative Group to Assist the Poor</td>
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<td>CSA</td>
<td>Central Statistical Agency</td>
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<tr>
<td>CSO</td>
<td>Civil society organization</td>
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<tr>
<td>CSW</td>
<td>Commission on the Status of Women</td>
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<tr>
<td>CSW61</td>
<td>61st Session of the Commission on the Status of Women</td>
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<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
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<tr>
<td>DWSSC</td>
<td>District Water and Sanitation Sub-Committee</td>
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<tr>
<td>EPRC</td>
<td>Economic Policy Research Centre</td>
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<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (German Corporation for International Cooperation)</td>
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<tr>
<td>GENNOVATE</td>
<td>Collaborative Platform for Gender Research</td>
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<td>GAD</td>
<td>Gender and Development</td>
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<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (German Corporation for International Cooperation)</td>
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<tr>
<td>GrOW</td>
<td>Growth and Equal Opportunities for Women</td>
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<td>HCS</td>
<td>Household Care Survey</td>
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<td>IAFEE</td>
<td>International Association for Feminist Economics</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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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>INGO</td>
<td>International non-Government organization</td>
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<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>NEWA</td>
<td>Network of Ethiopian Women’s Associations</td>
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<td>NGO</td>
<td>Non-government organization</td>
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<td>ODI</td>
<td>Overseas Development Institute</td>
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<td>OCS</td>
<td>Oxfam country strategy</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>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SEEP</td>
<td>Small Enterprise Education and Promotion</td>
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<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNHLP</td>
<td>United Nations High Level Panel</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UN WOMEN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<tr>
<td>URA</td>
<td>Uganda Revenue Authority</td>
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<tr>
<td>UWONET</td>
<td>Uganda Women's Network</td>
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<tr>
<td>VAWG</td>
<td>Violence against women and girls</td>
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<td>WE-Care</td>
<td>Women’s Economic Empowerment and Care</td>
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<td>WEE</td>
<td>Women’s economic empowerment</td>
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<td>WIEGO</td>
<td>Women in Informal Employment Globalizing and Organizing</td>
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<td>WORUDET</td>
<td>Women and Rural Development Network</td>
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<tr>
<td>WRO</td>
<td>Women’s rights organization</td>
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1. INTRODUCTION

Oxfam’s WE-Care programme

Reducing heavy and unequal unpaid care work is essential to achieving women’s economic empowerment (WEE). This assertion, once accepted only by women’s rights activists, is now recognized by donors and policy makers, with growing interest in addressing unpaid care within development programming. However, development actors often do not have sufficient evidence on how unpaid care impacts economic policy outcomes. Likewise, women’s rights and civil society leaders often lack evidence, strategies and resources to influence policy on care.

The first phase of the Women’s Economic Empowerment and Care (WE-Care) programme was implemented in 2014–2016 in six countries – Colombia, Ethiopia, Malawi, the Philippines, Uganda and Zimbabwe – to build evidence for influencing change on care, while also providing development actors with methods and knowledge to strengthen advocacy on unpaid care work. Two innovative research methodologies – the qualitative Rapid Care Analysis (RCA) and the quantitative Household Care Survey (HCS) – have built evidence on unpaid care and informed change strategies, influencing development policy and practice. Phase II of the WE-Care programme is building on this work and the increased recognition of the relationship between unpaid care and WEE, with the following objectives:

- Deepen the evidence base, and strengthen influencing capacity on WEE and unpaid care;
- Develop and test a variety of influencing resources, strategies and approaches for use at national and international levels; and
- Capture and disseminate learning within the development sector about effective influencing for policy change on WEE and unpaid care.

The Hewlett Foundation has supported WE-Care to build evidence, capacity and advocacy in Ethiopia, Uganda and Zimbabwe, while the wider programme supports projects in the Philippines and elsewhere. The programme focuses around five key outcomes: developing a strong evidence base; supporting women’s organizations and civil society; influencing national policy makers; influencing international policy makers; and disseminating learning. The project has promoted innovation, learning and sharing – finding out what works and disseminating good practice to strengthen influencing and, ultimately, to achieve policy change to transform women’s unpaid care work and promote WEE. This report provides an overview of the implementation and results of this programme from April 2016 to June 2017.

Summary of key achievements

- The 2015 research report was published in November 2016 and has been downloaded almost 1,000 times. The updated RCA methodology and HCS questionnaires were published in the same month, with over 1,600 downloads by the end of June 2017.
- New assessment methodologies have been developed on social norms related to unpaid care. Further social norms research has been completed in three districts in Zimbabwe on care and gender-based violence (GBV) and in four districts in Ethiopia on unpaid care and effective interventions. The Zimbabwe findings were discussed at a workshop with the Ministry of Women’s Affairs, Gender and Community Development.
- Almost 640 women’s rights and civil society representatives participated in capacity building on unpaid care evidence, messaging, policy asks and influencing strategies. Trained advocates took part in 23 influencing opportunities at the local, national, regional and international levels.
- In Uganda, WE-Care partners achieved policy changes with diverse government bodies: the Uganda Bureau of Statistics (UBOS) included two questions on unpaid care in its national health surveys; the Uganda Revenue Authority (URA) agreed to collect sex-disaggregated data to inform advocacy for tax exemptions on services which reduce care workloads; and the Marriage and Divorce Bill – recognizing the contribution of unpaid care work to family development – was included in the Common Legislative Agenda of Parliament.
- Oxfam highlighted the impact of care workloads on women smallholder farmers with an episode of Oxfam’s reality TV show Female Food Heroes – with an average reach of 37 million viewers.
- Internationally, Oxfam promoted the global care agenda at the UN High Level Panel (UNHLP) on WEE, and WE-Care policy asks were included in the final report. Oxfam and partners also promoted evidence and strategies on unpaid care work at the 61st Session of the Commission on the Status of Women (CSW61), and commitments were made to address unpaid care work in CSW conclusions. UN Women commended WE-Care’s national-level CSW61 initiative in Zimbabwe, and noted Oxfam’s role in promoting unpaid care issues at the UNHLP on WEE at a national event in Ethiopia.
- Unilever committed to expanding its social norms work on unpaid care in low-income countries, and to exploring joint advocacy initiatives with Oxfam.
- A senior World Bank official stated that Oxfam’s pioneering work on unpaid care had encouraged the agency to consider the impact of unrecognized unpaid care work and publish guidance on related strategies.
2. ACTIVITIES, PROGRESS AND ACHIEVEMENTS

