Rapid Care Analysis in a Rapid-Onset Emergency

Cox's Bazar, Bangladesh

Rohingya female group in Balukhali Camp 19. Photo credit: Rozina Akter/Oxfam

This analysis looks at unpaid care work patterns in both Rohingya and host communities in Cox's Bazar, Bangladesh. The aim is to recognize the care work done by women and find ways of reducing or redistributing this work. The analysis examines the level of acceptance for sharing care responsibilities, as well as the differences in care work between host and Rohingya communities. Overall, findings from the RCA show that the vast majority of care work is conducted by women across both groups. On average, women perform 70 hours of care work a week and men do 11 hours, with firewood and water collection being the most difficult tasks. Recommendations from the analysis include provision of water containers for water storage; opportunities for home-based income-generating activities for the Rohingya community; advocacy for improved water networks in the host community; and environmentally friendly firewood replacements, among others. This will ensure reduction and redistribution of care work and lead to improved programmes, with potential for women's empowerment.

Oxfam Research Reports

Oxfam Research Reports are written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. They do not necessarily reflect Oxfam policy positions. The views expressed are those of the author and not necessarily those of Oxfam.

OXFAM

This Rapid Care Analysis document was prepared by Iulia Toma (Gender Adviser, Humanitarian Support Personnel) using field reports from Tanzima Zaman (Senior Gender Officer) and Anis Uzzaman (MEAL Officer).

For more information, or to comment on this report, email Iulia Andreea Toma (iulia.toma@oxfam.org).

Published by Oxfam GB for Oxfam International under ISBN 978-1-78748-277-7 in June 2018.
DOI: 10.21201/2018.2777

OXFAM

Oxfam is an international confederation of 20 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org.

Executive summary

The Rapid Care Analysis (RCA) conducted during the ongoing Rohingya crisis response, a rapid-onset emergency situation, was organized by the Oxfam Cox's Bazar office with separate focus groups of women and men from both the Rohingya and host communities. Overall, findings show that for both the Rohingya and host-community groups the vast majority of care work is performed by women. This was mostly done as a primary activity and related to household work – cooking, childcare, washing clothes etc. – whereas the care work done by men was usually done as a secondary activity and related to water and firewood collection, child supervision, providing emotional support, or taking sick family members or neighbours to healthcare providers. In terms of hours spent on care work both as main and as secondary activity, the RCA found the following averages:

- Rohingya female group – 72 hours per week on care work as main activity, and 10 hours per week on care work as a secondary activity.
- Rohingya male group – 5 hours per week on care work as a main activity, and 17 hours per week on care work as a secondary activity.
- Host-community female group – 67 hours per week on care work as a main activity, and 33 hours per week on care work as a secondary activity.
- Host-community male group – 12 hours per week on care work as a main activity, and 6 hours per week on care work as a secondary activity.

Findings from all groups showed an increased awareness of care work at the end of the RCA facilitation day, as well as greater recognition of the value of the work that women do. While both women and men in the Rohingya and host-community groups thought that care work is a woman's job, and the men in both groups had strong opinions on whether men should take up more care work, there is now an entry point following the RCA in those communities to sensitize the men on the need for redistribution of care work, with a few men also mentioning the need to value the amount of care work women do within the household.

The main issues identified by the Rohingya community were as follows:

- Firewood collection is extremely challenging (in terms of time taken, physical burden, need to leave the camp, distance, risk of accidents and prohibitive market price). Water collection is also difficult (in terms of the number of trips needed to collect sufficient water, distance, route and risk of accidents, especially at night). Firewood and water collection are the most time-consuming activities and carry the most risks for both men and women.
- Women have limited mobility due to restrictive families and social norms, feelings of not being safe and risks of gender-based violence (GBV). As a result, men have taken on some care work since displacement (water and firewood collection, attending food and other distributions and market duties).
- Opportunities for income-generating activities are limited (in terms of options available and space) for women, as mentioned by both women and men. In addition, to take part in such activities women, especially female-headed households, would need to be provided with support in care work.
- Most women are at constant risk of domestic violence if they are perceived to have performed inadequate or insufficient care work but among the Rohingya women group there is a perception that domestic violence has decreased since displacement.
- Women-headed households are much more vulnerable, as they have no support system for any care work.
- Elderly people and children in large families are receiving the least amount of care – the latter is a result of women's high care workload, and is making women unhappy.
- These challenges are exacerbated for refugees in remote locations inside the camp and in hilly areas; with no water points nearby, they are at greater risk of accidents.
- Participants reiterated the need for solar torches to be able to walk safely at night.
- Rohingya women requested the provision of kitchen utensils for food storage, to reduce time spent on meal preparation.
- Rohingya men reported that there are insufficient healthcare facilities and workers inside the camps in comparison to the need.
- There is a lack of awareness on care work and the importance of women's contribution, especially among men and elderly people.

The main issues identified by the host community were as follows:

- Firewood and water collection were also found to be difficult by this group, though the former only for the men. A seasonal 'care calendar' showed that the most challenging months are March to May for water collection, and July and August for firewood collection.
- Overall, the most challenging period for care work is June to August.
- Washing clothes was the most difficult task for women (in terms of time taken and physical demands).

- Women's care workload left them with very little (if any) time to rest, even during periods of illness, affecting their health and potentially increasing their risk of experiencing domestic violence.
- Men mentioned the prohibitive cost of installing tube wells, and the need to have an electric pump to make water collection easier. The women suggested the provision of a water-supply line which could reduce the time they spend collecting water.
- Income-generating activities for women would be possible if they were provided with support in care work.
- Men added that they would like to receive support through income-generating activity trainings for both males and females, and low-cost gas facilities.
- There is a lack of awareness of the care work done by women and the importance of women's contribution, especially among men and elderly people.

Recommendations for Oxfam and other humanitarian organizations

Given the issues presented above – and also the solutions proposed by the communities themselves – the following recommendations for specific sectors could lead to the recognition, reduction and redistribution of care work. They could also improve programmes by increasing women's empowerment through appropriate income-generating activities and reducing the risk of GBV, including domestic violence.

Recommendations for the WASH sector

Rohingya community:

- Improve access to water sources, especially in remote, hard-to-reach and hilly areas.
- Consider the distribution of multiple water containers to enable families to store water within the household.
- Consider women's lack of mobility and find solutions to provide house-to-house non-food item (NFI) distributions.
- Organize hygiene-management awareness campaigns to prevent increases in hygiene-related diseases.

Host community:

- Consider the seasonal changes in care work. With March to May the most difficult in terms of accessing water, ensure an increase in the water supply in that period.
- Investigate the possibility of improving the water network or installing a greater number of deep tube wells and electric pumps, training women as mechanics for the electric pumps, and providing chlorination tablets for water purification.

Both communities:

- Advocate with the government, donors, peer agencies and the UN coordination system for wider campaigns in the district on care work and domestic violence.

Recommendations for the Emergency Food Security and Vulnerable Livelihoods (EFSVL) sector

Rohingya community:

- Find environmentally friendly alternatives to firewood and improve access to fuel-efficient stoves, whether at communal or household level.
- Include home-based opportunities for women in all future income-generating activities.
- Consider women's lack of access to markets or food/NFI distributions and find solutions to provide house-to-house assistance.
- Consider including kitchen utensils in NFI distributions to enable food storage and thereby reduce time spent on meal preparation.

