Rapid Care Analysis
Training for Managers
Part 1: Introduction
Training preparation and objectives
## Time allocation for training sessions

<table>
<thead>
<tr>
<th>Part 1</th>
<th>Introduction – training preparation and objectives</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 2</td>
<td>Why Rapid Care Analysis?</td>
<td>50 minutes</td>
</tr>
<tr>
<td>Part 3</td>
<td>An overview of the RCA methodology</td>
<td>25 minutes</td>
</tr>
<tr>
<td>Part 4</td>
<td>Planning for the RCA – overview of the plans and objectives of implementing the RCA</td>
<td>55 minutes</td>
</tr>
<tr>
<td>Part 5</td>
<td>Evaluation of training</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2 hours 30 minutes</strong></td>
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</table>
Webinar preparation

1. Test your audio

2. Close down any other applications, e.g. Skype

3. Don’t use Internet Explorer. Use Chrome or another browser

4. Participating in the webinar:
   • All questions and comments are welcome!
   • Type comments/questions in the chat box at any time
   • To use microphone: indicate you want to talk, unmute, speak slowly, put yourself back on mute
   • The webinar will be recorded and available for others afterwards

5. Any problems?
   • Let us know via the chat box
   • Send us an email
Objectives of the training

Welcome!

1. To clarify *why care is important, definition of unpaid care work* and *care transformation*

2. To build an understanding of *what the RCA is* and what it *is not*, and how the methodology fits in the work of the managers

3. To introduce briefly the main *purposes of the RCA methodology* and how these are achieved through the *exercises*

4. To equip managers with the *necessary knowledge to plan and implement the RCA*
Participant expectations

• Who has read the materials?

• Also include one major or pressing question that you might have about care, care concepts and/or care in development
Part 2
Why Rapid Care Analysis?
What do we mean by care?

Unpaid care work
Providing services for family and community outside the market

Direct care of people
- Childcare
- Elderly care
- Care of ill or disabled people
- Care of community members

Domestic work
- Cooking
- Cleaning
- Washing, mending, ironing clothes
- Fetching water
- Collecting firewood
What is *not* unpaid care work

- **Market work:** work that is paid or generates income, e.g. harvesting and selling crops; selling eggs or bread; ironing for pay
- **Productive work:** including productive work that is unpaid, e.g. producing products (furniture), unpaid work in a family business, constructing homes
- **Non-work:** sleep, personal care, entertainment, school
- **Providing money for family’s needs:** including paying for clothes, food or childcare
Why investing in care is important

• Care has a widespread, long-term, positive impact on **wellbeing** and **development**
• Care is a ‘social good’, not a ‘burden’
• Care provision is critical to address **inequality** and **vulnerability**, both for care providers and receivers
• Care provision influences **productivity** and **economic growth**

Photo: Innocent Katsande/Oxfam
Unpaid care work is part of the economy

• Care produces goods and services
• Unpaid carers are part of the labour force (i.e. message not ‘reduce care work so women can join the workforce’)
• Care is not leisure
  • ‘Valuable time’ (how infrastructure and technology increase productivity, save time, benefit women)
  • ‘All working together’ (better data on unpaid care makes better policy)
• ‘Care for the economy’ (how public care services support economic growth and a healthier workforce)
Evidence: Care is heavy and unequal
Lanao del Sur, Philippines (2014)

Average hours spent on different activities by surveyed participants in the previous 24 hours
The ‘four Rs’ – transforming care*

- **Recognise** care work
- **Reduce** difficult, inefficient tasks
- **Redistribute** responsibility for care more equitably – from women to men, and from poor families to the State/employers
- **Represent** carers in decision making

Vision 1: Human wellbeing

Care is critical for human wellbeing. We all continuously receive care, not just the weak and vulnerable. We aim for quality care of persons, and affirm the right of women and men to give and to receive care.

Photo: Cineskrúpulos/Oxfam
Governments and development agencies need to shift the onus of feeding the world away from time-strapped, impoverished women, and instead support their organizing... and knowledge... [and to] rethink women’s unpaid care work and lack of time as fundamental issues of food security.’

Joanna Kerr,
CEO of Action Aid
Vision 3: Women’s Empowerment

‘Heavy and unequal care responsibility for care entrenches women’s disproportionate vulnerability to poverty across their lifetime.’ UNSR report (2013)

Reducing and redistributing care is a precondition for achieving women’s empowerment.
Heavy and unequal care is a barrier to women’s greater involvement in the labour market, affecting productivity and economic growth.’