Table of progress against activities and outcomes

The following table summarizes WE-Care’s progress against activities, outcomes indicators and targets in the first five quarters of Phase II (April 2016 to June 2017). Unexpected outcomes are highlighted in orange.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>INTERMEDIATE OUTCOMES</th>
<th>INDICATORS AND TARGETS</th>
<th>ULTIMATE OUTCOMES</th>
<th>PROGRESS</th>
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<tr>
<td>A1. Develop set of key research findings on care with further analysis of evidence.</td>
<td>Development practitioners, advocates and policy makers have access to clear, comprehensive evidence from five countries on unpaid care, on which they can base influencing and policy development.</td>
<td>• Clear set of key findings published in full and summary form on Oxfam’s Policy &amp; Practice website and promoted widely, as well as through the Oxfam Knowledge Hub on WEE. • Infographics, PowerPoint presentation and blogs produced to communicate findings.</td>
<td>Evidence from HCS is available and easy for practitioners and policy makers to use, and contributes to developing better public policy on unpaid care, ultimately leading to a reduction in women’s unpaid care work.</td>
<td>• Further analysis of Phase I HCS findings; findings published in full and summary form on Policy &amp; Practice website and WEE Knowledge Hub platform; promoted at 23 events (six in Ethiopia, four in Uganda, five in Zimbabwe, eight at global level). • Nationally-representative data collected through HCS/RCA research in Uganda, analysis underway; multi-country HCS analysis across Uganda, the Philippines and Zimbabwe underway. • Phase I evidence made accessible through reports, fact sheets, infographics, presentations and case studies. • RCA training modules developed and RCA/HCS methodology updated. • Additional research conducted to inform advocacy: RCA/HCS research completed in the Philippines, Zimbabwe, Kenya and Rwanda; literature review, scoping study and community mapping on water and laundry services conducted in Zimbabwe; influencing strategies developed for IDS-led Growth and Equal Opportunities for Women (GroW) research in Nepal and Tanzania.</td>
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<td>A2. Develop understanding of the impact of social norms on the gender division of care tasks, in order to identify influential norms shaping care work.</td>
<td>New data is available indicating the social norms which influence gendered roles in care.</td>
<td>• Findings from research on social norms and care are integrated into ongoing influencing with national institutions (see below). • Research informs new approaches to challenging social norms (e.g. radio spots, role models, youth/popular theatre, adverts, government communications).</td>
<td>Contribution to development sector understanding of the impact of social norms on unpaid care and of strategies to shift norms. Wider influencing on social norms will help to shift gender division of care and reduce women’s care burden.</td>
<td>• Improved understanding on social norms through research on unpaid care/GBV published in Zimbabwe; research on social norms on unpaid care completed in Ethiopia; further analysis of 2015 Uganda study on attitudes and gender relations. • New assessment methodologies developed for social norms on unpaid care in Zimbabwe and the Philippines, and for social norms in the economy among young people in Bangladesh. • Improved research and intervention strategies through WEE Knowledge Hub’s Practitioner Learning Group on Shifting Social Norms at Scale, including literature review, learning workshop and three webinars. • Findings integrated into ongoing advocacy events (see below).</td>
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<td>ACTIVITIES</td>
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<td>B1. Develop messaging and materials for global policy makers based on WE-Care evidence, working with Ethicore and taking a market insights approach.</td>
<td>Materials which illustrate the centrality of unpaid care to economic and development policy are developed, tested and available for use in international (and where appropriate national) advocacy and influencing.</td>
<td>• Key points identified from evidence on care. Market insights research identify the best way to illustrate the relationship between care and economic policy, and identify compelling arguments for interventions to address care. • Creative concepts are developed to pilot key messages to policy makers, then tested and finalized. • Materials are made available to practitioners and allied organizations and used in influencing.</td>
<td>Improved policy communications materials make compelling links between policy and unpaid care work to global policy makers — resulting in more effective influencing, better public policy, a reduction in women’s unpaid care load and an increase in women’s economic empowerment.</td>
<td>• Economic arguments identified through Ethicore market insights research, for advocacy with economic policy makers. Messaging used at national and global events. • Influencing strategy, policy brief template and policy brief for national governments developed for policy advocacy.</td>
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<td>B2. Build capacity of leaders of women’s organizations and civil society to undertake national advocacy and influencing in project countries.</td>
<td>Skilled and empowered women’s leaders and organizations and other civil society groups advocate effectively using WE-Care evidence and arguments about unpaid care (two to three countries).</td>
<td>• Women’s rights groups and other key actors identified and capacity building events and training held. • Trained advocates engage in at least five influencing opportunities.</td>
<td>Strengthened capacity and commitment of women’s organizations and civil society groups to advocate on care, resulting in more effective advocacy, better public policy, a reduction in women’s unpaid care work and an increase in women’s empowerment.</td>
<td>• Capacity building on influencing with 637 WRO and CSO actors: 144 in Ethiopia, 169 in Uganda, 168 in Zimbabwe, 21 in Kenya, 39 in Tanzania, 96 at global level. • Trained advocates took part in 24 influencing events: six in Ethiopia, 13 in Uganda, four in Zimbabwe, one in Tanzania, one at regional level, three at global level (see below). • WE-Care partners in Zimbabwe developing new project activities as a result of capacity building, including civil society/private sector mapping, talk shows and gender-responsive budgeting training for parliamentarians.</td>
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<td>C1. Advocate with relevant national institutions to include data collection on time use and (women’s) unpaid care.</td>
<td>Data collection instruments (e.g. national census, Demographic and Health Surveys (DHS), baseline and monitoring surveys) used by ministries, private sector and development actors are improved to gather better data on women’s work, time use and unpaid care (one to two countries).</td>
<td>• Meetings held with institutions (government, data collection agencies) to discuss data collection. • Capacity building and training of relevant officials in appropriate methodologies. • New data collection methodologies agreed, piloted and implemented by one national body.</td>
<td>National governments, census bureaux, employers and companies in key countries develop improved policies and practices based on better context-specific data on women’s work and unpaid care, leading to better services and policy on care, a reduction in women’s unpaid care work, and an increase in women’s empowerment.</td>
<td>• Uganda: UBOS influenced by WE-Care to include two questions on unpaid care in national health surveys and revise methodologies to interview women and girls alongside male heads of household. • Ethiopia: CSA agreed to collaborate with Oxfam to disseminate findings from its national time-use survey and follow-up time-poverty analysis study; Oxfam and CSA’s Gender Director will jointly lobby for funding for regular time-use surveys.</td>
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<td>ACTIVITIES</td>
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| C2. Build national level initiatives to advocate with government and private sector for investments in infrastructure and care services, using WE-Care evidence, messages and materials. | Governments and private sector debate and plan new infrastructure, services or policies that reduce or redistribute women’s unpaid care work as a result of WE-Care and advocacy on inequality (two-plus countries). | • Advocacy workshop held to identify key opportunities for influencing, and develop strategies and build capacity for influencing.  
• A range of stakeholders convened and influencing objectives and processes agreed, planned and implemented.  
• Debates and reports by government actors (or other institutions) cite WE-Care evidence on unpaid care, and refer to advocacy asks.  
• Government and/or private sector make public commitments to interventions on care. | Effective advocacy results in government and private sector allocating budget, making commitments and implementing interventions to reduce women’s care load. | • Influencing opportunities and strategies identified at advocacy workshop; national influencing strategies developed.  
• National-level working and reference groups developed.  
• National bodies in four countries influenced at 25 national and regional events, and through leveraging of three international processes (UNHLP, CSW61, CEDAW).  
• Uganda: URA committed to collecting sex-disaggregated data to inform care-sensitive tax policies; Ministry of Water official committed to improving access to water; local government agreed to improve health and water services; Marriage and Divorce Bill included in Legislative Agenda.  
• Zimbabwe: District Water and Sanitation Sub-Committee (DWSSC) integrated WE-Care resources into approach; ILO interested in adopting WE-Care strategies in WEE work; UN Women commended national-level WE-Care initiative on CSW61.  
• Ethiopia: UN Women likely to include unpaid care in WEE strategy; UN Women noted Oxfam’s role in promoting unpaid care in UNHLP at national event.  
• Tanzania: women smallholder farmers’ care workloads highlighted on episode of Oxfam’s reality TV show Female Food Heroes – average reach of 37 million viewers. |
| D1. Oxfam, WE-Care and partners influence selected and international institutions to ensure that unpaid care is recognized in economic and development policy. | Unpaid care is increasingly embedded within the development narrative of key international institutions, and increasingly recognized by the selected institutions’ policy makers as central to economic, social and political development. | • Strategic opportunities for influencing development narratives are identified (advocacy workshop, see above).  
• WE-Care organizes or participates in key influencing opportunities (e.g. High Level Panel on WEE, DFID, IMF and World Bank Spring Meetings).  
• Appropriate materials, reports and communications are developed to support influencing, including evidence or policy asks on unpaid care work.  
• Policy makers cite WE-Care evidence, policy messages or advocacy asks. | Development actors and institutions (such as World Bank, IMF, DFID) use emerging evidence on unpaid care in policies, strategies and approaches and reflect the centrality of unpaid care to development policy – leading to better policy on unpaid care, reducing women’s unpaid care work and promoting women’s empowerment. | • Policy asks and messaging shared at eight international platforms: UNHLP on WEE; CSW61; International Women’s Day Forum; Skoll World Forum; World Bank Advisory Council on Gender and Development; SEEP Network’s WEE Global Learning Forum; Business Fights Poverty Conference.  
• WE-Care policy asks promoted at UNHLP on WEE and included in final report.  
• Care work included in African Position Paper to CSW and heads of government; commitments made to address unpaid care work in CSW conclusions.  
• WE-Care evidence included in Oxfam’s Even It Up! campaign report at IMF Spring Meetings; forthcoming indicators/policy asks for Behind the Barcodes food sector campaign; and upcoming social norms work for Enough campaign on VAWG.  
• Unilever committed to expanding social norms work and exploring joint advocacy initiatives with Oxfam; WE-Care evidence included in Unilever report. |
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<th>PROGRESS</th>
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| E1. WE-Care generates and captures learning about effective influencing on unpaid care (from the selected activities described above) and disseminates and embeds learning in the practice of Oxfam and the wider development sector. | A body of learning around influencing on WEE and Care is developed, captured and shared within Oxfam, with allied organizations, and with the wider development sector. Learning is adopted and used by Oxfam advocacy teams beyond the WE-Care countries, and by development sector allies. | - Learning is generated continuously through pilot projects and other activities, and documented by the global team.  
- Learning is captured and developed into a variety of learning products, materials and resources.  
- Learning products are disseminated at learning events (workshops, webinars, meetings, etc.) and through communications channels (Policy & Practice website, Oxfam internal communications channels, development sector channels) and made accessible to wider development sector.  
- Oxfam advocacy staff beyond the WE-Care countries, and other development practitioners and organizations, adopt influencing approaches captured in learning materials and use approaches to influence policy makers. | The development sector has enhanced capacity (knowledge, skills, resources, approaches) to influence on unpaid care; advocacy is therefore more effective, leading to more success in influencing, and as a result government, donors and private sector develop better policies on unpaid care; women’s care load is reduced, – which ultimately contributes to women’s economic, social and political empowerment. | - World Bank official recognized that Oxfam’s work on unpaid care had led them to consider this area and publish guidelines.  
- Learning documented through reports, presentations, blogs, posters, reports, briefing notes, fact sheets and videos, and disseminated at national and global events (see above). Some shared on Policy & Practice website/WEE Knowledge Hub.  
- Learning exchanged at WE-Care advocacy workshop, five Oxfam webinars and Practitioner Learning Group.  
- WE-Care evidence/influencing strategies integrated into Even It Up!, Behind the Barcodes and Enough campaigns. |
Overview of outcomes and achievements

The following overview documents progress against the five outcomes and eight activities outlined in the WE-Care Phase II proposal.