Host community:

- Find environmentally friendly alternatives to firewood and improve access to fuel-efficient stoves, whether in consultation with the local government (e.g. for gas provision) or provided as humanitarian aid.
- Consider the seasonal fluctuations in employment and care work – with the monsoon season the most challenging – and engage in income-generation trainings or support for care work, especially in those months.
- Jointly with WASH teams, consider options for communal laundry facilities, including the potential for these to be cooperatives managed by women from the host communities but also by women in the Rohingya community.

Both communities:

- Consider providing cash for training for women, including training on servicing and repairing electrical pumps if installed.

- Consider providing childcare facilities, but also promote the need to increase men's engagement in childcare.
- Take into consideration the vulnerability of female-headed households and their inability to engage in income-generating activities without care-work support.

Recommendations for Protection teams, including GBV and Gender specialists

Rohingya community:

- Provide blanket solar torch distributions, or advocate for public lighting throughout the camps.

Both communities:

- Organize awareness-raising sessions on ending domestic violence, through community sessions run with mixed groups but also aimed at men and women separately.
- Organize awareness-raising sessions on gender equality and care work, across all ages and groups.

Recommendations for other sectors:

Rohingya community:

- Consider training and using community healthcare workers.
- Organize mass awareness campaigns on key preventable diseases.
- Improve childcare facilities throughout the camps, including at food and NFI distribution points.

In terms of ensuring that the above recommendations are widely taken into account and acted on, it is necessary to undertake advocacy at relevant sector working-group meetings and advocacy targeting government for improved services.

Report outline

Click on each section heading or subheading to jump to the content.

1. Introduction

1.1 Background

The Rapid Care Analysis (RCA) conducted during the ongoing Rohingya crisis response, a rapid-onset emergency situation, was organized by the Oxfam Cox's Bazar office and used the RCA Toolbox of Exercises developed by Oxfam's WE-Care initiative.[1] The RCA took the one-day approach[2] and conducted the exercises through four focus group discussions (FGDs) with both Rohingya and host communities. The FGDs were conducted on 21 March 2018 in Balukhali and Kutupalong camps and in Unchiprang town (adjacent to the newly formed Unchiprang camp), following a whole-day training for facilitators and documenters (see list of trainers, facilitators, documenters and observers in Appendix 1) on 20 March 2018. Support for facilitators and documenters was provided by the local NGO and Oxfam's implementing partner, HELP Cox's Bazar.

1.2 Objectives of the RCA

The objectives of the RCA in the Rohingya and host communities were to:

- Better understand unpaid care-work patterns in both communities.
- Improve recognition of the care work done by women.
- Identify possibilities for the reduction or redistribution of care work.
- Encourage acceptance of the need to share care responsibilities between men and women at the household level.
- Observe the differences in care-work patterns between the Rohingya and the host community.
- Understand the changes in care work for the refugee community following displacement.

The RCA aims to allow Oxfam and other NGOs to tailor their programmes and direct activities to ensure that they do not exclude women, but rather that they increase women's participation and empowerment while ensuring they do not add to women's care-work responsibilities. Project activities that pose an additional burden to women only make their lives more difficult or expose them to further harm. Having a clearer picture of the care workload and situation of both the refugees and host-community households can inform programmatic decisions – including on how to reduce the time women and girls dedicate to care work, in a culturally acceptable way.

2. RCA methodology

2.1 RCA tools and exercises

The RCA used Exercises 1, 2, 3, 5, 6 and 8 from the toolbox. Exercises 4 and 7 were removed, as the RCA was conducted in only one day: from 9am to 3pm, with three short breaks after roughly two exercises, and with the lunch break at the end. Exercise 1 explored relationships of care in the community and encouraged participants to reflect on who they care for and who cares for them. Exercise 2 was used to produce an estimate of the average weekly time spent on care work by each group. Exercise 3 looked at the distribution of care roles at household level. Exercise 5 looked at changes and fluctuations in care patterns related to displacement (for the refugee community) and to seasons (for the host community). Exercise 6 explored what the group considered to be the most problematic care activities in the community, in terms of time burden, restricted mobility and effects on carers' health. In Exercise 8, participants proposed solutions to these problematic care activities.

2.2 Selection, number and profile of participants

The RCA is usually conducted in mixed-sex groups, with only certain discussions carried out in small single-sex groups. A sense of joint ownership over the outcomes of the RCA is built by these mixed discussions. However, in the context of these two conservative communities, the organizers decided that single-sex FGDs would ensure that women were comfortable and were given the space necessary to discuss the issues freely. Each FGD (Rohingya male, Rohingya female, host-community male and host-community female) was conducted by at least one facilitator, and each had at least one documenter to ensure maximum note-taking (details in Appendix 1). The facilitators and documenters were Oxfam staff from the Gender team, MEAL (Monitoring, Evaluation, Accountability and Learning) team, Emergency Food Security and Vulnerable Livelihoods (EFSVL) and Public Health Promotion (PHP) teams as well as HELP field staff. Enumerators were hired only for documenting. The Rohingya male and the host-community female FGDs also had one extra observer each: one from the Gender team and one from the MEAL team. Preparation for the FGDs prior to the day was done by the PHP team in coordination with community-based volunteers in the Rohingya camps and with members of the local leadership in the host community.

All facilitators were trained on general gender issues, understanding of care work and on using the RCA Toolbox of Exercises. All facilitators had knowledge and experience of facilitating FGDs. Two FGDs were conducted by two facilitators and one documenter, and two by one facilitator and two documenters (details in Appendix 1). The two observers were experienced gender and MEAL staff with knowledge of RCA and of gender issues. The full-day training of the facilitators focused on understanding the concept of care work and its complexities, translations into two languages (Bangla and Rohingya), and on conducting the exercises (including role-play for each exercise).

The FGD with women from the Rohingya refugee community took place in the Balukhali area, the FGD with men from the Rohingya refugee community in the Kutupalong area, and the FGDs with the host-community men and women were both conducted in Unchiprang town.

The table below shows the number and profile of participants, as well as FGD location:

Focus group	Number of participants	Age	Social status	Location
Rohingya women	12	18 to 45	5 married, 3 unmarried, 4 widowed, all housewives	Balukhali Camp 19
Rohingya men	15	18 to 39	5 (former) students,[3] 5 businessmen, 1 teacher, 1 health worker, 3 did not note	Kutupalong Camp 3
Host-community women	12	18 to 55	11 married, 1 unmarried, 11 housewives, 1 student	Unchiprang town
Host-community men	12	18 to 57	6 involved in small business, 4 daily labourers, 1 farmer, 1 driver	Unchiprang town

2.3 Study limitations

A limitation of only having single-sex FGDs was that men did not get to fully appreciate the extent of care work that women in their community do, with all potential differences between women and men's care work only being discussed hypothetically; hence the impact for change is much smaller. This could be resolved with a validation workshop of a mixed group to share the RCA findings; this was ongoing at the time of publication. The validation workshop will also be used as an entry point for dialogue and awareness raising.

The complex and multi-layered language translations and interpretation required for this RCA posed significant challenges in maximizing data collection and ensuring its accuracy. Undertaking official translations prior to the facilitation would greatly improve future RCAs.

It is also worth mentioning that a significant proportion of the host community in both the male and female groups can be considered relatively well-off in an urban setting; different findings, especially on the most challenging tasks and activities, would be expected from more underprivileged groups. A comparison between these two groups would be very useful for future RCAs.

3. Main findings

3.1 Introduction: Understanding care work

All four FGDs began with a focus on care work: what unpaid care work means, what supervision responsibilities mean and what simultaneous activities mean. Facilitators explained the purpose of the day and gave explanations and examples of care work, both in the family and in the community.

