

RCA TRAINING FOR FACILITATORS

NOTES FOR TRAINERS OF FACILITATORS

About the module

The module should be used together with the RCA Guidance for Managers and Facilitators and the RCA Toolbox for Exercises. It is divided into two sections:

- 1) Notes for trainers (i.e. this document). These notes are designed to help you to prepare well and offer some guidance on how to conduct the exercises, discussions and role-playing.
- 2) The presentation (Rapid Care Analysis: Training for Facilitators) that you will use to conduct the training.

Purpose of the training module

The module is designed for use in training people who will facilitate the RCA exercises with communities. It is meant to do the following:

- Provide a brief introduction into what care is, why it is important to invest in care, and the RCA methodology.
- Inform facilitators of the objectives of implementing the RCA in their programme or context.
- Equip facilitators with knowledge and some practical experience on how to conduct the RCA exercises.

Expected outcomes of the training

By the end of the training, facilitators should be able to:

- Demonstrate an understanding of care work and why it is important to focus on it.
- Show an appreciation of the RCA methodology, its purpose and how it fits in their programme.
- Demonstrate an understanding of the plan for implementing the RCA in their programme, the expected outputs and how they will be achieved.
- Facilitate the RCA exercises in the community with programme or target beneficiaries.
- Document the findings from an RCA.

Mode of delivery

The module has been designed to be conducted through a face-to-face workshop.

Who should offer the training?

The training of facilitators should be given by someone who is well-versed in the RCA methodology, and has a good understanding of the strategies and interventions to recognise, reduce and redistribute unpaid care work.

Preparation for the training

- a. Carefully read and ensure understanding of the *RCA Guidance for Managers and Facilitators* and the *RCA Toolbox of Exercises*. This takes time, so you might want to do this a month before the training. In preparation for Part 4: Planning for the RCA, trainers should familiarize themselves with the programme context, outcomes and plans for influencing and advocacy. Working with programme managers and leaders of local organisations, clarify the number of the RCAs to be carried out, types of participants, length of the RCAs (1 or 2 days), the focus and expected outputs of the RCA exercises. Using this context-specific information, develop a 1- or 2-page handout on the local programme to share with each participant (see 'Linking local programme to the RCA' in Part 4 of the presentation).
- b. Share relevant training materials two weeks before the training:
 - Direct participants to the following links for more materials on unpaid care, the experience of the WE-Care programme and the RCA methodology: <http://wee.oxfam.org/we-care> and <http://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>.
 - Each participant should have a copy of the RCA Toolbox of Exercises as part of the training package.
 - Handout on plans for the local programme (see above).
 - The RCA documentation and reporting templates.
 - Handouts for Practice 2 – the individual one-day recall.
 - Training programme agenda – use the presentation to come up with a programme for the day and share this with participants.
- c. If possible and if time allows, it is recommended that you allocate the eight different focus group exercises to the participants ahead of time, so that each participant can pay special attention to that exercise when reading the RCA Toolbox, and can practise facilitating that exercise. Follow the guidance in the 'Instructions for Training Exercises' section below.

The other approach is to allocate participants to exercises immediately after the introductions and allow them 10-15 minutes to look over the exercise before giving it a try!
- d. Secure and test the LCD projector some days before the training.
- e. All materials for use should be readily available e.g. flipcharts, markers, A4 papers, cards in different colours and shapes.
- f. Make sure that all participants have enough handouts.
- g. Ensure that breakaway rooms are ready for use.
- h. Organise food, childcare, transportation, accommodation, etc.
- i. Ensure that all participants have understood ground rules and are comfortable. Participants should note down any questions and bring them up during discussions.

Time allocation for training sessions

The duration of the training will be 6.5 hours, not including breaks – i.e. an eight-hour day with lunch and breaks. Introduce breaks at any time after a main section as deemed necessary.