Outcome 1: A strong evidence base on unpaid care is available for development actors

In Phase II, WE-Care is building on the evidence base established during the first phase, with rigorous multi-country research using the RCA and HCS methodologies. Our progress on Activity A1 in developing and publishing key research findings has involved deeper analysis of 2015 HCS data sets, as well as developing multiple communications products to disseminate Phase I evidence and learning widely to development actors and policy makers through various media and events. WE-Care’s evidence for influencing has been strengthened by new HCS research to build nationally-representative evidence, and multiple qualitative research initiatives within WE-Care and wider Oxfam programmes. We have increased the influence of our approach by publishing updated RCA and HCS methodology, and developing training modules for the RCA, responding to interest and demand within the development sector. Under Activity A2 on undertaking further research on social norms, we have participated in global-level learning processes, developed innovative methodologies and implemented research to improve understanding on economic and gender norms relating to unpaid care. Findings from these initiatives will inform ongoing influencing work with national and international actors, as well as programme strategies for social norm change.

A1: Develop and publish key research findings with further analysis of Household Care Survey data

WE-Care evidence made accessible to development actors

Findings from the 2015 HCS research across five countries – Colombia, Ethiopia, Uganda, the Philippines and Zimbabwe – were published in November 2016 in full and summary form on Oxfam’s Policy & Practice website and WEE Knowledge Hub platform, garnering almost 1,000 downloads by the end of June 2017. The report included further analysis of change over time between the 2014 and 2015 HCS in Ethiopia and Zimbabwe, exploring the impact of programme activities on reducing care hours and inequalities in gendered care roles. This learning has been integrated into Phase II advocacy messaging. Research findings and learning from Phase I have been included in reports, case studies, fact sheets, presentations and infographics, and shared with national and international development actors and policy makers through a range of meetings, webinars, events and international conferences during the first year of Phase II.

WE-Care methodologies and methodology training resources updated and published

The updated RCA methodology and 2015 HCS questionnaires were published on Oxfam’s Policy & Practice website and WEE Knowledge Hub Platform in November 2016, with over 1,600 downloads as of the end of June 2017. The updated 2017 HCS questionnaires will be disseminated through Oxfam’s Policy & Practice website in early 2018 to support development actors’ research on unpaid care. WE-Care has also developed RCA training modules for programme managers and facilitators suitable for use online or in workshops, tested with 96 participants and due to be published in early 2018 to facilitate further implementation of the RCA methodology.

Nationally-representative evidence developed for influencing

The Uganda project has completed data collection, with over 3,100 HCS respondents and almost 60 RCA participants in three districts for research exploring care work distribution by gender and age, consequences of heavy and unequal care, and effective interventions. The Economic Policy Research Centre (EPRC) and the Makerere University School of Gender and Women’s studies are conducting Uganda data analysis, while WE-Care researchers are analysing HCS data across Uganda, the Philippines and Zimbabwe. Both sets of research findings will be published in early 2018 to inform national- and global-level influencing, while Oxfam will present a paper with HCS findings on fiscal policies and unpaid care work for the Levy Economics Institute Conference on Gender and Macroeconomics in September 2017.

Further research implemented to build evidence on unpaid care

As part of wider WE-Care initiatives, Oxfam has implemented 77 RCA assessments and a baseline HCS with over 1,600 participants in new districts in the Philippines and Zimbabwe, and completed RCA and HCS research in livelihoods programmes in Kenya and Rwanda, respectively. As of June 2017, planned RCAs within Oxfam programmes included a resilience programme in Nigeria, a WEE programme in Scotland and enterprise development programmes in Bangladesh, Ethiopia, Honduras, Nepal and Rwanda. WE-Care has also undertaken a literature review, scoping study and community mapping process to identify the need for services, infrastructure and equipment for water and laundry in four provinces in the Philippines and five districts in Zimbabwe. Finally, Oxfam has supported the Growth and Economic Opportunities for Women (GrOW) research project led by the Institute of Development Studies (IDS) on how heavy and unequal unpaid care work impacts women’s participation in the paid economy, advising on influencing strategies with decision makers to ensure integration of care services into enterprise and employment projects. Outcomes will be integrated into ongoing WE-Care national and global advocacy initiatives.
A2: Undertake further research on social norms to improve understanding of perceptions of care, and the gendered division of care work

Improved understanding of social norms on care through qualitative research

Research has been completed in three districts in Zimbabwe, exploring social norms both shaping the unequal division of care work and underpinning GBV related to care work, with findings disseminated through communications products and a workshop with the Ministry of Women’s Affairs, Gender and Community Development. Findings show that while men participate in care activities, these tasks are still considered to be women’s primary responsibility, and that GBV may occur when women and men do not conform to gender norms relating to care provision. Further analysis of a 2015 study in Uganda’s Karamoja District found that development interventions on unpaid care positively changed gendered care relations and attitudes in a wider context of post-conflict social and economic change. Further research in four districts in Ethiopia’s Oromia National Regional State will be completed in Autumn 2017, exploring gender norms (relating to gender roles for different tasks) and economic norms (relating to perceptions of different tasks as valued or skilled), as well as the impact of community conversations on shifting social norms on unpaid care. These findings will be consolidated with evidence on social norms from the quantitative research to inform economic messaging for advocacy work, and social norms interventions such as radio, theatre and community role models.

New methodologies and research developed on social norms

WE-Care consulted with staff from the Overseas Development Institute (ODI) and the Collaborative Platform for Gender Research (GENNOVATE) to develop innovative methodologies to assess social norms. Research will be undertaken in the Philippines and Zimbabwe from August 2017, exploring social norms impacting unpaid care work, past and potential changes in social norms, and messaging and influencers to shift social norms. The WE-Care team also supported Oxfam’s IKEA-funded Empower Youth for Work programme in Bangladesh, Ethiopia, Indonesia and Pakistan to develop a diagnostic tool exploring social norms in the economy on unpaid care work, GBV and early marriage. WE-Care is developing plans to integrate social norms research findings into development interventions, and mass communications and advertising carried out by governments and private sector groups.

Improved research and intervention strategies on social norms through participation in learning processes

WE-Care exchanged strategies and learning from social norms initiatives through participation in a ‘Practitioner Learning Group on Shifting Social Norms in the Economy at Scale’. The Group was hosted by Oxfam’s WEE Knowledge Hub and the BEAM Exchange, involving six organizations including Care International, Promundo, Mars Chocolate and the International Youth Federation. The initiative brought in academic and practitioner expertise, producing a literature review on social norms, and coordinating three learning webinars and a learning workshop in June 2017 in Oxford with the London School of Hygiene and Tropical Medicine (LSHTM) and GENNOVATE. Learning from this process has fed into the development of research methodologies, and will inform future programme interventions on shifting social norms in WE-Care and Oxfam programmes.
Outcome 2: Key women’s organizations and civil society have improved capacity and materials for advocacy on unpaid care

Supporting women’s organizations and civil society with capacity for influencing work is crucial to the effectiveness and sustainability of WE-Care’s approach. Under Activity B1 on developing resources, we have developed three key resources for development advocates on unpaid care work: 1) economic arguments for integration into advocacy messaging with policy makers; 2) an influencing strategy to provide strategic direction for Oxfam and WE-Care’s advocacy activities; and 3) a policy brief template and a policy brief for national governments. WE-Care has also directly built the advocacy capacity of women’s rights organizations (WROs) and civil society organizations (CSOs) under Activity B2, by organizing numerous training events and capacity building workshops in five countries and at the global level, and supporting advocacy activities at national and international events.

B1: Develop influencing resources with key messages for global and (where appropriate national) policy makers, and materials which communicate these messages powerfully

Economic arguments developed for advocacy with economic policy makers

WE-Care collaborated with Ethicore to conduct a market insights learning process involving Oxfam staff and partners. The project engaged UN Women, the Gender and Development (GAD) Network and the Bretton Woods Project to develop strategic arguments for economic investments in unpaid care. These arguments were presented at the SEEP Network’s WEE Global Learning Forum in Bangkok in May 2017, generating interest from organizations including Counting Women’s Work; the World Bank’s Women, Business and Law Group; and the International Development Research Centre (IDRC). The messaging is being integrated into national- and global-level influencing work with economic policy makers, researchers and government actors, and will be presented in communications products in early 2018 as a resource for Oxfam and civil society groups undertaking advocacy on unpaid care.

Resources created for policy advocacy

WE-Care has developed an influencing strategy, establishing a common framework for WE-Care global and national advocacy activities and providing guidance to the Oxfam confederation for advocacy on unpaid care. A policy brief template has been created for advocacy work with target stakeholders identified in the influencing strategy, with the first brief for advocacy with national governments completed to be published and disseminated to development actors.