3.2 Exercise 1: Care roles and relationships

Given that the majority of participants in both the Rohingya and host community women's groups and some of the participants in the men's groups were illiterate, Exercise 1 was done as a group activity rather than individually. Facilitators asked each participant who they take care of on a daily, weekly and monthly basis in the family, the community or outside of their household, and recorded the answers in the appropriate flipchart circles (daily, weekly, monthly). A second intended outcome of Exercise 1 is that participants become aware of the extent of caring activities in everyone's lives, and their importance.

Findings from the Rohingya women are as follows:

- On a daily basis, married women take care of family members such as their husband, children, elderly relatives, in-laws, grandchildren etc., while unmarried women usually take care of their younger sisters and brothers, parents and elderly relatives.
- On a weekly basis, married, widowed and unmarried women take care of parents and in-laws, siblings, but also neighbours and any close or distant family members who are ill.
- On a monthly basis, women take care of elderly members of the family such as grandparents and in-laws, distant elderly relatives who live in other camps, and sick elderly relatives.
- Most of the women participants said that they must do care work in any situation; even when they are sick or struggle to perform, there is no option to rest.
- In some cases, husbands, parents and elderly family members help them in order to reduce the burden.
- The burden is highest for widows, as they must perform the majority of care work on their own.
- Some women expressed that they neglect themselves as they usually do not have enough time to take care of themselves, and their needs are not prioritized or respected. One participant said: 'We are doing so much care work and put in so many hours a day, but we are not getting any money. How can we get the same respect as men? They have the power because they can earn money.'

Findings from the female host-community group were very similar to those of the Rohingya women, with the following differences:

Female host community facilitator conducting Exercise 1. Photo credit: Iulia Toma/Oxfam

- On a daily basis, in addition to caring for husbands, children and elderly family members such as in-laws, the host-community women also take care of poultry. The women considered this care work, even though it would usually classify as productive work.
- On a weekly basis, they take care of their more distant relatives or sick neighbours and any sick relatives.
- On a monthly basis, most participants said they take care of elderly persons or distant elderly relatives. Host-community women also do care work by supporting family and neighbours with their social engagements such as marriage ceremonies, birthdays, or any other religious and traditional event.
- Some women in the host community said that their husbands are helpful; others said they are not, while also saying that: 'It's a woman duty to do care work', with men being responsible for work outside the household. In response to the question about who cares for them, some participants said that male family members usually help by taking women to the hospital if they are sick, while older children, in-laws, parents and neighbours were also mentioned. However, some women said they must do tasks such as meal preparation, washing clothes, water collection, feeding children and poultry rearing even when they are sick.
- One participant said that women suffer domestic violence if they fail to do their household work, and another that: 'We have to do all the care work, even when we are sick.' Others added they are not even taken care of when sick and do not receive support, but said their partners do buy medicine for them.

- The women also mentioned that it is usually the men and boys who do all the daily shopping, including for food items.

The findings of the Rohingya male group discussion, which was also the largest group of the four FGDs, are as follows:

Male Rohingya group in Kutupalong camp. Photo credit: Pushpita Saha/Oxfam

- On a daily basis, the men said they support their family, most often linked to providing emotional support or helping with care tasks.
- Weekly, they take sick family members to the hospital when needed, as well as doing water collection. Younger participants said they also take care of their younger siblings. Also weekly, men provide care work support to neighbours and relatives, e.g. having discussions with *Maihee* (leaders)[4] on their neighbours' behalf to ensure they receive aid vouchers or to minimize conflict between neighbours. The men also said they usually help with food distributions and bringing the items home to neighbours. Additionally, if a relative or neighbour falls sick, it is the men who help to take them to the doctor. Sometimes the men also help neighbours to buy goods from the market.
- On a monthly basis, men said that they usually help the wider community, e.g. in repairing their houses. Participants noted that elderly people receive the least care. The participants also mentioned that they tend to stay within their camp, rarely visiting family in other camps due to the distance, but luckily most of the time relatives live close to each other. When asked about other Rohingya families and how this exercise would look for them, they said the findings would be similar.

Findings from the men in the host-community group were very similar to those for the Rohingya men, with some men supporting their family on a daily basis with tasks such as taking children to school or water collection. On a weekly basis, they mentioned providing care for neighbours, relatives, elderly parents or community leaders, and on a monthly basis providing support to the wider community, for example by fixing the communal tube well or providing in-kind support to the Rohingya community.

3.3 Exercise 2: Time use

The purpose of Exercise 2 is to 'make visible the total volume of work done by women and by men, and within this, identify the share of care work done respectively by women and men'. Normally, participants use a 'one-day recall' method that documents paid work, productive work, care work and non-work activities such as sleeping, personal care, education, leisure and religious activities. This is a context-specific process which validates (men's) contributions of paid/productive work, and makes (women's) care activities visible. It often leads to an 'aha' moment, where *all* participants are surprised by the extent of care-work activities and the gender inequality of hours, and realize why it is important to do the RCA exercises.

The exercise starts with individuals identifying their own activities per hour, and then aggregates women's and men's responsibilities daily as per-hourly activities. Facilitators and documenters supported the participants in noting their hourly time use, while reflecting on primary and secondary care work (care activities such as cooking and childcare are often done simultaneously to other activities). Because of the severely limited time available as well as the illiteracy of group members, the facilitators asked participants to note down all of their daily activities, but then focused on calculating only the care work hours per day per participant. The facilitators then did a weekly calculation for each participant, which provided the following weekly averages:

- Rohingya female group – 72 hours per week on care work as main activity, and 10 hours per week on care work as secondary activity.
- Rohingya male group – 5 hours per week on care work as a main activity, and 17 hours per week on care work as a secondary activity.
- Host-community female group – 67 hours per week on care work as a main activity, and 33 hours per week on care work as a secondary activity.
- Host-community male group – 12 hours per week on care work as a main activity, and 6 hours per week on care work as a secondary activity.

After calculating the weekly averages, participants were asked to think about the other group – i.e. male groups were asked to think about how many hours women work, and women to consider this for men. This enlightened

both men and women about the huge share of care work that is undertaken by women in comparison with men. Detailed findings are shown below:

Findings on time use from the Rohingya female group:

- Working hours of women differ according to their marital status. Unmarried women usually support their parents or elderly women in doing household work and spend up to 5-6 hours per day. Married women carry out a huge amount of care work, with some spending up to 15 hours per day on it.
- The women spent most of their time on collecting water and firewood, and meal preparation.
- In some cases, children and men help women to collect firewood and water.
- All the women participants realized that they are doing far more care work than men.

As an example, please see below one participant's daily activity record:

Time	Main activity	Secondary activity	Remarks
5.00-6.00		Pray	
6.00-7.00	Meal preparation	House cleaning	Care work
7.00-8.00	Feeding children		Care work
8.00-9.00	Water collection		Care work
9.00-10.00	Get children ready for school		Care work
10.00-11.00		Rest	
12.00-13.00	Meal preparation	House cleaning	Care work
13.00-14.00		Pray	Care work
14.00-15.00	Serving food	Bathing	Care work
15.00-16.00	Water collection	Washing clothes	Care work
16.00-17.00		Pray	
17.00-18.00	Dinner preparation	Pray	Care work
18.00-19.00	Supervising children		Care work
19.00-20.00	Teaching children	Pray	Care work
20.00-21.00	Serving dinner	Washing dishes	Care work
21.00-22.00		Sleep	
22.00-5.00		Sleep	

Findings on time use from the women in the host-community group:

- Women in the host community all took pride in the number of hours they worked – the more hours worked, the prouder they were, saying: 'Society would be destroyed if we didn't do our care work.' But again, they mentioned that they needed more rest and that care work should be reduced – especially when they are sick and unable to rest as there is always pressure to do care work.
- Women said that care work is only women's responsibility but felt that they are not getting enough respect and attention from their male partners, even though they are doing all the care work and far more than the men. They said that men should realize how much of the load women carry for care work.
- Women from the host community spend most of their time on meal preparation, house cleaning and childcare, and also taking care of poultry or livestock.