Time management, especially for the practice exercises, will be critical to the successful completion of the training. Due to time limitations, most questions raised in Part 3 of the training should be addressed in Part 5.

| | Activity | Time allocation |
|----------------------|--|------------------------|
| 1 | Part 1: Introduction – training preparation and objectives | |
| | Presentation and participants' expectations | 10 minutes |
| 2 | Part 2: Why Rapid Care Analysis? | |
| | Presentation and questions | 20 minutes |
| | Training exercise 1 | 15 minutes |
| 3 | Part 3: An overview of the RCA methodology | |
| | Presentation and questions | 10 minutes |
| 4 | Part 4: Planning for the RCA – overview of the plans and objectives of implementing the RCA | |
| | Presentation and questions | 10 minutes |
| | Training exercise 2 | 15 minutes |
| 5 | Part 5: How to conduct focus group exercises (FGEs) | |
| | Presentation (FGE 1) | 5 minutes |
| | Practice 1 | 20 minutes |
| | Presentation (FGE 2) | 15 minutes |
| | Practice 2 | 45 minutes |
| | Presentation (FGE 3) | 10 minutes |
| | Practice 3 | 15 minutes |
| | Presentation (FGE 4) | 15 minutes |
| | Practice 4 | 30 minutes |
| | Presentation (FGE 5) | 10 minutes |
| | Practice 5 | 20 minutes |
| | Presentation (FGE 6) | 10 minutes |
| | Practice 6 | 20 minutes |
| | Presentation (FGE 7) | 5 minutes |
| | Practice 7 | 15 minutes |
| Presentation (FGE 8) | 5 minutes | |
| Practice 8 | 20 minutes | |
| 6 | Part 6: Documentation and reporting | |
| | Presentation | 5 minutes |
| | Discussion – documentation experiences/challenges | 10 minutes |
| 7 | Part 7: Unpacking roles within the facilitation team | |
| | Discussion | 25 minutes |
| 8 | Part 8: Evaluation of the training | 10 minutes |

INSTRUCTIONS FOR TRAINING EXERCISES

The training exercises and practices in this section are designed to give facilitators the knowledge and ability to conduct RCAs in the field. At the end of the training, participants should be able to: assist the community to understand what care work is, articulate and answer questions expected under each FGE, and document RCA findings.

Please note that for each practice session, you should identify one participant to facilitate the session, with the other participants assuming the role of community members. Carefully follow instructions on how to conduct each practice as this is very important to the effectiveness of the training.

At the beginning of Part 5 of the training ('How to conduct focus group exercises'), identify and assign people to document the practice sessions as if they are documenting the proceedings of an RCA. It is recommended that individuals who will assume this responsibility in the field should do the same in the training. They should document all 8 practice sessions using the documentation template and 'tips for facilitators' under each exercise in the RCA Toolbox.

PART 1: INTRODUCTION – TRAINING PREPARATION AND OBJECTIVES

(10 minutes)

Participants' expectations of training session

- Please take note of all the participants' expectations and questions. Explain that you will answer some of the questions as you go through the training.
- Each participant can write down their expectations and questions on two separate cards, then stick these on a board or wall. You can use two different colours for expectations and questions.

PART 2: WHY RAPID CARE ANALYSIS?

(35 minutes)

Allow 20 minutes for the presentation and questions.

Training exercise 1 objective – *To ensure full understanding of the different classes of work (i.e. care work, productive work and leisure/non-work) and the ability to translate/explain the terms 'care' and 'care work' in local languages.*

The duration of the exercise is 15 minutes.

How to conduct the exercise:

- Ask each participant to write down their understanding of the following: care and care work.
- Give participants 7 minutes to complete the exercise.
- They can also translate this to vernacular to make it easy for them when they explain to the community.
- Ask them to also write down one activity under each of the following – care, productive work, and non-work/leisure.
- Ask participants to share their responses, and facilitate a discussion around these responses as a group. Correct any misconceptions or misunderstandings.
- Use different colours of card for each definition – preferably one colour per definition. Each participant will have 5 cards.
- The core facilitator or assistant should collect all cards and collate them on the wall.