B2: Build capacity of women’s organizations and civil society to undertake advocacy on unpaid care

Civil society and women’s organizations strengthened to do advocacy in five countries and in global spaces

In Ethiopia, Uganda and Zimbabwe, WE-Care organized numerous training events for CSOs, WROs, academics, donors and government representatives, exploring unpaid care messaging, policy asks, influencing skills and advocacy strategies. These included an International Women’s Day training event, gender research seminar and influencing strategy training (Ethiopia); a three-day ‘training of trainers’ and two capacity building workshops at national stakeholder events (Zimbabwe); and knowledge-building and gender forums with over 2,000 women (Uganda). District-level forums and workshops in Ethiopia and Uganda with over 760 community participants, leaders, advocacy group members, partners and local government officials also built advocacy capacity for improved investment in care. In Kenya, WE-Care conducted training sessions with over 20 civil society, trade union and feminist activist participants – including the National Organization of Peer Educators and Dhobi Women’s Network and Grassroots Human Rights Defenders – exploring RCA methodology and unpaid care intervention strategies in urban livelihoods programmes. Oxfam co-organized two capacity building workshops with the Tanzania Gender Networking Programme for almost 40 participants from WROs, CSOs and legal, banking and government bodies to support the development of care strategies. At the global level, Oxfam conducted RCA methodology training on a webinar hosted by Oxfam’s WEE Knowledge Hub and at the SEEP Network’s WEE Global Learning Forum – training almost 100 participants in total, including Oxfam staff from 18 countries and representatives from Care International, World Vision, Swiss Contact, AusAID, Harvard University and the Philippines government.

Capacity built in civil society and women’s organizations for advocacy at national and international events

WE-Care supported women’s rights leaders to participate in a panel discussion on care work at a national women’s conference for International Women’s Day 2017, with 250 participants including Members of Parliament (MPs) and the Ministry of Gender, Labour and Social Development. WROs were supported to hold a press conference at the event, presenting advocacy demands in line with the SDGs to 120 development actors and policy makers. Uganda WE-Care partners conducted civil society capacity building at a CSW61 side event in March 2017 in New York, and the national WE-Care team convened a subsequent women’s leaders’ forum with 26 women’s rights leaders on influencing. The Ethiopia and Zimbabwe teams supported partners to participate in national and regional events around the UNHLP on WEE, through training, guidance and collective strategizing. In Zimbabwe, capacity building has inspired WE-Care partners to develop new project activities, including talk shows, baseline mapping of civil society and the private sector, and integrating unpaid care into gender-responsive budgeting training with parliamentarians.
Outcome 3: National-level policy makers in two countries commit to measuring and addressing unpaid care

Collective advocacy work by WE-Care and partners has influenced national-level stakeholders to gather data on unpaid care patterns and implement care-sensitive policies. Advocacy work under Activity C1 has continued to build improvements in national-level data collection, with changes applied to data-gathering methodology in Uganda, and lobbying of relevant government bodies in Ethiopia. This evidence building work has been complemented by progress on Activity C2, with national influencing work for increased investments in care infrastructure and services. The advocacy workshop, webinars and training have guided the three focus-country teams in developing strong national influencing strategies, and in coordinating networks of civil society and women’s rights actors to support their implementation. Government officials have committed to improving investment in care services alongside policy change in recognizing the contribution of care work, achieved through national-level events and strategic influencing through international mechanisms and platforms.

C1: Influence national government entities to improve public data collection on unpaid care work

**Improvements achieved in national data gathering**

Following meetings with WE-Care, UBOS integrated two questions on unpaid care into Uganda national health surveys, adding to the question included in health surveys as a result of Phase I advocacy work. Influencing work has led to UBOS revising data-collection methodologies to include interviews with women and girls alongside male heads of household to ensure more accurate time-use data. Oxfam is also engaging with the Ethiopian Central Statistical Agency (CSA) to facilitate a workshop to disseminate findings from its World Bank-funded national time-use survey and follow-up time-poverty analysis study, and supporting the CSA’s Gender Director to lobby national survey donors for financial support for regular time-use surveys.

C2: Influence for investment in services and infrastructure contributing to achieving government and private sector commitments for infrastructure and care services

**Advocacy workshop, webinars and training held with Oxfam staff and partners for the development of national influencing strategies**

WE-Care held an advocacy workshop in August 2016 in Kampala to share experiences on influencing work in Phase I and discuss future strategies. Participants included Oxfam staff from Ethiopia, Kenya, Malawi, Uganda, Zambia and Zimbabwe; Oxfam policy directors, programme advisers and campaigners; WE-Care partners; and a Uganda Ministry of Finance government official. Since the workshop, WE-Care teams have participated in five webinars to exchange learning on advocacy strategies throughout Phase II implementation, including webinars on implementing the influencing strategy and developing economic arguments for investments in care in global advocacy work. Ethiopia, Uganda and Zimbabwe teams have worked with multiple stakeholders, creating national influencing strategies to identify strategic targets and allies, develop policy asks, promote advocacy messaging with key actors and policy platforms, and monitor advocacy changes resulting from WE-Care activities. This process has been guided by the global-level influencing strategy (see below) and direct support and training from the WE-Care Influencing Adviser.

National civil society and women’s rights networks developed to coordinate on advocacy strategies

Oxfam has identified strategic civil society partners at national level to support the development, implementation and monitoring of national influencing strategies. In Zimbabwe, Oxfam has developed a WE-Care reference group with four gender justice networks and three CSOs, while in Uganda, WE-Care is partnering with the Uganda Women’s Network (UWONET), creating a working group to steer advocacy initiatives. In Ethiopia, WE-Care is collaborating with the Network of Ethiopian Women’s Associations (NEWA), and has held discussions to form an unpaid care working group led by the Ministry of Women and Children Affairs with UN Women, Action Aid and other actors.

National bodies influenced on policy change and investments in infrastructure and care services

The WE-Care programme has conducted influencing work and achieved commitments to investments in care and policy changes through numerous meetings and advocacy events in its three focus countries:

- **Uganda.** After engaging with WE-Care at the National Public Dialogue on Tax Justice, the URA has committed to collecting sex-disaggregated data from government agencies to inform tax policy proposals which increase women’s participation in the paid economy. One proposal is that the URA provides tax exemptions on services which reduce women’s unpaid care workloads, such as water services and labour-saving technologies. The Managing Director of the National Water and Sewerage Cooperation requested a stronger working relationship with WE-Care on receiving a petition to the Ministry of Water and Environment to improve water services. Due to district-level lobbying, government officials in one district have pledged to rehabilitate defunct boreholes, install piped water and improve facilities in healthcare centres. Beyond advocacy on service investments, UWONET has ensured the inclusion of the Marriage and Divorce Bill – recognizing women’s unpaid care work as a contribution to family and community development – in Uganda’s Common Legislative Agenda of Parliament, as a result of WE-Care advocacy activities and years of influencing work.
- **Zimbabwe.** Following meetings with Oxfam, the District Water and Sanitation Sub-Committee (DWSSC), comprising several government ministries, asked for WE-Care community mapping resources to be shared to inform their approach, and requested involvement in the project’s feasibility study to understand on-the-ground realities. WE-Care promoted policy asks to private sector and government representatives at the Multi-Stakeholder Forum Symposium on Girls’ Education and the National Stakeholder Workshop on HIV/AIDS, while Oxfam’s engagement with the International Labour Organization (ILO) has led to interest in adopting WE-Care’s reduction strategies using time- and labour-saving equipment in its new WEE programme.

- **Ethiopia.** Oxfam presented on care policy proposals to government actors at a gender research seminar led by the Ministry of Women and Children’s Affairs, at a Ministry of Agriculture platform on the cost of the gender gap in the agricultural sector, and at two-district level meetings. WE-Care is also engaging with UN Women and Addis Ababa University’s Centre of Gender Studies to promote WE-Care evidence and advocacy demands to national and international policy makers, and there is a strong likelihood that UN Women will include unpaid care as an intervention area in its forthcoming WEE Strategy.

- **Tanzania.** Government officials took part in two national capacity building workshops. Following these, two national newspaper articles and numerous radio and television interviews promoted WE-Care policy asks. Oxfam also disseminated unpaid care messaging through an episode of Oxfam’s reality TV show *Female Food Heroes* – with an average reach of 37 million viewers – highlighting how heavy and unequal unpaid care workloads impact the lives of women smallholder farmers.

### National governments influenced through international events and processes

Oxfam promoted the work of the UNHLP on WEE and raised the profile of unpaid care initiatives among government officials at a national event in Ethiopia hosted by UN Women, where delegates highlighted Oxfam’s role in promoting unpaid care issues in the UNHLP process. In Zimbabwe, WE-Care held a national-level feedback meeting for 40 CSW61 delegates including MPs, UN agencies, research institutes and CSOs to develop an agenda to implement recommendations from the conference. This initiative was publicly commended by the UN Women Zimbabwe representative. Finally, at a national seminar in Uganda for over 200 parliamentarians on the implementation of the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), MPs committed to tasking the Uganda government with submitting state reports on how persistent barriers to women’s rights, including heavy and unequal unpaid care work, are being addressed. This followed UWONET presenting a paper at the seminar outlining how the exclusion of care work in policy making impedes the realization of women’s rights.

### Outcome 4: Officials of key international institutions recognize, make commitments on unpaid care

WE-Care is building on national-level advocacy work with global-level influencing under Activity D1, carrying out advocacy through international processes and initiatives. Oxfam identified two key international platforms for WE-Care’s influencing work on unpaid care, playing a key role in the Unpaid Care Working Group at the UNHLP on WEE and in two women’s caucuses at CSW61 – leading to recognition of policy asks on unpaid care during both processes. This work has been complemented with a focus on unpaid care issues in three global Oxfam campaigns, as well as influencing work on the importance of addressing care work with international actors at four global events. Finally, Oxfam has strengthened Unilever’s advocacy and development work on unpaid care through joint initiatives and a working partnership. Influencing resources developed under Activity B1 have been integral to our messaging and approach in this initiative, and have ensured a coordinated approach with our national-level influencing strategies.