In the Rohingya male group, the care workload was significantly lower than in the female group. Below is an example of one of the participants' day:

Time	Main activity	Secondary activity	Remarks
5.00-6.00	Sleep/rise and prepare to go mosque.		
6.00-7.00	Go to mosque to pray		
7.00-8.00	Eat breakfast and prepare to go market	Water collection	Care work
8.00-9.00	Travel to market		
9.00-12.00	Workplace[5]		
12.00-13.00	Back home	Firewood collection on the way	Care work
13.00-14.00	Prayer		
14.00-15.00	Again, go to workplace		
15.00-16.00	End of work		
16.00-17.00	Back to home		
17.00-18.00	Shower, eating food	Meet with *Majhee* (leaders)	
18.00-19.00	Prayer		
19.00-20.00	Go to mosque to pray		
20.00-21.00	Dinner	Provide emotional support to wife	Care work
21.00-22.00	Prepare for sleep		
22.00-5.00	Sleep		

This example is typical of the group members' daily activity sheets, with care work mostly being a secondary activity for Rohingya men. Some men mentioned that they support women in water collection, and said that wood collection and food collection are primarily done by men. The Rohingya men also said they take on all the stress of providing for their family.

When asked to consider how a woman's typical day would look in comparison to theirs, the initial consensus was that women enjoy free time from approximately 10am (when all male family members have left the house) until 4–5pm, when the men return home with food and fuel. Men acknowledged that women get up at least half an hour before them to start preparations for the day, and they agreed that women might cook sometimes but were not aware how much time or effort that would take. The female observer in the Rohingya male group probed further with examples of what a woman's work day could look like, with one participant finally having the realization: 'Really, my wife does more care work than me.'

Probing also revealed that men are aware that women clean their living spaces, look after infants and toddlers, wash clothes, fetch more water and clean up after lunch, even though their initial perception was that women enjoy more leisure time. However, the men also said that they think women should always do more care work than men. It is worth noting here that younger men (those in their early twenties) with younger families and less elder presence in their households do more care work compared to older males (men in their forties). This care is especially focused on children (e.g. washing children's clothes, bathing them, feeding them and keeping them occupied). It is also worth mentioning that the older men in the group completely disapproved of the idea that women might be involved in economic activity, while the younger men were much easier to engage in these discussions.

Host-community male group discussion. Photo credit: Mohhamad Hanif/Oxfam

In the host-community male group, again the results were very similar, with the men saying that they are the breadwinners while women are in charge of the housework; however, men in the host community did more care work more as a primary activity than the Rohingya men. They also mentioned that they had not reflected on care work or given it any value prior to the discussion. The care work the men usually do is taking children to school,

water collection, firewood collection, shopping at market, supporting sick neighbours, and occasionally helping with minor housework tasks such as cleaning the yard or making the beds.

3.4 Exercise 3: Distribution of care roles

Exercise 3 involved group work to identify how care roles are distributed by gender and age. Facilitators asked the participants about the frequency of care tasks according to age and gender, with three dots for 'daily', two dots for 'weekly', one dot for 'monthly' and no dots for 'never', as per the RCA Toolbox of Exercises. The main categories chosen were: meal preparation, childcare, cleaning living spaces and cleaning clothes.

Findings from the Rohingya female group are summarized below:

Category	Sub-category	Women	Men	Girls	Boys	Elderly women	Elderly men
Meal preparation	Cooking	***		**		*	
	Fetching water	***	*	*			
	Buying food	* (only for female-headed households)	***				
	Collecting firewood	***	***				
	Cleaning after meal	***		**		*	
Childcare	Bathing children	***	*			**	
	Supervision	***	**	**		**	
	Providing guidance to children	***	***	*	*		
	Taking care of sick children	***	**	**		*	
Cleaning living spaces	Cleaning house	***		**			
	Cleaning backyard	***	*	**		*	
	Emptying rubbish	***	*				
	Buying cleaning materials	*	***				
Cleaning clothes	Fetching water	***	*	***			
	Washing clothes	***	*	**			
	Drying/folding clothes	***	*	**	*	**	**
	Sewing clothes	*					*

In addition:

- Regarding meal preparation, it was found that women are responsible daily for: cooking, fetching water, attending food distributions, collecting firewood and cleaning up after meals. (Buying food from market is done by the male members of the family, who have weekly water and firewood collection responsibilities as

well.) Widows and women in female-headed households are responsible for all activities related to meal preparation.

- In the childcare category, women's care responsibility was very similar to that for meal preparation. Male members provided support daily through guidance to children, and weekly in caring for sick children (and elderly people), and also helping with the supervision of children.
- Regarding cleaning of living spaces, women again do all the sub-categories of this task weekly, with the exception of buying cleaning products from market, which is done by male family members.
- Similarly, regarding cleaning clothes, women do all the daily activities from fetching water to drying clothes; elderly women also provide support weekly.
- Men, especially elderly men, hardly do any house-related activities. They only provide support where women's restricted mobility prevents them from doing the tasks, e.g. going to market and collecting firewood etc.
- Participants said that the women's roles are fixed in their society, with women expected to do the all care work inside the home, and men expected to do all the paid work outside of the home.

Findings from the host-community women's group were similar:

- Regarding meal preparation, participants said that women are responsible daily for all the sub-categories (cooking, fetching water, attending food distributions and cleaning up after meals).
- In the childcare category, women are also primarily responsible for all sub-categories (bathing children, supervision, providing guidance to children and caring for sick children). Elderly women and men also support with child supervision when living in the same house. Men support weekly with supervision of and guidance to children, and caring for sick children.
- Women are also doing all the daily work related to cleaning living spaces as well as cleaning clothes – with girls supporting weekly, and men and elderly men never supporting these activities.

Host community female group discussion. Photo credit: Iulia Toma/OXFAM

Findings from the Rohingya male group are summarized below:

Category	Sub-category	Women	Men	Girls	Boys	Elderly women	Elderly men
Meal preparation	Cooking	***		**		*	
	Fetching water	***	*	**	*		
	Buying food/attending food distribution		***		*		
	Collecting firewood		***		*		
	Cleaning after meal	***		*			
Childcare	Bathing	***	*	**	*		
	Supervision	***	**		*		
	Providing guidance to children			* (to younger siblings)	* (to younger siblings)		
	Caring for sick children	***	**	*	*		
Cleaning living spaces	Cleaning the house	***	*	**	*		
	Cleaning the backyard						
	Emptying rubbish						
	Buying cleaning products						
Cleaning clothes	Fetching water	***	*	**	*		
	Washing clothes	***	*	**	*		
	Drying/folding clothes	***		**			
	Sewing clothes	***		**		*	

In addition to the above findings – which in some areas were similar to those for the Rohingya female group – participants acknowledged that the majority of tasks are performed by women. However, in other areas (such as providing guidance to children, cleaning the backyard or emptying rubbish) men did not recognize the contribution of women at all, despite the women's group mentioning doing these tasks daily. This shows that there is still need for more recognition of women's care work. At the end of this exercise, four male participants mentioned the fact that women are not allowed to move freely outside of their home. Some added that women themselves feel unsafe if they go outside alone. When asked about income-generating activities for women, some of the participants said that they would agree to women working from home on such activities if they were given the opportunity.