UNSR (2013)
Vision 5: ‘We can do something’

‘People have talked about care work, but no other organisations have addressed it. Women are overworked and so they sometimes give up on participating in programmes. Now we can do something, so we should do something.’

Oxfam programme coordinator
Organisational challenges

- I’m funded to do something else
- My manager/the donor aren’t convinced
- I want to do advocacy work but I have no evidence
- I have very little time or money…
- It’s hard to show positive impact
- Care is a culturally sensitive, private issue
- It’s a long-term, complicated process
- Focus on a women’s issue in a mixed group?

I DON’T KNOW HOW TO START
Buzz Group discussion (5 mins)

Any questions or concerns?
RCA principles and purpose

Rapid Care Analysis (RCA) is a **1-2 day** exercise with **focus groups of 12-20 women and men** – a first step to addressing care in development.

RCA is designed to show that ‘care’ is:

- **Significant**: Collects evidence of the problems – quantitative data, stories and visual outputs
- **Feasible**: Practical proposals for short-term solutions
- **Appealing**: Men are involved – addressing care is a ‘societal issue’ about wellbeing
- **Flexible**: Used in a range of cultures/programmes (20 countries)
- **Workable**: Involves simple, user-friendly exercises
- **Inspiring**: RCA aims to ‘open the door’ – to get more people and projects interested in care (this is the first step in WE-Care Dreams)
What the RCA is *not*

1. RCA doesn’t go into depth – it is not a detailed analysis of social norms, power relations or advocacy
2. The RCA does raise awareness; it doesn’t try to address gender relations
3. It’s not an intervention itself; it is not intended to BE the transformation
4. It’s an assessment, a diagnostic tool
RCA and other assessments

Rigorous research and evidence for policy advocacy and evaluations

RCA

Other assessments, Household Care Survey baseline

Implementation of care strategies

Ownership and interest!
Estimated time use (numbers)
Local ‘problem statement’
Identify options for strategies
What has worked?

Local advocacy achievements

- **Employers** providing water equipment and services (Zimbabwe)
- **Government entities** promoting fuel-efficient stoves (many countries)
- Installing **electricity**-generating plants (Honduras, Sri Lanka)
- Improving **public potable water systems** (Philippines, Uganda)
- Supporting **childcare services** (Kenya)
- **Improving census data** on unpaid care work (Colombia, Uganda)
- Raising awareness on **family planning** (Bangladesh)
Redistribution of unpaid care work: Bangladesh and Uganda

Photo: Tom Pietrasik/Oxfam

Photo: Julius Caesar Kasuga/Oxfam
Honduras: Influencing policy makers

RCA findings informed advocacy

Government accelerated the installation of $100,000 electricity-generating project to power

- Water pumps
- Grain-grinding mills
- Refrigeration
Philippines Partnership with Unilever
Buzz Group discussion
(5 mins)
What are your immediate questions on the RCA?
Training exercise 1
(20 minutes)

Objective:
• To encourage managers to begin to think early on about how RCA fits in their programmes
Part 3
An overview of the RCA methodology
Four key purposes of the RCA

1. Highlight that everyone cares and care matters
2. Establish women’s and men’s time use
3. Identify problematic care tasks
4. Develop solutions
The 8 focus group exercises (FGEs)

<table>
<thead>
<tr>
<th>FGE 1</th>
<th>Develop an understanding that <strong>everyone cares</strong> and that <strong>care is important</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FGE 2</td>
<td><strong>Time use</strong> – estimate women’s and men’s hours per week spent on unpaid care and paid/productive work</td>
</tr>
<tr>
<td>FGE 3</td>
<td>Map how care roles are distributed by <strong>gender and age</strong></td>
</tr>
<tr>
<td>FGE 4</td>
<td>Explore <strong>social norms</strong> about men and women and care</td>
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<tr>
<td>FGE 5</td>
<td>Document <strong>changes</strong> in care patterns – seasons, policies</td>
</tr>
<tr>
<td>FGE 6</td>
<td>Identify <strong>problematic</strong> care activities</td>
</tr>
<tr>
<td>FGE 7</td>
<td>Note <strong>infrastructure and services</strong> that support care</td>
</tr>
<tr>
<td>FGE 8</td>
<td><strong>Develop and prioritise solutions</strong> to address problems</td>
</tr>
</tbody>
</table>
FGE 1: Who cares and why is care important?