### D1: Influence international institutions, working with Oxfam’s influencing teams to undertake global advocacy with international institutions and processes

**Global care agenda promoted at the UN High Level Panel on WEE**

Oxfam co-led the Unpaid Care Working Group during Phase II of the UNHLP on WEE, reinforcing recommendations on unpaid care in low-income countries at a meeting in February 2017 in Dubai. All WE-Care’s key policy asks were included in the Working Group policy paper, and Oxfam’s topline recommendations on unpaid care were included in the overall UNHLP report. The WE-Care Zimbabwe team participated in the Regional Consultative Meeting for the UNHLP in South Africa in August 2016, ensuring the inclusion of unpaid care policy demands in strategy outputs.

**Unpaid care highlighted at the 61st Session of the Commission on the Status of Women**

WE-Care developed core policy asks on unpaid care for Oxfam’s engagement in CSW61. Oxfam and partners participated in the Women’s Rights Caucus and African Women’s Caucus, presenting WE-Care findings and strategies at side events and contributing to keeping unpaid care work prominent in WEE discussions. UWONET lobbying led to the inclusion of care work considerations in the African Position Paper to the CSW and heads of government, and the CSW affirmed governments’ role in reducing and redistributing heavy and unequal care work through public services and social protection, called for gender-responsive strategies recognizing the impact of climate change on women’s care workloads, and urged governments to measure unpaid care work through time surveys.
Global companies and national governments influenced through Oxfam’s global campaigns

WE-Care contributed evidence on unpaid care to a research report on gendered economic inequality published by Oxfam’s *Even It Up!* Campaign on inequality in April 2016 at the International Monetary Fund (IMF) Spring Meetings. By the end of June 2017, the report had reached over 1,100 downloads on Oxfam’s Policy & Practice website. Oxfam’s food sector campaign, Behind the Barcodes, has integrated WE-Care policy asks and indicators on unpaid care to target global companies and national governments. Finally, Oxfam’s ending violence against women and girls (VAWG) campaign, Enough, will draw on WE-Care research in Zimbabwe on social norms underpinning unpaid care and GBV to inform advocacy messaging and activities.

Unilever’s advocacy work on unpaid care expanded through partnership with Oxfam

At a meeting with Oxfam, senior Unilever executives made a commitment to expand their social norms work in low-income countries and to explore joint advocacy work with Oxfam and others, asking national governments to increase household access to water. WE-Care included evidence, case studies and key policy asks for companies in a Unilever research report on gender inequalities in unpaid care work in the UK, with the possibility of similar research being conducted in other countries.

International agencies influenced by Oxfam’s work on unpaid care at international events

Oxfam promoted its work on unpaid care with NGOs, donors, academics and development agencies at four events:

1) **International Women’s Day Forum, March 2017, London.** Oxfam and Unilever hosted an event for over 40 donors, academics, businesses and advertising agencies, including Promundo, ODI, the UN Foundation, DFID and Ergon Associates. The event shared Oxfam’s evidence on why the private sector should recognize unpaid care work as a business issue and promoted a Unilever paper on harmful social norms.

2) **Skoll World Forum, April 2017, Oxford.** Oxfam coordinated a side event on unpaid care at the Forum, presenting policy asks, economic arguments and specific intervention strategies for NGOs, donors and the private sector to 30 participants from organizations including Project Concern International, the University of Oxford, Mastercard Foundation, the Body Shop, Sundance and AHA Ltd.

3) **World Bank Advisory Council on Gender and Development Learning Session, April 2017, Washington.** Oxfam International’s CEO discussed the issue of childcare, highlighting WE-Care evidence and effective policy strategies. Participants included national MPs, government ministers, Ant Financial Services Group, Global Fund for Women, World Bank and UN Women.

4) **SEEP Network’s WEE Global Learning Forum, May 2017, Bangkok.** Oxfam promoted evidence and strategies on unpaid care on three workshop panels and argued for the inclusion of unpaid care strategies in market programming at a plenary debate with over 350 participants from 160 organizations including the World Bank, Palladium, USAID, the Asia Foundation and the Gates Foundation.

5) **Business Fights Poverty Conference, June 2017, Oxford.** Oxfam presented learning and achievements from WE-Care to development actors including DFID and UN agencies. A senior World Bank official acknowledged that Oxfam’s pioneering work in this area had encouraged the agency to consider for the first time the impact of unrecognized unpaid care roles in its work, and to publish guidance on this area.

Outcome 5: Learning about effective influencing on WEE and care is available for development actors

WE-Care has taken initial steps under Activity E1 to capture and share learning about what materials and approaches have resulted in effective advocacy. Oxfam has promoted learning on effective influencing strategies at numerous national and global events, developing and sharing communications products with development actors and policy makers. Significant progress will be made in capturing learning from our advocacy work during the final year of Phase II, with plans to develop a variety of learning materials to communicate through Oxfam channels and multi-stakeholder learning events to influence the approach of development sector advocates.

E.1: Capture and share learning about effective materials and advocacy approaches, and share learning with the wider development sector

Learning exchanged through national and global events and processes

Oxfam has shared advocacy strategies for social norm change through global-level learning processes and webinars facilitated by Oxfam and the Practitioner Learning Group, while wider learning on effective influencing work has been presented at the numerous meetings, conferences and training events outlined above.

National and global resources shared

WE-Care country teams have developed numerous resources to capture effective advocacy strategies to share at national and global events, including presentations, blogs, posters, briefing notes, reports, fact sheets and videos (see pp.15–19 for more detail). These will be complemented in the final year of Phase II by global resources capturing learning on influencing strategies across WE-Care and wider Oxfam programmes.
3. COUNTRY PROGRESS REPORTS

An advocacy workshop in Uganda, held 30 August – 2 September 2016, launched WE-Care’s Phase II influencing work, with three country WE-Care coordinators, thematic and policy advisers, government officials and Oxfam and partner staff from six countries in attendance. Since then, numerous webinars and teleconferences have been organized to build capacity on influencing and share learning at national and global levels. The progress in activities, outputs and outcomes from the three WE-Care focus countries is shared below.

Uganda

The WE-Care initiative in Uganda is being implemented nationally and in Lamwo district by two partners, UWONET and the Women and Rural Development Network (WORUDET). It is collaborating with Oxfam’s Women’s Economic Empowerment and Resilient Livelihoods projects.

Main activities and outputs

Developing a strong evidence base

- WE-Care has worked with the EPRC and University of Makerere School of Women and Gender Studies to gather evidence from over 3,100 HCS respondents and 60 RCA participants across three districts in North, West and Central Uganda. Research explored care work distribution by gender and age, consequences of heavy and unequal care, social norms, and strategies for how multiple actors can work together to reduce, recognize and redistribute care work, with representation of women’s voices. Both institutions are conducting data analysis and findings will be integrated into advocacy strategies and messaging. A dissemination strategy will guide distribution of findings to development practitioners and policy makers to influence programme interventions, national budget allocations, policy development and media debates.

- Phase I research findings and learning have been shared with civil society and government actors at ten local- and national-level meetings, workshops and forums, and through dissemination of learning materials.

Supporting women’s organizations and civil society

- Oxfam and UWONET organized knowledge-building and gender forums with over 2,000 women’s rights advocates. The forums shared WE-Care research findings and learning, raised awareness on how care work impacts economic and development policy, and developed civil society advocacy strategies on unpaid care.

- WE-Care and UWONET supported the participation of WRO actors at the National Women’s Conference for International Women’s Day 2017. Women’s rights leaders took part in a panel discussion on unpaid care work with 250 attendees including MPs and the Ministry of Gender, Labour and Social Development, and held a press conference with 120 development and political actors. Advocacy demands were in line with the SDGs: the provision of high-quality public services; the recognition of unpaid care work in national statistics and social and economic policies; and the enactment of the Marriage and Divorce Bill (see below).

- The WE-Care’s Women’s Leaders Forum supported 26 women’s rights leaders to strategize on advocacy demands based on the CSW61 outcome document and map out spaces to influence policy and practice on unpaid care at the national and international levels. UWONET also presented a paper at a CSW61 side event, sharing effective care strategies with 40 global development actors.

- Meetings, forums and dialogues were held with over 500 community members, district-based advocacy group members and cultural and religious leaders to raise awareness on heavy and unequal unpaid care work, encourage change on restrictive gender norms, build a movement of male role models and develop an influencing plan on unpaid care. Change agents and model families have reached over 1,500 community members and leaders through awareness-raising and advocacy initiatives.

Influencing national-level policy makers

- The WE-Care team has developed a national influencing strategy for advocacy with civil society, private sector and government actors for development of policies, services and infrastructure to address heavy and unequal care work. Oxfam will work with UWONET, a network of 13 WROs, and a newly formed working group to develop an operational plan to implement the strategy and monitor progress. WE-Care is continuing to explore new collaborations with development actors to support advocacy plans where appropriate – including Water Aid and the Ministry of Gender, Labour and Social Development.