Findings from the men in the host-community group are summarized below:

Category	Sub-category	Women	Men	Girls	Boys	Elderly women	Elderly men
Meal preparation	Cooking	***		**		*	
	Fetching water	***		**	*		
	Buying food/ attending food distribution		***		**		*
	Collecting firewood		**		**		
	Cleaning after meal	***	*	**			
Childcare	Bathing	***	**	**	*		
	Supervision	***	***	**	*		
	Providing guidance to children	**	**	***	***		
	Caring for sick children	***	**				
Cleaning living spaces	Cleaning the house	***		**			
	Cleaning the backyard	***		**			
	Emptying rubbish		***				
	Buying cleaning products		***				
Cleaning Clothes	Fetching water	***	*	**	*		
	Washing clothes	***	**	**			
	Drying/folding clothes	***	**	**			
	Sewing clothes	**					

In addition to the above results, which show that men in the host community provide more support in primary care-work activities than their counterparts in the Rohingya community, the men in the host community also acknowledged that women are performing most care tasks, and said that if the adult woman was not able to provide the care work in the household then the adolescent girls or adult daughters would step up to give support. Similarly, if the men cannot perform their care-work tasks, such as firewood collection, support would be provided by the adolescent or adult son. The men also said that cleaning the house and the yard is never a man's job. Four of the participants mentioned the need to value the amount of care work women do in the household, with one saying: 'Women are engaged in family work most of the time, and it should be valued.'

3.5 Exercise 5: Changes in care

Exercise 5 involved group work to identify how care roles changed after displacement in the Rohingya community and how they change seasonally in the host community.

Findings on changes in care before/after displacement from the Rohingya female group are summarized below:

Responsibility	Before displacement	After displacement
Water collection	• The women had to walk long distances to collect water. • They had to spend a long time collecting water, and they had to do this task all by themselves. • Women, girls and elderly women were responsible for collecting water.	• They now have access to water sources and do not have to walk so far, so water collection takes less time. • However, they do not have enough water containers to store water, which means they have to collect water repeatedly, walking along hilly roads and even at night. • Male members of the family now help the women to fetch water from water points.
Firewood collection	• This was the most challenging issue for the Rohingya women. • They had to walk a long way in the jungle to collect firewood. • Occasionally, they were at risk of getting lost and of GBV.	• This is still a challenging issue for them, now due to the lack of firewood. • It takes a very long time to collect firewood. Three participants mentioned that they also risk domestic violence from their partners due to spending too much time outside the home collecting firewood. • However, participants argued that GBV is decreasing overall due to men being afraid of repercussions from the army and local leaders. This is despite the fact that women do not report GBV unless it is extremely severe – in such cases they would complain to *Majhee* (leaders) rather than reporting through the service providers in the formal GBV referral pathway provided by humanitarian organizations. • Most participants also said that male partners and other male members of the family now help them to collect firewood, as the great majority are not involved in any income-generating activities, but also because men worry about women going outside of the household due to a 'fear of extra-marital relationships'. Women did not mention whether they share these concerns about their husbands.
Childcare	• Male members were never involved in childcare.	• Male family members such as husbands and elderly people now help to supervise and teach the children.
Caring for sick/disabled/elderly	• Before, the Rohingya women did not have easy access to medical facilities. They had to walk a long way to visit doctors and medical centres. • Male family members used to take sick children, disabled and elderly people for treatment. Women were usually deprioritized regarding access to medical facilities.	• Medical facilities are now closer, and the women said they are the best medical facilities they have ever had access to. • Women are now accessing treatment easily. • Occasionally, women also take sick people to medical facilities, though male family members still help them with this.

For women in the host community, the focus was on seasonal changes and identifying the months in which there is extra work for the community. The main findings for host-community women are as follows:

- During the summer season (from mid-April to mid-June), women do more care work due to an increased incidence of diseases, meaning they have to take care of more sick family members than usual.
- In the monsoon season (from mid-June to mid-August), the increased rate of disease continues; in addition to this, extra labour is needed for harvesting activities, and women have to prepare meals for daily labourers and do other tasks in addition to their regular care activities. The washing and drying of clothes also becomes more difficult during the monsoon season.

- In the winter season (from mid-November to mid-February),[6] women maintain their regular household work, but they have to endure cold weather, which often results in them catching a cold and having to do care tasks while they are sick.

The women in the host community were also asked about differences across age groups, from girls to adults to elderly women. The group responded that the most care work is done by females aged 13 to 35, as their tasks include childcare and elderly care.

The women also said that they do not enjoy any of their care work due to the heavy workload and frequency of tasks, and the fact that their husbands rarely show appreciation for the work they do. Nor do partners understand that women cannot accomplish all tasks perfectly or on time – instead of being understanding, the men are violent. One woman said that if the household work she does is not perceived to be up to standard (for example, if the rice is not well cooked), she risks being beaten. Note that in the Rohingya female group discussion, the women said domestic violence has decreased following displacement.

Findings on seasonal changes in care from the Rohingya male group are as follows:

Responsibility	Before displacement	After displacement
Water	• Water was available from rivers or ponds; the men say this was better, even though they had to walk longer distances.	• Although it is not easy to collect water now, their access to drinkable water is better. • There is no longer a need to collect water from rivers or ponds.
Firewood collection	• Firewood collection was easier before as they lived close to dense forests.	• It is now difficult to collect firewood due to limited access to forest areas but also to deforestation caused by the number of refugees settling in the area. • Often they have to pay for firewood and the price is prohibitive.
Childcare	• There was limited scope for education. • There were no mosques, so Islamic education was not available.	• Education is now available. • Mosques and other Islamic centres are available.
Caring for sick	• It was not possible to get free medicine or access to doctors. • However, diseases were few.	• Medicine and doctors are now available. • Disease is increasing due to the very cramped, high-density living conditions.

In addition to the differences noted above, the men stressed that firewood collection is very difficult, because it involves hard labour. The men also said that carrying water over long distances is difficult. This exercise connected with and provided an easy introduction to Exercise 6, which considers the most problematic care activities. Although doctors and medicine are now available and free of charge, the number of health centres is not commensurate with health needs, while the poor road conditions make it difficult to carry very sick patients to healthcare providers. There are also long queues, which means going to a doctor is time consuming.

Rohingya male group facilitator engaging participants in discussion. Photo credit: Anis Uzzaman/Oxfam

The host-community male group discussion on seasonal changes is summarized below:

Month	Activities
January	Childcare increases with an increase in the number of children falling sick due to cold weather.
February	Children, adults and elderly people alike fall sick due to cold weather.
March	Water shortages start, with water collection distances and times increasing.
April	Water shortage continues.
May	Diseases related to water shortage and lack of hygiene increase.
June	It is very difficult to collect firewood due to heavy rainfall and damage to road networks. Job opportunities decrease; hence income is reduced.
July	There is an increase among children in water-borne diseases such as diarrhoea, dysentery, cholera etc., due to heavy rainfall.
August	Disease increase continues.
September	Work is increasingly unavailable, with limited income sources and food shortages.
October	The same issues continue.
November	Similar to September and October.
December	Childcare increases with an increase in the number of children falling sick due to cold weather.

As can be seen, care activities change each month, with the most – and the most difficult – care work taking place during the rainy season from June to August, due to an increase in disease, difficult travel conditions, limited income generation opportunities and difficult firewood collection. The women cope with the latter by using leaves or gas during this period (again, it is important to note that this was a relatively well-off urban group, who could afford to buy gas) or try to reserve firewood before the rainy season starts.