Key skills to be gained: After the exercise, each participant should be able to:

- Define what is care work, and what is not care work.
- Explain definitions of care and care work in their local language.

Reference – See RCA Toolbox **pages 5 and 27** for definition of care and examples of unpaid care work.

PART 3: AN OVERVIEW OF THE RCA METHODOLOGY

(10 minutes)

Allow 20 minutes for the presentation and questions.

PART 4: PLANNING FOR THE RCA

(25 minutes)

Training exercise 2 objective – *To give facilitators an opportunity to comment on and discuss the plans for their RCA and ask questions on immediate concerns.*

The duration of the exercise is 15 minutes.

How to do the exercise:

- Divide participants into their respective facilitation teams.
- Give teams 5 minutes to complete the exercise.
- Review the plans from the programme managers about the number of RCAs, types of populations/ participants, expected outputs; and discuss perceived logistical challenges.
- Allow each group 1-2 minutes to present their responses and to take any questions.

PART 5: HOW TO CONDUCT FOCUS GROUP EXERCISES

(4 hours 20 minutes total)

Practice 1 objective – *To offer practical experience of making an introduction during an RCA and conducting FGE 1.*

The exercise should be done in approximately 20 minutes.

How to do the exercise:

The practice is divided into two parts so it can be facilitated by one or two people. If the training exercise involves more than 10 people then allocate each part of the practice to two different people.

In the first part, identify one participant to role play as a facilitator while the rest of the participants act as community members.

- Hand out cards with questions to some of the participants.
- The facilitator will explain what care is and why it is important to community members. Then they will invite questions.
- The community members will raise the questions written on the cards, which the facilitator should respond to.
- Set of possible questions:
 - Is going to a community meeting care work?
 - Does providing financial assistance to relatives count as care?
 - I am a breadwinner providing for family, which enables care work, so am I doing care work?
 - What about cooking for a wedding?
 - What about care of household pets?
 - What about constructing destroyed homes?
 - What about providing for my husband's sexual needs or spending time with him?
- Briefly allow participants to comment on the facilitation – what went well, what didn't go well, and why.

In the second part, the person role playing as the facilitator (this could now be another participant) leads the exercise on ‘who do you care for?’ using the concentric circles, then facilitates a discussion about who women and men care for. The facilitator:

- Explains what the participants should write in each circle and asks community members to quickly complete this.
- Emphasises that relationships and not names should be recorded in the concentric circles.
- Probes to further understand the dynamics, using the questions on page 6 of the RCA Toolbox.
- Allows participants to comment on the facilitation – what went well, what didn’t go well, and why, and provides overall guidance in this discussion.
- Ensures that 1-2 participant(s) document the practice.

Key skills to be gained: After the practice, each participant should be able to:

- Anticipate and comfortably answer questions that might come from the community about care work.
- Facilitate a reflection on FGE 1 results through probing – asking the ‘why?’ and ‘why not?’ questions.

Reference – Pages 5-6 and 28-29 of the *RCA Toolbox*.

Practice 2 objective – *To develop facilitators’ practical knowledge on the completion of the individual one-day recall and calculation of average weekly hours.*

The exercise should be done in approximately 45 minutes.

How to do the exercise:

- The practice is divided into three parts (15-minute, 20-minute and 10-minute sessions). Assign one participant to facilitate each part (i.e. allocate 3 facilitators for this practice).
- One of the facilitators will do (1) the individual one-day recall (Tables 1, 2 and 3 in the RCA Toolbox) with the group; the second one will do (2) the estimation of the weekly averages by category of work (Tables 4, 5 and 6); while the third will do (3) the comparison discussion with both men and women.
- After each part of the practice, allow participants to comment on the facilitation – what went well, what didn’t go well, and why, and provide overall guidance in this discussion.
- Print individual one-day recall sheets for use in this exercise (see ‘Handout for Practice 2’).
- Have flipcharts ready for use in the consolidation of times and calculation of weekly averages.
- Check that each part of the practice is being conducted according to the recommendations in the RCA Toolbox:
 - In the first part, the individual one-day recall, ensure that the facilitator emphasises: the need to complete every part of the primary activity column; that sleep hours have no simultaneous activity except for women who are breastfeeding; and the need to correctly allocate symbols to each type of work.
 - In the second part, estimating weekly averages, ensure the facilitator knows that they have to split the group at this stage. Also ensure that they emphasise the fact that total hours of the primary activity must amount to 24 hours per day which is 168 hours per week; and that they are able to facilitate adjustments of the weekly hours depending whether the one-day recall was done on a typical day for some activities (*allow participants to raise ‘what if?’ questions in this regard – you can hand out cards to some participants saying e.g. what if yesterday was Sunday and they went to church from 8-10 am, what if yesterday they did not fetch firewood but they usually do so two times a week*).
 - In the third part, the comparison discussion, ensure that the facilitator is able to ask reflective analytical questions such as those provided on page 13 of the RCA Toolbox.
 - Ensure 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to complete the individual one-day recall.
- Ability to calculate the weekly hours spent on each type of work.
- Ability to reflect and ask analytical questions to understand the differences between men’s and women’s work hours.
- Ability to identify and correct mistakes in calculations and categorisation of activities.

Reference – Pages 7-13 and 28-29 of the *RCA Toolbox*.

Practice 3 objective – *To develop facilitators' practical knowledge of how to facilitate FGE 3 on distribution of care roles at household level.*

The exercise should be done in approximately 15 minutes.

How to conduct the exercise:

- Assign one participant to role play the facilitator in a community whilst the others act as community members.
- Following guidance in the RCA Toolbox, the facilitator should lead the group in an exercise to identify the distribution of care roles at household level using the results from Practice 2 above.
- Note how the facilitator explains the use and meaning of the dots.
- Note how they moderate the group to come to a consensus when doing the ranking.
- Ensure one or two participants acting as community members can raise some disagreements during the process. NB. They should not make it too difficult for their colleague, since the purpose is to learn.
- At the end of the practice, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to allocate one-day recall activities to the universal categories of care with a focus on those who are most important to the programme.
- Ability to facilitate the 'who does what care work' discussion and correctly complete the ranking matrix.

Reference – **Pages 14-15** and **28-29** of the *RCA Toolbox*.

Practice 4 objectives – *To allow facilitators to practise facilitating FGE 4 on social norms that impact on care work, including asking probing questions.*

– *To enhance facilitators' understanding of perceptions of care work and norms on gender roles and care work.*

The exercise should be done in approximately 30 minutes

How to conduct the exercise:

- The practice session is divided into two sessions (15 minutes each), so as before, assign two participants to role play the facilitators in a community whilst the others act as community members.
- Use flipcharts.
- Following guidance in the RCA Toolbox, the facilitators should lead the group in an exercise to identify social norms that impact on care work.
- In the first part, one facilitator leads the group in finding out about perceptions of care work and social norms on gender roles and care (*RCA Toolbox pages 15 and 16*).
- Check that the facilitator is able to:
 - Explain what is meant by perceptions of care work and also social norms on gender roles and care.
 - Lead the participants to quickly complete Table 8 and Table 9 on page 16 of the RCA Toolbox, asking the probing questions on page 15 and 16 to initiate the exercise.
 - Probe for reasons for the answers given in Table 8 and Table 9 – 'Why?', 'Why is this so?' and 'Who says so?'
- At the end of this part of the practice, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- In the second part of the practice, the other facilitator leads a session to complete Tables 10 and 11 (page 17 of the RCA Toolbox) on changing gender roles on care, and on sayings about women's and men's work.
- Check that the facilitator is able to:
 - Explain clearly what the session is about and how it will be conducted.
 - Probe using the questions at the bottom of page 16 of the RCA Toolbox – 'Why?', 'Why is this so?' and 'Who says so?'
 - Lead a discussion of what can change how the community views men's and women's work, and how.