- Following ongoing conversations with WE-Care, UBOS has included two additional questions on unpaid care work in national health surveys, and revised its data-collection methodologies to interview women and girls alongside male heads of household in time-use surveys. These engagements have improved UBOS’s recognition of the impact on GDP if care work remains unquantified and unmeasured, and UBOS has confirmed that it will continue to work with WE-Care on this issue.
• WE-Care influencing work at the National Public Dialogue on Tax Justice led the URA to agree to collect sex-disaggregated data from government agencies. This data will inform advocacy for tax exemptions on services and infrastructure which reduce women’s care workloads.

• The Managing Director of the National Water and Sewerage Cooperation received a petition to the Ministry of Water and Environment, acknowledging the significant work of WROs in holding the government to account and asking for a stronger working relationship with WE-Care. The petition, delivered by 300 people as part of a ‘Water Walk’ organized by UWONET, expressed concern over the challenges women face in accessing clean and affordable water referenced in SDG6, and highlighted intervention areas for public authorities.

• UWONET’s years of influencing work alongside WE-Care advocacy activities have ensured the inclusion of the Marriage and Divorce Bill in the Common Legislative Agenda of Parliament. This bill recognizes the contribution of unpaid care work to family and community development.

• Three lobby meetings and community parliaments with district-level leaders led to commitments to rehabilitate defunct boreholes, install piped water, improve facilities in healthcare centres, and consider the construction of a road during upcoming planning processes. WE-Care presented evidence from change agents and role model families, demanding better healthcare services and closer water sources.

• Cultural and religious leaders involved in three local-level WE-Care influencing forums made pledges to address heavy and unequal care work in their communities. As a result, partners have reported young men being more involved in care tasks including collection of water and firewood.

Influencing international-level policy makers

• Following UWONET’s influencing work within the wider Women’s Rights Caucus and African Women’s Caucus at CSW61, care work considerations were included in the African Position Paper to the CSW and heads of government and CSW conclusions called on governments to measure unpaid care in time-use surveys, public services and social protection and recognize care workloads in climate-change strategies.

• After UWONET presented a paper to over 200 parliamentarians at the national seminar on the implementation of the CEDAW, MPs agreed to task the Uganda government with submitting state reports documenting measures to address persistent barriers to women’s rights, including heavy and unequal unpaid care work. UNWONET’s paper outlined how the realization and enjoyment of women’s rights is impeded when policy making does not take into account the social and economic contribution of unpaid care work.

Disseminating learning

• The WE-Care team has developed presentations, reports, booklets and DVDs to share learning online and at local and national events and platforms for community members, development practitioners and policy makers. More learning products will be developed to document effective advocacy strategies in the coming months.
Zimbabwe

The Hewlett-funded WE-Care initiative in Zimbabwe is working at national level with four partners – Women’s Action Group, Women’s Coalition of Zimbabwe, Zimbabwe Women Resource Centre Network and Padare Men’s Forum on Gender. The Phase II work is informed by Phase I activities implemented in Zvishavane, Umzingwane and Bubi districts with three implementing partners – Bethany Project, Umzingwane AIDS Network and Bekezela Home Based Care – within the Securing Rights in the Context of HIV/AIDS programme. The wider WE-Care programme is working in Gutu, Masvingo, and Seke districts and Caledonia Settlement with partners including the Dabane Water Workshops, Self Help Development Foundation, Association of Women’s Clubs and Kunzwana Women’s Association.

Main activities and achievements

Developing a strong evidence base

- WE-Care undertook qualitative research on social norms underpinning care work and GBV in three districts in Zimbabwe. The research explored the gender norms which shape care work distribution and underpin GBV, and provided evidence for intervention strategies and national policy advocacy to shift social norms – so that care work can be recognized, reduced and redistributed without engendering GBV. Oxfam’s Securing Rights Programme has since commissioned its own research on social norms relating to GBV, which will feed into WE-Care advocacy messaging.

- The wider WE-Care programme conducted research in five districts to explore services, infrastructure and equipment required for care tasks relating to water and laundry. The rigorous research process comprised a literature review, a scoping study and community mapping.

- Evidence from Phase I RCA and HCS research, findings from Phase II research on social norms, and learning on programme strategies have been shared at six national meetings, workshops and events with Oxfam staff, development practitioners, academics, private sector and government actors. Preliminary Phase II findings were disseminated on internal and external platforms during the 16 Days of Activism, and the Zimbabwe team shared research findings on social norms during the Practitioner Learning Group process.

Supporting women’s organizations and civil society

- Oxfam coordinated capacity building workshops at the National AIDS Council’s National Stakeholder Workshop and the WE-Care Multi-Stakeholder Symposium on Making Education Safe for Women and Girls, sharing learning on strategies to identify allies for advocacy work, communicate policy asks and influence policy makers. 110 participants attended, including representatives from Action Aid, FEMNET, the ILO, UN Women, UN AIDS, the Gender Commission, the Ministry of Education and the Ministry of Women’s Affairs, Gender and Community Development. As a result, some participants have become key allies and actors in advocating for changes in policy and practice relating to unpaid care work.

- Following demand from development actors, WE-Care carried out a three-day ‘training of trainers’ workshop on unpaid care with 40 women’s rights leaders, CSOs, research institutions, government agencies and representatives from the Ministry of Women’s Affairs, Gender and Community Development. Training videos and manuals will support further dissemination of the training.

- A national-level think-tank meeting ahead of the Regional Consultative Meeting for the UNHLP on WEE served as a preliminary consultative process with nine CSO and WRO representatives to ensure that their voices and experiences were heard at the regional meeting.

- WE-Care supported partner representatives to attend CSW61 and the SEEP network’s WEE Global Forum to exchange learning and gain insights from other organizations using WEE influencing strategies. Oxfam worked with partners to build capacity and develop strategies to prepare for the events.

- Capacity building with WE-Care partners has inspired them to develop new project activities: developing a baseline mapping of unpaid care work in civil society and the private sector; integrating training on unpaid care into gender-responsive budgeting training with parliamentarians; and beginning talk shows and dialogues on ‘stay-at-home dads’.

- Community WE-Care champions trained during Phase I have continued to raise awareness to shift social norms on unpaid care work, reaching over 800 community members through door-to-door campaigns, community meetings and religious gatherings.

Influencing national-level policy makers

- Oxfam developed a WE-Care Reference Group comprising four gender justice networks and three Phase I partners to form one collaborative network. The group has developed a national influencing strategy to guide advocacy work on unpaid care, including stakeholder mapping to identify strategic partners and allies.

- WE-Care has met with the District Water and Sanitation Sub-Committee (DWSSC), comprising the Ministry of Health; Ministry of Environment, Water and Climate; and Ministry of Women’s Affairs, Gender and Community Development, among others. The Sub-Committee has asked for WE-Care community mapping resources to inform their work, and requested involvement in WE-Care’s feasibility study.
Oxfam engaged with development actors and policy makers at the WE-Care Multi-Stakeholder Forum on Girls’ Education and a National Stakeholder Workshop on HIV/AIDS, presenting evidence and policy asks for greater investment in care services. The Multi-Stakeholder Forum gave insights into and networking opportunities in advocacy work with the education sector as an entry point to shifting social norms on unpaid care among children and young people.

Following a meeting with Oxfam, the ILO has expressed interest in adopting WE-Care’s time- and labour-saving equipment strategies in their new WEE programme to reduce hours spent on unpaid care.

Influencing international-level policy makers

- WE-Care participated in the Regional Consultative Meeting for the UNHLP on WEE in South Africa. Hosted by UN Women, Oxfam and Women in Informal Employment Globalizing and Organizing (WIEGO), the consultation brought together 70 activists and workers alongside CSOs, WROs and government actors to discuss barriers to decent work, including heavy and unequal unpaid care.
- Oxfam held a national CSW61 feedback meeting to share learning and develop an agenda to implement CSW recommendations, overseen by the WE-Care Reference Group. 40 delegates attended, including MPs, UN Women, CSOs, religious leaders, media groups and research institutes. The UN Women Zimbabwe representative applauded Oxfam for this initiative.
- WE-Care research on social norms relating to unpaid care and GBV will inform advocacy messaging in Oxfam’s global Enough campaign. The campaign has recently commenced formative research to explore social norms driving VAWG, which will complement WE-Care’s research and enrich its advocacy work.

Disseminating learning

- The Zimbabwe team has developed presentations, reports, fact sheets, training guidelines and videos to document research findings and learning on programme and influencing strategies on unpaid care. These have been shared on the Oxfam Policy & Practice website, and VAWG and WEE Knowledge Hub platforms, as well as at advocacy and capacity building events and in meetings with Action Aid, the ILO and the WE-Care Partner Reference Group. Further learning resources, including blogs, guidance notes and case studies, are planned in the coming months.
- Learning from the Hewlett-funded project informed the development of the wider WE-Care programme in Zimbabwe, including partnership models, influencing strategies and programme interventions.
Ethiopia

The WE-Care project in Ethiopia is being implemented at national level and in Oromia National Regional State. WE-Care is working with its partner, Rift Valley Women and Children Development Organization (RCWDO), and collaborating with Oxfam’s Gendered Enterprise Development for Horticulture Producers project.