3.6 Exercise 6: Problematic care activities

Exercise 6 involved group work to explore the most problematic care work that the four groups are facing by considering their impact in relation to three areas: time burden, restricted mobility and effects on carers' health. Activities were rated using three dots for most challenging/most negative impact; two dots for manageable/average negative impact; and one dot for simple/minimum/no negative impact. The activities considered in this exercise were those already identified by each of the groups as problematic in Exercises 3 and 5.

For the Rohingya women, the most problematic care activities were meal preparation, water collection, childcare, caring for the sick/disabled/elderly and firewood collection. The findings from the exercise can be summarized as follows:

- The most challenging task identified by the Rohingya women was water collection, the impact of which was rated as high for both time and mobility and medium for health. Next came meal preparation, which they rated high for both time and health, and low for mobility. Firewood collection was rated as medium for time, mobility and health.
- Water collection was seen as problematic; the participants said they must collect water three to four times a day, and even late at night. In addition to the time burden, this affects their health, as travelling at night with no light puts them at risk of accidents on the steep and hilly route. However, more alarming is the risk of violence they are exposed to during water and firewood collection.
- Due to their engagement in very time-consuming tasks (water and firewood collection), the women cannot dedicate as much time to other household tasks, which puts them at risk of domestic violence.
- Most of the married women in the group had at least four children. They said that the need to spend so much time in water and firewood collection as well as meal preparation means childcare ends up being ignored; this is making the women unhappy.

The host-community female group had previously identified cleaning clothes, meal preparation, childcare and caring for the sick, disabled and elderly as the most problematic tasks. They did not consider firewood collection to be problematic as it was the responsibility of their husbands, and firewood is usually bought from the market.

The findings for this group are summarized in the table below:

Category	Time	Mobility	Effects on health	Total
Cleaning clothes	***	***	**	8
Meal preparation	***	***		6
Childcare	***	***	*	7
Caring for sick, disabled and elderly	**	*	*	4

- As can be seen in the table, the most challenging tasks as rated by the participants were cleaning clothes, followed by childcare and meal preparation and taking care of the sick/disabled and elderly.
- Washing clothes for the entire family is a heavy task for the women. It also affects their health, causing back and knee pain.
- Feeding and bathing children, and taking care of the elderly, were also considered time consuming.
- Women participants suggested that if male and other members of the family had the patience to share the workload, then women could get some relief from their huge care-work burden.

In the Rohingya male group, firewood collection was rated as the most difficult care task because of limited availability of firewood, the need to leave the camp for collection, weight of the wood, distance that had to be travelled to fetch it, the risk of accidents and the prohibitive price of firewood at the market. Accessing healthcare was seen as equally difficult, as shown in the table below.

Category	Time	Mobility	Effects on health	Total
Water collection	**	***		5
Firewood collection	***	**	***	8
Healthcare	***	***	**	8
Childcare	*	*		2

In the host-community male group, firewood collection was also regarded as the most difficult care task, as shown below:

Category	Time	Mobility	Effects on health	Total
Water collection	***	**	**	7
Firewood collection	***	**	***	8
Healthcare	**	**	**	6
Meal preparation	**		*	3

Discussion with participants revealed that the reasons firewood collection is so difficult for the men is that they very often have to buy it, and it is a very time-consuming and physically demanding task. Regarding water collection, it is always hard but it is especially difficult from March to May due to the dry season. Participants also mentioned the prohibitive cost of installing a tube well, and the need to have an electric pump to make water collection easier.

3.7 Exercise 8: Proposed solutions

Exercise 8 was also a group exercise, which focused on finding recommendations from the participants on how to reduce what is difficult and problematic about care work, especially for women and girls who do most of the care activities. It was used as a continuation of Exercise 6, with facilitators focusing on the most challenging tasks as identified by the four groups. When exploring solutions, facilitators encouraged the groups to consider the following factors: financial feasibility, social acceptability, and the potential to save time and improve the quality of life for women and the family. Again, the dot system was used, whereby three dots means strongly agree; two dots means agree; one dot means disagree; and no dots means strongly disagree.

The Rohingya female group proposed the following solutions:

On water collection:

- Given the above-mentioned issues for this group, women proposed the distribution of multiple water containers to store water in the household, so that they would not have to go out to collect water repeatedly during the day and even at night.
- The participants also asked for more tube well installations, particularly for those living in remote and hilly places, which become more slippery with the start of the rainy season.
- As discussed above, going out at night is another challenge for them, so they asked for solar torches to improve safety.

On firewood collection:

- The participants proposed getting fuel-efficient stoves to minimize the time and labour burden of firewood collection. They said this would also allow them to focus on other household work and childcare, and this in turn would reduce the rate of domestic violence, as they would be able to satisfy their husbands' household demands.
- The Rohingya women added that supporting them with fuel-efficient stoves would also reduce security threats, because they have heard that many of the women have faced sexual violence when they have had to travel far from their camp to collect firewood.
- They also mentioned that their male family members' attitudes have changed and they are helping more than before displacement, are more 'cooperative and well-behaved' than before, occasionally providing support with water and firewood collection.

On meal preparation:

- The participants suggested the provision of kitchen utensils for food preservation, to reduce the frequency with which they have to cook.

The female host-community group proposed the following solutions:

- They suggested that male family members start to help women and share the work, so that women have some relief from their huge care workload. They proposed that motivational sessions are organized to make men aware of their huge care workload, either through government or NGO initiatives.
- They said that new home appliances could also help to reduce women's care workload. (Again, it is important to note that the host-community group members were relatively well-off, from a more urban setting.)
- The women also suggested that providing a water-supply system for their homes could reduce the time they spend on care work.
- They said they could improve their economic conditions if they had the opportunity to get involved in income-generating activities. They also said their husbands would support them in this, and that it would result in them gaining more respect from their husbands.

Solutions proposed by the Rohingya male group on easing the burden of firewood collection showed that they overwhelmingly preferred a gas option. It should be noted here that 'financially feasible' was interpreted as whether they would have the resources/would be willing to pay for that service if it were made available:

Participants	**Solution 1** **Husk firewood**	**Solution 2** **Gas**	**Solution 3** **Stove**	**Solution 4** **Tree firewood**
Financially feasible	**	*	*	**
Socially acceptable	***	***	**	*
Achievable				
Saves time for women		***	*	*
Improves quality of life for women		***	*	*
Improves quality of life for family	**	**	*	**
Unintended negative consequences	***	*	**	***

Solutions from the Rohingya male group on accessing healthcare included awareness campaigns to prevent increases in hygiene-related diseases:

Participants	Solution 1 Increase in number of doctors	Solution 2 Increase in medical centres	Solution 3 Awareness campaigns on hygiene	Solution 4 Increase in community health workers at community level
Financially feasible	-	-	**	-
Socially acceptable	***	***	**	***
Achievable		**	**	*
Saves time for women	***	***	**	***
Improves quality of life for women	***	***	***	***
Improves quality of life for family	***	***	***	***
Unintended negative Consequences	-	-	-	-

Before the end of the session, the Rohingya men added further recommendations, such as: the need for deep tube wells, including in hilly locations; low-cost gas facilities; community meetings to build awareness on hygiene-related disease prevention; and an improved road network to reduce the risk of accidents when carrying sick people or firewood and water.