What care is and why it matters

- Fostering love, unity, happiness and peace in the family
- Economic development
- Child development

Who participants care for and how often

- Who participants care for on a daily/weekly/monthly basis
FGE 2: Time use for women’s and men’s work

• Participants estimate average hours per week on unpaid and paid work by women and men

• NOT rigorous time-use evidence

• BUT participants:
  1. Know the figures are based on reality
  2. Own the data
Individual one-day recall

1) **Main** activity
2) **Simultaneous** activity
3) Responsibility for **supervising** dependent children/adults
Average hours per week

- Participant activities divided into different categories
- Estimate average hours per week for women and men on each activity

<table>
<thead>
<tr>
<th>Examples of simple symbols to denote different types of work</th>
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</thead>
<tbody>
<tr>
<td>Work to produce <strong>products for sale</strong></td>
</tr>
<tr>
<td>Paid <strong>labour</strong>, paid <strong>services</strong></td>
</tr>
<tr>
<td>Unpaid <strong>care work</strong></td>
</tr>
<tr>
<td>Unpaid care work producing <strong>products for home consumption</strong></td>
</tr>
<tr>
<td>Unpaid <strong>community work</strong></td>
</tr>
<tr>
<td><strong>Non-work</strong></td>
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</table>
AHA! AHA!

NOW WE UNDERSTAND THE UNEQUAL CONTRIBUTION OF WOMEN AND MEN IN THE HOME
(Male participant)

THIS WAS AN EYE-OPENER ON THE AMOUNT OF CARE WORK THAT WOMEN DO!
(Female participant)

WOMEN ARE REALLY TAKING A LOT ON – SOMETHING HAS TO BE DONE ABOUT THIS!
(Local Imam)
### FGE 3: Distribution of care roles by gender and age

<table>
<thead>
<tr>
<th>Action</th>
<th>Girls</th>
<th>Boys</th>
<th>Women</th>
<th>Men</th>
<th>Older Women</th>
<th>Older Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend Funeral</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Remove Garbage</td>
<td>✔</td>
<td>0</td>
<td>✔</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Fetching Water</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Fetching Firewood</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Digging Graves</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

*Photo: Oxfam*
FGE 4: Social norms relating to care work

1) Perceptions of care work as valued or skilled
   • Which tasks are considered ‘work’?
   • Which activities are desirable?
   • What type of work is most important?
   • Which work requires skill?

2) Social norms about gender roles
   • Which tasks are acceptable for women and men to do, and why?
   • What exceptions are there to this?
   • What sayings are there about gender roles?
   • Where do people learn roles from – what influences norms?
FGE 5: Changes in care patterns

Changes affecting care provision – e.g. migration, displacement, conflict, government policy changes, extreme weather

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
</table>

Seasonal calendar of extra burden care activities
### FGE 6: Problematic care activities

Identify most ‘problematic’ care activities for women and men

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time-consuming</th>
<th>Limits mobility</th>
<th>Affects health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grinding grain</td>
<td>★★★</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Water and laundry</td>
<td>★★★</td>
<td>★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Cleaning house</td>
<td>★★</td>
<td>★★★★</td>
<td>★</td>
</tr>
<tr>
<td>Childcare</td>
<td>★★★★</td>
<td>★★★★</td>
<td>★</td>
</tr>
</tbody>
</table>
FGE 7: Mapping infrastructure and services

Community map of **infrastructure and services** that support care

Reminder of ‘**care diamond**’: state, market, civil society, family

**Examples:**

- Water supply
- Electricity, fuel
- Washing facilities
- Health services
- Schools, childcare
- Grain mills, oil presses
- Shops
- Services for elderly, disabled or HIV+ people
- Relatives

Photo: Oxfam
FGE 8: Solutions to reduce and redistribute care

Identify and prioritise solutions to address problems of care provision

1. Practical solutions
   • Machines for meal preparation, cooking, cleaning and washing
   • Shared cars for food shopping
   • Recreational activities and psycho-social support for carers

2. Advocacy
   • Installation of water pumps and electricity
   • Provision of childcare, bus services, healthcare and sanitation services
   • Raising awareness on family planning; laws on labour and women’s rights

3. Gender roles
   • Household discussions on sharing care work (partners and family members)
   • Community discussions, workshops and campaigns on sharing care work
   • Cooking lessons for men and boys
Prioritising solutions

Plotting **feasibility** and potential **impact**

- Achievable?
- Financially feasible?
- External support needed?
- Socially acceptable?
- Impact – How much time saved for women? Health benefits? Mobility? Safety?
- Any unintended negative consequences?
Any questions?
Part 4: Planning for the RCA
Overview of the plans and objectives of implementing the RCA
Expected outcomes from the RCA

What do you want to achieve?