Main activities and achievements

Developing a strong evidence base

- Research into social norms relating to unpaid care was undertaken in May-June 2017 with partners, government officials, and facilitators and participants in community conversations. The research looked at gender and economic norms relating to unpaid care, and explored the impact of WE-Care interventions and community conversations on social norms in project communities. Findings will be published in Autumn 2017 to inform national-level policy advocacy and community conversations on social norms. These have continued in Phase II in three districts, reaching almost 300 community members directly and over 1,150 indirectly.
- Oxfam shared key messages and findings from WE-Care Phase I RCA and HCS research at five district and national meetings and events to reach over 400 stakeholders – including community members, NGOs, donors, academic institutions, private sector officials and local and national government representatives.

Supporting women’s organizations and civil society

- WE-Care has organized capacity building and shared findings and strategies with almost 130 development and government actors at an International Women’s Day event, a gender research seminar and a learning event. These organizations included ActionAid, UNICEF, GIZ, the CSA, the Ethiopian Institute of Agriculture Research, the Agricultural Transformation Agency, the Cooperative Agency, the Small and Micro Enterprises Agency and the Ministry of Agriculture. Oxfam supported civil society and women’s rights leaders to participate in six advocacy events at district and national levels, with discussions focusing on interventions to address social norms, and investment in services and time- and labour-saving equipment.
- Almost 50 practitioners at humanitarian sub-cluster meetings on child protection and GBV in Ethiopia’s Somali region engaged with Oxfam to learn about effective strategies to address heavy and unequal care in drought contexts. Fifteen Oxfam staff and partners working on economic empowerment programmes participated in a training session to support influencing work on unpaid care.

Influencing national-level policy makers

- WE-Care has held discussions to form an Unpaid Care Working Group with the CSA, the Ministry of Agriculture, the Urban Job Creation and Food Security Agency, ActionAid and UN Women, led by the Ministry of Women and Children’s Affairs. WE-Care’s collaboration with the Union of Ethiopian Women’s Charitable Associations and NEWA, a network of 42 WROs, is supporting civil society capacity building initiatives.
- Oxfam has developed a national influencing strategy to promote policies on economic development and engagement with men, and to leverage Oxfam’s development and agricultural programmes to promote WE-Care policy asks. This strategy will inform a wider policy engagement strategy to be developed by the Unpaid Care Working Group with a shared agenda of policy-advocacy objectives on unpaid care.
- Following meetings with Oxfam, the CSA agreed to collaborate with Oxfam on the dissemination of findings from its World Bank-funded national time-use survey and follow-up time-poverty analysis study. Oxfam and the CSA’s Gender Director are jointly lobbying national-survey donors to fund regular time-use surveys.
- WE-Care presented advocacy strategies and policy asks to government actors at a gender research seminar led by the Ministry of Women and Children’s Affairs, at a Ministry of Agriculture platform on the gender gap in agricultural production and at two district-level advocacy meetings. Oxfam is also working with Addis Ababa University’s Centre of Gender Studies to share WE-Care evidence with NGOs and policy makers.

Influencing international-level policy makers

- Oxfam took part in a workshop organized by UN Women to promote the work of the UNHLP on WEE, where Oxfam’s role in championing the global agenda on unpaid care was highlighted.
- Unpaid care is likely to be included as an intervention area in UN Women’s forthcoming WEE strategy, after WE-Care participated in consultation workshops and shared research findings to influence the content of a study informing the strategy. Oxfam also met with UN Women to discuss how to lobby for the inclusion of unpaid care in national and international economic and development policy using evidence from Phase I.

Disseminating learning

A number of communications products have been developed to share learning and strategies on influencing and to communicate policy asks – including presentations, blogs, posters, briefing notes and a manual for community conversations. These documents have been shared on Oxfam’s Policy & Practice website and WEE Knowledge Hub platform, as well as at national events and workshops with development stakeholders.
4. LESSONS LEARNED

In addition to lessons learned in WE-Care Phase I (see Phase I Final Report, November 2016), WE-Care has identified the following lessons in the first year of Phase II.

1. Challenges in promoting unpaid care as an economic issue

WE-Care’s efforts to explore economic norms and to develop economic arguments for recognizing and investing in unpaid care have sometimes led to confusion and misunderstanding, with allies and government officials at the CSW61 National Forum in Uganda asking whether we aim to monetize unpaid care or promote remuneration for care activities rather than understanding unpaid care work as part of the economy. For capacity building and influencing to be effective, WE-Care must skilfully challenge conceptualizations of the economy which exclude unremunerated, non-monetized work, promoting unpaid care both as ‘work’ and as relevant to economic policy. Furthermore, the programme has adapted communication plans for economic messaging. Market insights research tested which economic arguments for care and which visual representations of corresponding messaging resonated with economic policy makers, but found that economists were more convinced by detailed evidence and research reports than by images or infographics. Visuals will therefore be designed for capacity building with WROs and CSOs, rather than for influencing work with economic policy makers.

2. National-level influencing: multiple stakeholders and entry points

The multi-stakeholder approach continues to be a powerful strategy for achieving and amplifying national-level change. Civil society networking has led to the discovery of numerous organizations interested in and doing research on unpaid care, including the World Bank in Ethiopia and UN Women in Tanzania. In Zimbabwe, WE-Care has integrated the education sector into its national influencing strategy as an entry point for shifting social norms on unpaid care among children and young people. The Uganda team is partnering with a women’s rights network with strong expertise in civil society capacity building to influence UBOS on data collection and government actors on policy change and investment in services and infrastructure. The team is also collaborating with research institutions to build nationally-representative data on care patterns. We will continue to refine national and influencing strategies to reflect strategic partners and advocacy targets as our networks expand.

Strategic alliances with several government ministries have been critical for national-level advocacy, as these bodies have direct influence over policy development. In Zimbabwe, the Ministry of Women’s Affairs, Gender and Community Development has a relevant thematic focus yet is poorly resourced; WE-Care therefore identified multiple government entry-points to drive the care agenda, including the Ministries of Education and Finance. The Uganda team chose to target three government bodies – UBOS, the URA and the Ministry of Water and Environment – to support its advocacy on national data-gathering, tax policy and investment in public services, respectively. In Ethiopia and Zimbabwe, supporting national ministries to lead advocacy events has increased legitimacy and reach while avoiding duplication. The Uganda and Zimbabwe teams have focused on capacity building with government officials to ensure they have clear messaging and policy asks when influencing government priorities. WE-Care in Zimbabwe has recognized the importance of participating in the national budget cycle process and influencing the early stages of government bodies’ priority-setting as these priorities determine government funding for infrastructure and services.

3. Linking women’s rights organizations at different levels

Linking WROs at district, national and international levels has been another factor in successful influencing. Progress by district-level WROs and CSOs on reducing and redistributing unpaid care in Phase I has provided examples and evidence to strengthen national-level advocacy. In Uganda, WORUDET documented positive changes in men’s attitudes and behaviour and achieved district-level government commitments to provide water infrastructure and healthcare services. UWONET amplified this evidence at national-level advocacy events and CSW61 side events, where Oxfam also presented rigorous evidence on change in communities in Eastern Zimbabwe. Likewise, policy advocacy at the national level galvanizes and inspires local-level action, such as coordinated International Women’s Day advocacy events. WE-Care’s participation in international processes for the UNHLP, CSW61 and CEDAW also provided mechanisms and platforms for national-level advocacy. However, WE-Care has noted that WROs are not always coordinated in their policy asks and influencing strategies. Going forward, we will continue to provide spaces for women’s rights leaders to develop a collective voice and agree to a policy agenda on unpaid care.

4. Social norms, economic norms and the private sector

WE-Care has continued to strengthen learning on social norms relating to unpaid care through rigorous research and peer-to-peer learning processes. Research in Zimbabwe has confirmed linkages between rigid gender norms on unpaid care and GBV, reinforcing the need for coordinated initiatives. Phase II research findings continue to
support the hypothesis that economic norms, which hold care activities as less valuable or skilled than productive activities, act as a barrier to transforming heavy and unequal care. This work represents a significant contribution to thinking and practice in other dimensions of WEE, with practitioners at the SEEP Network’s WEE Global Learning Forum sharing the impact of these economic norms on shifting social norms in financial inclusion projects. Participation in the Practitioner Learning Group indicates that Oxfam has a sophisticated approach to promoting social norm change, particularly WE-Care’s multi-stakeholder strategy to amplify and expand interventions through civil society, government and private sector allies. Oxfam has drawn on learning on social norms in its interactions with private sector partners, encouraging Unilever’s #Unstereotype campaign and others to go beyond portraying each gender in non-stereotypical roles to developing images of gender relations, such as men and women working together on care and domestic tasks. With the private sector, as in life, changing the portrayal of women and men together has proven more challenging than changing images of women or men alone. There is much scope to expand our learning in future through collaborations with academics and practitioners on effective interventions and with private sector companies on consumer insights research. These partnerships and research findings from our new social norms assessment methodology will identify context-specific norms to inform channels and opportunities for change in the remainder of Phase II and beyond.