- At the end of the session, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to explain meaning of perceptions of care work and social norms on gender roles and care.
- Ability to facilitate sessions to complete Tables 8-11, asking the 'Why?', 'Why is this so?' and 'Who says so?' questions.

Reference – Pages 15-17 and 28-29 of the RCA Toolbox, and Tables 8-11

Practice 5 objective – To allow facilitators to practise facilitating FGE 5 on exploring changes in care patterns.

The exercise should be done in approximately 20 minutes.

How to conduct the exercise:

- Assign one participant to role play the facilitator in a community whilst the others act as community members.
- Use flipcharts.
- Following guidance in the RCA Toolbox, the facilitator should lead the group in an exercise on exploring changes in care patterns.
- The facilitator should lead the community to identify two factors relevant to their programme – through asking questions elaborated on page 18 of the RCA Toolbox – and use these in the exercise.
- Participants should attempt to use the seasonal calendar to determine changes in care patterns and the 'before and after' table for one shock that is relevant to their context.
- Check the following:
 - How the facilitator introduces the exercise and leads the community in identifying two factors that affect changes in care patterns.
 - How the probing is done in drawing conclusions from the matrix.
- At the end of the practice, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to facilitate a session on changes in care patterns.
- Ability to probe for better understanding of the problem.

Reference – Pages 18-19 and 28-29 of the RCA Toolbox, and Tables 12 and 13.

Practice 6 objective – To allow facilitators to practise facilitating FGE 6 on identifying problematic care activities in their communities and how to prioritise these.

The exercise should be done in approximately 20 minutes

How to conduct the exercise:

- Assign one participant to role play the facilitator in a community whilst the others act as community members.
- Following guidance in the RCA Toolbox, the facilitator should lead the group in an exercise to identify the most problematic care work for the community and women.
- Check the following:
 - The first thing a facilitator should do after clarifying the objective of the FGE 6 is to split the community into groups of women and men.
 - Check the facilitator's approach to identifying the most challenging tasks. Is it the best one, given the recommendations in the RCA Toolbox?
 - Check how they explain the criteria for identifying most problematic tasks and the use of the dots.
 - Check their ability to probe using 'Tips for facilitators' given on page 21 of the RCA Toolbox as they complete the matrix.
 - Check how they facilitate a discussion when they bring the two teams together.

- At the end of the practice allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Use of one of the recommended approaches for identifying most problematic care tasks.
- Ability to explain criteria for identifying most problematic tasks.
- Ability to probe throughout the ranking process, using the 'why?' questions.
- Ability to sensitively create space for women's contributions, and prioritise the tasks they listed if they do not match men's.

Reference – Pages 20-21 and 28-29 in the *RCA Toolbox*, and Tables 14 and 15.

Practice 7 objective – *To provide facilitators with practical experience on how to facilitate a session on mapping available infrastructure and services that support care work.*

The exercise should be done in approximately 15 minutes.

How to conduct the exercise:

- Assign one participant to role play the facilitator in a community whilst the others act as community members.
- Following guidance in the *RCA Toolbox*, they should lead the group in an exercise to map available infrastructure and services that support care work.
- The 'community members' should act as if they don't know anything and can ask for explanations as they go through the exercise.
- Check the following:
 - The facilitator's ability to introduce and explain the care diamond.
 - Their ability to take the community through the three phases of mapping infrastructure and support services using the approach explained on page 22 of the *RCA Toolbox* and also shown in Figure 4 on page 23 of the same.
 - Pay particular attention to how they are able to get the community to identify services that are not visible but do exist (e.g. social protection payments – pensions, paid parental leave, disability allowance).
- At the end of the practice, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance in this discussion.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to introduce and explain the care diamond.
- Ability to go through the exercise and guide community in the mapping.