Solutions from the host-community male group on firewood collection also showed a clear preference for cost-effective gas installations:

Participants	Solution 1 Husk firewood	Solution 2 Gas cylinder	Solution 3 Stove
Financially feasible	**	*	*
Socially acceptable	***	***	**
Achievable	**	*	-
Saves time for women	**	***	-
Improves quality of life for women	**	**	*
Improves quality of life for family	**	**	*
Unintended negative consequences	-	*	-

With regard to the second challenging task, water collection, the participants proposed the following solutions:

Participants	Solution 1 Deep tube well installation	Solution 2 Water purification tablet	Solution 3 Electric pump
Financially feasible	**	***	*
Socially acceptable	***	***	***
Achievable	**	**	*
Saves time for women	**	**	**
Improves quality of life for women	***	***	**
Improves quality of life for family	***	***	**
Unintended negative consequences	-	-	-

Before the end of the session, the men from the host community added that ideally, they would have deep tube wells in their community, income-generating trainings for both males and females, and low-cost gas facilities.

3.8 Closing discussion

At the end of the exercises, the facilitation teams closed the day with a discussion. In the Rohingya female group, while the participants repeatedly asked for provision of training and support for income-generating activities, they said that their husbands would not allow them to take part in such activities. This shows a need for awareness raising or discussions with both women and men about 'shifting social norms' and valuing and sharing care work as well as paid work. When asked whether they would be interested in attending community

literacy classes, married participants said that this would be difficult to manage as they would need permission from their husbands to attend. Participants acknowledged the difference in male and female dedication to care work. They also mentioned their desire to have more cooperation from their husbands. The points they raised were confirmed through the FGD with the Rohingya male group, reiterating the need for home-based income-generating opportunities for women, and the desire for trainings on income generation for both men and women, as long as the women's training is organized in spaces which the men perceive to be safe.

In the female host-community group, most participants lamented the lack of support from men, and the fact that they (the women) are not taken care of. Some said their husbands do help, but added that they would just like to be able to take more rest from the constant pressure of doing care work. They thought that men would allow them to work outside the home on income-generating activities, which was confirmed by the men in the host-community group. The women requested more awareness trainings on these topics, and said they enjoyed taking part in the RCA, where they learned and realized many new things. They also said they had enjoyed presenting the care work they do to the Oxfam team.

In the closing session in all groups, facilitators reiterated the importance of unpaid care work. Both male groups (Rohingya and host community) said that they now realized how much care work women do, and acknowledged that they would need to support their wives more in household work to ensure 'peace both in the family but also in the community'.

4. Learning

4.1 On the training, mobilization and preparation for the RCA

At the end of two hard working days (one full training day and one full facilitation day), the facilitators and documenters concluded that it would have been useful to have a one-day break following the training, to enable them to better absorb the information and to take some rest before the full facilitation day.

4.2 On the methodology

Following the training, the facilitators and documenters expressed their concerns about the number of exercises to be completed, given the limited time available and the illiteracy of the population. This led to the decision to do the first exercise as a group rather than individually if the group was largely illiterate (which turned out to be the case); to only focus on counting care work hours for Exercise 2; and if need be, to skip Exercise 3. On the facilitation day, time was on their side, and with three or sometimes four RCA team members per group, they were able to help the participants to record their daily activities individually. This saved time, meaning facilitators were able to incorporate all the planned exercises in all four FGDs.

4.3 On the process of planning, organizing and logistics

Having the support of the Public Health Promotion (PHP) team – both in the selection of participants and locations, and in arranging the times a few days before the actual facilitation – proved very useful. It allowed for the training to be conducted with clear plans already in place regarding where each group of facilitators and documenters would be sent. Two documenters were added at the last minute to ensure that each facilitator would have at least three people to support them, again at the recommendation of a PHP officer. Overall, the RCA would not have been as successful without the support of the PHP team.

4.4 On what worked well

Having staff from all of Oxfam's teams as well as a local partner involved in the RCA worked very well and was a fruitful collaboration. The RCA also served to provide extra sensitization on gender issues for some Oxfam and partner staff. In addition, facilitators mentioned the importance of the RCA in raising awareness in the four groups on care work as a first step for realization/perception changes for those groups. Some documenters mentioned that they themselves learned a lot about care work, while others said they learned more about the context of Rohingya refugees and their daily challenges.

The RCA team group photo. Photo credit: Shreeju Shrestha/Oxfam

Having a debrief at the end of the day with the entire group facilitated by the MEAL coordinator was very useful, with key points being shared which informed this report.

In the discussion with the two communities, particularly in the female FGDs, the simple fact that women were asked about their care work proved to be the basis of a very good discussion. The women were very happy to share their experiences, as it was the first time anyone had ever asked them what their days look like in terms of housework and taking care of their families. They also expressed many times that it was the first time they had realized the huge amount of work and effort they put into day-to-day activities. This was the case both for the Rohingya women and host-community women but also for the men in the two groups – the latter realizing how much effort their wives and female family members put into care work, even though these were only hypothetical discussions.

Participants were selected well by the PHP team following instructions from the gender team, leading to diverse groups in terms of age, class, marital status, female-headed households and students, allowing the facilitators and documenters to get a wider picture to inform this report.

4.5 On what did not work well or was challenging

At the debrief at the end of the day, the enumerators and facilitators mentioned that the group's participation was at times difficult to manage, with the elderly dominating most of the discussions. Having the groups split into women and men, while necessary, resulted in less information being received from the men's than from the women's group and potentially from a mixed group. Lunch was delayed due to logistical challenges with supplying food. Luckily the facilitators managed participants' expectations and were able to finish the exercises at around 3pm, despite the perceived time constraints in relation to the many exercises that had to be facilitated. Facilitators also found it challenging to manage the conversations on domestic violence that emerged in both women's groups, as they have not received training on how to deal with GBV victims. Some of the team members found they had to switch roles from facilitator to documenter to ensure adequate probing but also due to the fact that some members spoke Rohingya and some did not, which proved challenging.

4.6 On improvements for future RCAs

Future RCAs with these communities, if done with the same six exercises, should be organized over two days, each with a half-day of planning, as the facilitators felt there were a lot of exercises to unpack in just six hours. In the teams that are formed, the facilitators' and documenters' roles should be very clear, perhaps having separate trainings to enable role-switching but also to ensure very good facilitation skills to manage dominating participants or to probe to add depth to the discussion. Given the revelations of domestic violence during the FGDs with women, RCA training should include elements of GBV as well as a referral system so that facilitators can respond appropriately. Including staff from the protection team in future RCAs would also provide support on this issue. Lastly, having mixed groups or organizing a mixed validation session following the RCA would help to ensure that the men in the community – including the women's partners – receive information/sensitization on the amount of care work done by the women in their family.

5. Conclusions and recommendations

5.1 Main conclusions from the RCA

Overall, findings from the RCA show that across both groups, the vast majority of care work is performed by women. This was mostly done as a primary activity and related to household work – cooking, childcare and washing clothes – whereas the care work done by men was usually done as a secondary activity and related to water and firewood collection, supervision of children, providing emotional support, or taking sick family members or neighbours to healthcare providers. In terms of hours spent on care work, both as a main and as a secondary activity, the following weekly averages were found (as per Exercise 2, above):

- Rohingya female group – 72 hours per week on care work as main activity, and 10 hours per week on care work as a secondary activity.
- Rohingya male group – 5 hours per week on care work as a main activity, and 17 hours per week on care work as a secondary activity.
- Host-community female group – 67 hours per week on care work as a main activity, and 33 hours per week on care work as a secondary activity.
- Host-community male group – 12 hours per week on care work as a main activity, and 6 hours per week on care work as a secondary activity.