5. Care methodologies for practitioners: an opportunity to amplify change

WE-Care has continuously received requests for documents and training on the RCA and HCS, which are considered practical, relevant and user-friendly methodologies for development practitioners. We have developed new resources to train practitioners in these methodologies as an opportunity for scaling up evidence building on unpaid care, creating RCA training modules and conducting training for development actors online and at international events (see p.12). Furthermore, Oxfam is promoting recognition of hours spent supervising children or dependent adults alongside hours spent on primary care activities, outlining how time with care responsibility can impact on mobility, wellbeing and productivity. This concept was reflected in ground-breaking 2015 HCS methodology, discussed by academics at the 2015 International Association for Feminist Economics (IAFFE) Conference. It is now increasingly resonating with policy makers and development actors as an important factor in designing WEE initiatives, with Oxfam raising the issue in discussions with DFID and Unilever, and with practitioners working on women’s financial inclusion. The issue of the ‘Mental Load’, popularized in French illustrator Emma’s recent feminist cartoon, is one that also requires greater attention, and WE-Care is considering how to continue to raise the profile of this dimension of unpaid care work in advocacy and communications work.
5. CHANGES

WE-Care Phase II implementation has largely followed the framework, timelines and proposed budgets agreed with the Hewlett Foundation at the programme's inception. Changes and revisions to planned activities and budgets are outlined below, with details of plans to mitigate against risk where appropriate.

Global level

- **Staff turnover.** The WE-Care Programme Adviser Jane Remme is on secondment for seven months until December 2017, taking a temporary role as Oxfam’s VAWG Adviser. She has been replaced by Oxfam’s Youth Active Citizenship Adviser, Imogen Davies, who worked as the WE-Care Learning and Communications Coordinator from 2013–2014 and oversaw the first RCA with children and young people in 2016. This change is an internal strategy to integrate WE-Care approaches more widely in our VAWG and youth programming, while building a stronger understanding of VAWG and youth active citizenship in WE-Care initiatives. This arrangement has not led to any delays in programme implementation.

- **International influencing approach.** WE-Care has revised our strategy for linking our national and international influencing work. Originally, we had planned to influence the IMF to pilot new measurements of unpaid care work in one country during annual IMF Article IV consultations with national authorities. Oxfam instead decided to enhance national-level advocacy work through three international mechanisms and platforms: UNHLP on WEE, CSW61 and CEDAW, building the capacity of national-level civil society and taking advantage of opportunities to promote our policy asks at the national, regional and international levels.

National level

- **Organizational restructure.** The internal transition towards ‘One Oxfam’ has led to changes in organizational structure at the country, regional and global levels. As a result, in October 2017 the Zimbabwe WE-Care team funded by the Hewlett grant will hand over to the team implementing WE-Care components funded by Unilever. All Hewlett-funded Phase II activities will be finalized before their departure, and the national influencing strategy will be integrated into the Unilever-funded activity plan to ensure consistency. Staff changes due to restructuring in Ethiopia and Uganda project teams led to some postponement in activities in early 2017. However, consistency within the wider Oxfam team limited the impact, and there were no major delays. So far, organizational changes have not further impacted on programme timelines and deliverables, but we will monitor potential risk relating to staff turnover and delays in project activities.

- **Scope of HCS research in Uganda.** Following consultation with the EPRC, two changes were made to the scope of data collection for the HCS research in Uganda: first, research was conducted in three districts rather than six, and second, the proposed number of respondents was increased from 1,400 to 3,200. The EPRC advised that data collection in three districts would be sufficient for nationally representative statistics, while increasing research participant numbers would ensure more consistent, rigorous results.

- **Political unrest.** Safety concerns following riots in Oromia National Regional State and the Ethiopian government’s declaration of a state of emergency in October 2016 caused some minor delays in project activities. However, these have not affected wider programme timelines and the WE-Care team is monitoring the situation carefully to mitigate against further disruption.

Budget

- **Global.** The WE-Care team has reprioritized budget lines for some activities, while remaining within the Hewlett Phase II grant. Some global funds have been reallocated to increase the scope of research in Uganda as outlined above. We have also allocated funds to capacity building with WROs in Tanzania to strengthen nationally coordinated approaches to influencing work on unpaid care. WE-Care has consulted with Hewlett staff on budget revisions, while quarterly financial reports have been submitted and reviewed within the WE-Care team since the inception of the project to ensure any concerns or discrepancies are managed adequately and rapidly.

- **Ethiopia.** Funds for the advocacy work of Ethiopian women’s network NEWA have been reallocated to the Unpaid Care Working Group involving the Ministry of Women and Children Affairs, as this initiative will have a greater impact on influencing policy makers. This change also follows 2009 restrictions on Ethiopian NGOs receiving more than 10% of their funds from foreign institutions.

- **Zimbabwe.** After setting up a WE-Care Reference Group to support advocacy work, the Zimbabwe project team changed the way that it allocated funds to partner organizations. The project now draws funds from one ‘grants to partners’ budget line during key spike moments agreed on together with the Reference Group, to allow for strategic implementation of advocacy activities.
6. BUILDING ON LEARNING AND NEXT STEPS

In the final year of Phase II, WE-Care will continue to implement planned activities with reference to the five programme outcomes. There will be a particular focus on building networks, refining strategies and disseminating research findings for national-level advocacy, and on capturing learning on effective influencing approaches to inform WEE initiatives in Oxfam and the wider development sector.

Evidence and research findings

Data analysis of the HCS and RCA research in Uganda will continue throughout July, with findings published in Autumn 2017. Evidence from multi-country analysis of HCS data sets in Uganda, the Philippines and Zimbabwe will be published in early 2018. Findings from the social norms research in Ethiopia will be published in the Autumn, while the research on social norms relating to unpaid care and GBV in Zimbabwe will continue to be shared at national level and inform wider Oxfam GBV programme strategies. The new methodology assessing social norms in the Philippines and Zimbabwe will be implemented from August 2017, with findings from this research and the RCAs published in early 2018. We will publish the RCA training modules and updated HCS questionnaire, and implement the RCA in Oxfam programmes in Bangladesh, Ethiopia, Honduras, Nepal, Nigeria, Rwanda and Scotland in the final months of Phase II. WE-Care will create consolidated communications products to capture all WE-Care research findings to ensure effective communication of evidence to development actors and policy makers.

Capacity building of CSOs and WROs

WE-Care’s influencing strategy and policy briefs will continue to guide advocacy activities, with the development of further policy briefs for targeted stakeholders as a resource for country teams and wider Oxfam programmes. Visuals to communicate economic arguments on unpaid care from the market insights research will be developed and integrated into national and global advocacy activities with policy makers. In each country, WE-Care will build capacity in civil society and women’s rights networks to support implementation of advocacy strategies and influencing at national and global events, and WE-Care will explore opportunities to develop Pan-African advocacy.

National-level influencing

WE-Care will prioritize ongoing engagement with UBOS in Uganda and the CSA in Ethiopia to promote wider data collection on unpaid care patterns in national surveys. Country teams will continue to gather evidence and learning on unpaid care strategies to share with relevant development, government, private sector and media actors through events and communications products. Economic arguments from market insights research will further refine advocacy strategies, and WE-Care will expand networks with civil society and government bodies to build momentum and support influencing for increased investments in care services and infrastructure, and wider policy change.

International-level influencing

Oxfam will present a paper on fiscal policies and unpaid care work for the Levy Economics Institute Conference on Gender and Macroeconomics in September 2017, drawing on Phase II HCS findings. Oxfam will also collaborate with the Consultative Group to Assist the Poor’s (CGAP’s) community of practice on women’s financial inclusion to develop a case study on economic norms and the relevance of WE-Care findings for financial institutions. WE-Care will integrate research findings into Oxfam’s Inequality Index as part of the Even It Up! campaign, and link with Oxfam’s growing work on the Human Economy in our international advocacy work. The launch of Oxfam’s Behind the Barcodes campaign in 2018 will provide a new platform for Oxfam’s influencing work with international companies, and the integration of research findings on gender norms into the Enough campaign’s advocacy work will generate learning on effective influencing strategies to shift social norms.

Dissemination of learning

WE-Care will publish a series of learning products capturing knowledge on successful influencing strategies. We are coordinating across WE-Care projects and Oxfam’s programme, advocacy and campaigns work to ensure that learning is consolidated and communicated more strategically. We will continue to share learning through presentations and documentation at national- and global-level events, as well as the Practitioner Learning Group on social norms. These processes will be consolidated through ongoing WE-Care programme webinars and at the Phase II Learning Event in early 2018, where we will share overall learning from the programme, exchange successful influencing strategies, and plan for the next phase of WE-Care at the national, regional and global levels.
WE-CARE (Women’s Economic Empowerment and 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.

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PHOTOS
Cover: A husband and wife do laundry together, Zimbabwe. Photo: Aurelie Marrier d’Unienville/Oxfam
Page 10: A woman hangs laundry over the balcony, Kenya. Photo: Allan Gichigi/Oxfam
Page 16: A woman carries a jerry can full of water, Uganda. Photo: Julius Ceaser Kasujja/Oxfam
Page 18: A husband helps his wife to collect water, Zimbabwe. Photo: Aurelie Marrier d’Unienville/Oxfam

NOTES

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