Reference – Pages 22-23 and 28-29 in the *RCA Toolbox*.

Practice 8 objective – *To provide facilitators with practical experience on how to facilitate a session on ranking possible solutions to address the problems with care work, and on managing community expectations.*

The exercise should be done in approximately 20 minutes.

How to conduct the exercise:

- Assign one participant to role play the facilitator in a community whilst the others act as community members.
- Following guidance in the RCA Toolbox, they should lead the group in an exercise to identify and rank possible solutions to address problems with care work.
- They should use the outputs from Practice 4, 5, 6 and 7 to do this exercise.
- Please check for the following and guide where necessary:
 - The facilitator's ability to probe in the discussion on options for reducing and redistributing (with the care diamond in mind).
 - Their ability to generate a discussion on the criteria for ranking solutions, and how she/he manages the debate.
 - Their ability to explain the dots and what they mean, and to guide the community in completing the matrix.
 - Check that they are always asking the 'why?' question when the community ranks an option.
- Please prepare cards with the following questions (*you can also come up with your own questions*). Give these to participants acting as community members to ask after they have completed the ranking matrix:
 - *Now that you have taken us through this exercise, what support should we expect from you?*
 - *We are tired of people coming and promising to help our community but they do nothing, we hope you are not one of them?*
 - *You have seen for yourself that we have a problem with our clinic – it is far and we have no transport. Your coming here will go a long way in addressing our problems.*
- Check how the facilitator is able to explain and manage community expectations. Take note of shortcomings and highlight these in the discussion.
- At the end of the practice, allow participants to comment on the facilitation – what went well, what didn't go well, and why, and provide overall guidance especially on managing community expectations.
- Ensure that 1-2 participants document(s) the practice.

Key skills to be gained:

- Ability to probe for options to reduce and redistribute care work.
- Ability to come up with criteria for prioritization of solutions.
- Facilitation skills for the ranking matrix.
- Ability to manage community expectations.

Reference – Pages 24-25 and 28-29 and Table 16 of the RCA Toolbox.

PART 6: DOCUMENTATION AND REPORTING

(15 minutes)

Documentation challenges

Following a 5-minute presentation, the discussion should be done in approximately 10 minutes.

How to conduct the exercise:

- Allow each documenter (those selected to document the practices) to share their experiences – particularly the challenges and concerns.
- Write these on a flipchart.
- Collectively brainstorm through challenges that might be encountered during the RCA, e.g. shortage of material, poor or too much lighting for taking photographs, inability to adequately cover discussions during breakaway sessions, etc.
- Discuss possible solutions to the challenges and concerns.

PART 7: UNPACKING ROLES WITHIN THE FACILITATION TEAM

(25 minutes)

Discussion – Roles and responsibilities in the facilitation team.

The discussion should be done in approximately 25 minutes.

How to conduct the exercise:

- Break into smaller groups by role and gender, i.e. female facilitators, male, female documenters, male, female assistants and male assistants.
- In 15 minutes, allow each group to discuss their roles and how they will relate with other members.
- Oxfam staff should also form their own group and discuss their role and how they will relate with other members.
- Ask groups to feedback on their discussions.

PART 8: EVALUATION OF THE TRAINING

(10 minutes)

Provide the training evaluation form as part of the package of materials for the training. Allow participants time to do a quick evaluation of the training. Collect the forms after completion. Facilitators can be innovative in the way they do the evaluation. They can choose which questions on the evaluation form can be done in a participatory manner and which ones can be completed as individuals.

Collate and analyse the feedback and insights from the evaluation, and use the knowledge gained in future training.

Please note: Additional notes and instructions are embedded within the presentation, 'Rapid Care Analysis: Training for Facilitators'. Please familiarize yourself with the presentation. If you have any questions, contact Thalia Kidder (tkidder@oxfam.org.uk) or Oxfam staff listed on the WE-Care page: www.oxfam.org.uk/care