Findings from all groups showed an increased awareness of care work at the end of the day, as well as greater recognition of the value of the work that women do. While both Rohingya and host-community women and men thought that care work is a woman's job, and the men in both groups had strong opinions on whether men should take up more care work, there is now an entry point following the RCA in those communities to sensitize the men on the need for redistribution of care work, with a few men also mentioning the need to value the amount of care work women do within the household.

The following recommendations build on the solutions proposed by the RCA participants and are divided into immediate solutions, those requiring medium-term support and advocacy, and those aimed at shifting social norms and creating behaviour change over the longer term. In section 5.2 below, these are presented as recommendations for Oxfam and NGOs, by sector.

Practical, immediate solutions to some of the issues identified are:

1. Provide support for both communities in the short term with water and firewood collection. Firewood collection presents major challenges in terms of time taken, physical burden, distance, risk of accident and prohibitive market price. Water collection is also extremely difficult, in terms of the number of trips needed to collect sufficient water, distance, route and risk of accident, especially at night. Firewood and water collection are the most time-consuming tasks and present the most risks for both men and women.
2. Support women-headed households by providing porters for distributions of food, water and firewood, for example, as these women have no support system for any care work and were seen by participants as the most vulnerable.

Medium-term proposals requiring advocacy/investment:

1. Invest in appropriate and sufficient WASH infrastructure that reduces the amount of time women (primarily) spend on water collection.
2. Invest in appropriate gas supply to reduce the amount of time men spend on firewood collection.
3. There is a need for awareness raising and care-work reflection sessions using RCA findings, to respond to the lack of awareness on care work and the importance of women's contribution, especially among men and the elderly, with the aim of redistributing care work in the family.
4. There is a need for childcare facilities across the camps but also in the host community, so it is crucial that Oxfam advocates for support with the set-up of these facilities from the government and international NGOs.
5. Given the need for support with washing clothes mentioned specifically in the host community, investments should be made in community laundry facilities and in potentially working jointly with both Rohingya and host-community women in the maintenance of these facilities.

Proposals on shifting social norms and increasing men's involvement in care work:

6. Use the RCA findings in awareness raising and reflection sessions on care work to increase recognition of the huge burden of care work that is placed on women. In particular, use the shifting of norms due to

displacement and men's increasing support with firewood and some water collection to advocate for further change in the distribution of care work between household members.
7. Raise awareness on domestic violence and its connection to care work (the pressure on women to perform, and their limited rest time) to promote behaviour change in the communities.

5.2 Recommendations for Oxfam and other humanitarian organizations

Given the issues presented above – and also the solutions proposed by the communities themselves – the following recommendations for specific sectors could lead to the recognition, reduction and redistribution of care work. They could also improve programmes by increasing women's empowerment through appropriate income-generating activities and reducing the risk of GBV, including domestic violence.

Recommendations for the WASH sector

Rohingya community:

- Improve access to water sources, especially in remote, hard-to-reach and hilly areas.
- Consider the distribution of multiple water containers to enable families to store water within the household.
- Consider women's lack of mobility and find solutions to provide house-to-house non-food item (NFI) distributions.
- Organize hygiene-management awareness campaigns to prevent increases in hygiene-related diseases.

Host community:

- Consider the seasonal changes in care work. With March to May the most difficult in terms of accessing water, ensure an increase in the water supply in that period.
- Investigate the possibility of improving the water network or installing a greater number of deep tube wells and electric pumps, training women as mechanics for the electric pumps, and providing chlorination tablets for water purification.

Both communities:

- Advocate with the government, donors, peer agencies and the UN coordination system for wider campaigns in the district on care work and domestic violence.

Recommendations for the Emergency Food Security and Vulnerable Livelihoods (EFSVL) sector

Rohingya community:

- Find environmentally friendly alternatives to firewood and improve access to fuel-efficient stoves, whether at communal or household level.
- Include home-based opportunities for women in all future income-generating activities.
- Consider women's lack of access to markets or food/NFI distributions and find solutions to provide house-to-house assistance.
- Consider including kitchen utensils in NFI distributions to enable food storage and thereby reduce time spent on meal preparation.

Host community:

- Find environmentally friendly alternatives to firewood and improve access to fuel-efficient stoves, whether in consultation with the local government (e.g. for gas provision) or provided as humanitarian aid.
- Consider the seasonal fluctuations in employment and care work – with the monsoon season the most challenging – and engage in income-generation trainings or support for care work, especially in those months.
- Jointly with WASH teams, consider options for communal laundry facilities, including the potential for these to be cooperatives managed by women from the host communities but also by women in the Rohingya community.

Both communities:

- Consider providing cash for training for women, including training on servicing and repairing electrical pumps if installed.
- Consider providing childcare facilities, but also promote the need to increase men's engagement in childcare.
- Take into consideration the vulnerability of female-headed households and their inability to engage in income-generating activities without care-work support.

Recommendations for Protection teams, including GBV and Gender specialists

Rohingya community:

- Provide blanket solar torch distributions, or advocate for public lighting throughout the camps.

Both communities:

- Organize awareness-raising sessions on ending domestic violence, through community sessions run with mixed groups but also aimed at men and women separately.
- Organize awareness-raising sessions on gender equality and care work, across all ages and groups.

Recommendations for other sectors:

Rohingya community:

- Consider training and using community healthcare workers.
- Organize mass awareness campaigns on key preventable diseases.
- Improve childcare facilities throughout the camps, including at food and NFI distribution points.

In terms of ensuring that the above recommendations are widely taken into account and acted on, it is necessary to do undertake at relevant sector working-group meetings and advocacy targeting government for improved services.

Appendix 1: RCA team members

Facilitators:

- Biklis Sufia (HELP Cox's Bazar Field Officer) with support from Tanzima Zaman (Senior Gender Officer) – Rohingya female group
- Saiful Islam (HELP Cox's Bazar Field Officer) with support from Anis Uzzaman (MEAL Officer) – Rohingya male group
- Khodeza Akhtar Jahan Rume (Humanitarian Support Personnel – HSP, Emergency Food Security and Vulnerable Livelihoods) – host-community female group
- Faisal Twaha (PHP Officer) – host-community male group

Documenters:

- Rozina Akter (PHP Officer) and Tanzima Zaman (Senior Gender Officer) – Rohingya female group
- Rojina Akter (Senior PHP Officer) and Araf Abrar (enumerator) – host-community female group
- Anis Uzzaman (MEAL Officer) and Ismail Kader (enumerator) – Rohingya male group
- Sugata Jiban Chakma (HELP Cox's Bazar Field officer) and Mohhamad Hanif (enumerator) – host-community male group

Observers:

- Pushpita Saha (Senior MEAL Officer) – Rohingya male group
- Iulia Toma (Gender Adviser HSP) – host-community female group

Trainers:

- Iulia Toma – Gender Adviser HSP
- Rodilyn Bolo – MEAL HSP
- Pushpita Saha – Senior MEAL Officer

Notes

1 T. Kidder, C. Pionetti, U. Chipfupa and J. Remme. (2016). *Participatory Methodology: Rapid Care Analysis, Toolbox of Exercises*, Oxfam. Available at: https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147

[2] The RCA can be conducted in one day or over two days, depending on the time availability as well as information needed. The RCA methodology recommends a different set of exercises for each approach.

3 Student – both in Myanmar and Bangladesh. Most students have now rejoined schools, although not in the same grades/class.

4 Rohingya leaders as chosen by the Camp in Charge (Bangladeshi military).

5 This RCA did not focus on paid work, due to time constraints.

6 In Bangladesh, there are six seasons in a year – *Grisma* (summer), *Barsa* (rainy), *Sarat* (autumn), *Hemanta* (late autumn), *Shhit* (winter) and *Basanta* (spring).