• Focus on hours and reducing work overload (equipment and infrastructure)?
• Address limits on mobility (childcare, eldercare)?
• Improve government infrastructure (focus on hours of water and fuel collection, distance to clinics)?
• Focus on girls, young women?
• Focus on problematic attitudes, promote positive social norms?
Adapting the RCA after Typhoon Haiyan

- Women are required to carry out the usual unpaid care work, while also expected to contribute to family income
- Unpaid care work is seldom shared within the family and community
- Sub-standard basic services affect the quality of unpaid care work
Adapting the RCA to urban communities in Nairobi

- Water and electricity infrastructure exist, but cost and reliability are issues
- There are more paid care services – restaurants, laundry, processed food
- Different care tasks – more (food) shopping, paying utility bills
- Diverse occupations in large population areas
- Fewer social networks for childcare, high insecurity
- Poorly planned settlements lack organised housing and basic services
- Information services are more complex – mobile phones, TV etc.
- Complex advocacy in illegal settlements

Photo: Sam Tarling/Oxfam
Adapting the RCA to youth programmes in Central Uganda

- Carry out the RCA with different age groups
- Carry out the RCA with in-school and out-of-school groups
- Detailed mapping of care distribution by gender and age
- Adapt exercises for age groups and literacy levels
- Train young people as facilitators
- Robust safeguarding strategies

Photo: Kieran Doherty/Oxfam
Thinking about influencing

What is the objective of your advocacy?

At what level is the advocacy targeted?

Who are the key persons/institutions to influence?

What is the interest of each stakeholder in the subject matter?

What kind of evidence would be appealing to them?

What is the rigour of evidence required?

What platforms or spaces are you going to use to influence?
Advocacy with local governments

How can we balance care responsibilities?

Advocacy with local government

- Installing *water* pumps and *laundry* facilities
- Installing *electricity*, cooking *fuel*
- Providing *childcare services*
- Improving *healthcare and sanitation services*
- Providing *public parks* where children can spend time safely
- Building capacity to improve and enforce *laws on labour and women’s rights awareness*
- Providing a *bus service* to take children to and from school
- Raising awareness on *family planning*

Source: Oxfam Rapid Care Analysis 2013
Training exercise 2
(20 minutes)

Objective:
- To encourage managers to start thinking about their expected outputs, influencing/advocacy strategy and key areas of focus for their RCA.
Planning steps

There are several choices or decisions to be made:

1. Roles
2. Number of RCAs and selection of participants
3. Facilitators/partners – 1-day training, practising the exercises
4. Translation of formats
5. Logistics
6. Budget/follow-up
7. Documentation, communication, reporting and publications
Facilitation team

1. **Two facilitators:** 1 woman and 1 man, skilled in participatory methods and facilitation on gender issues, fluent in local language, experienced in working with diverse groups

2. **Two documenters:** 1 woman and 1 man, designated to observe discussions and document (via video, notes)

3. **Translators:** Are they required? If yes, plan for 2 translators

4. **Assistant and observer:** This can be the programme team

5. **Training of facilitators:** 1-2 days of training and practising exercises
Manager’s role

Programme manager

• Decides number of RCAs. One or two days? Budget?
• Chooses facilitators
• Agrees on documentation and who will perform that role
• Briefs ‘gatekeepers’ – who will support the process?
• Discusses the parameters for analysis, based on the desired outcomes
• Decides how to use the exercises and which exercises will be carried out
• Decides who will invite participants
RCA participants

Number of participants in each RCA?
• 16-20 people, 60% women

Who?
• By occupation? Age? Youth? Other household types?

Community leaders
• Either 1 or 2 in each RCA, or a separate RCA – to build a base for local advocacy

RCA with children
• Include both in-school and out-of-school children
Logistics

- Lead facilitators schedule RCA, plan exercises
- How many hours (per day)?
- Materials in local language
- Invitations
- Where held? Inside, outside, comfort, privacy
- Logistics (food/lunch, transport, childcare, workshop materials, etc.)
- Documentation template: numbers, quotes, debates, conclusions
Documentation and reporting

• Seek consent from participants to take photos and/or video and use information/quotes.
• Documentation during RCA to be done by two designated individuals – use the documentation template
• Documenters will take notes and photos of flipcharts, diagrams, drawings, plus group photo of participants and trainers
• Video of the training?
• Reporting and any publications?
• Process monitoring – to feed into RCA learning
Training exercise 3
(10 minutes)

Objective:
• To give managers an opportunity to brainstorm on a draft plan for their RCA and ask questions on immediate concerns
Your questions/discussion
Please take 10 minutes to complete the evaluation form for the training
Thank you!
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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