



MAKING POLICY CARE

A guide to influencing
on unpaid care

**WE-CARE
WOMEN'S
ECONOMIC
EMPOWERMENT
AND CARE**



OXFAM

CONTENTS

Unpaid care: an issue for public policy	3
Developing an influencing strategy	6
Framing and communicating messages for influencing	12
Working with others	16
Engaging with officials and policy makers	19
Further resources	23

UNPAID CARE: AN ISSUE FOR PUBLIC POLICY

Welcome to *Making Policy Care*, a guide to influencing on unpaid care for development practitioners and others.

Unpaid care tasks such as cooking, cleaning, caring for children and collecting fuel and water are often considered to be ‘women’s work’ – or not considered to be work at all. The heavy and unequal workload this creates for women and girls has a negative impact on their health, wellbeing, participation in public life and livelihood opportunities – particularly in poor countries, including those where Oxfam works.

Too often unpaid care and domestic work (UCDW) has been considered a private matter and there has been little evidence gathered about its extent or distribution in different contexts (e.g. rural/urban etc.). As a result, there has been limited understanding of the impact of UCDW on women and girls, and it has received little consideration in public policy.

Fortunately, this situation is now starting to change. International institutions, national governments, local authorities and the private sector are increasingly open to addressing unpaid care to achieve their goals on gender equality, poverty reduction and economic development. To support their efforts, they’re looking for evidence about UCDW and ideas about appropriate interventions.

This offers a significant opportunity for those wanting to influence on unpaid care, but it also throws up some challenges. Many policy makers still don’t recognize the link between unremunerated care work and economic policy, and their own attitudes and circumstances may make them reluctant to tackle the issue. Those seeking to influence on UCDW need to find appropriate entry points through which to engage decision makers, challenge their preconceptions and objections, and help them to identify what they can do within their own remits and contexts.

About this guide

This short guide for development practitioners and others offers practical advice on how to do this, building on learning from Oxfam’s Women’s Empowerment and Care (WE-Care) initiative over the last five years.

The guide is not intended to be a detailed map of all the processes involved in advocacy – and WE-Care and allies do not suggest that we have all the answers on influencing on care – but we hope it is useful to share some of the initial learning from the initiative as well as some examples of successful influencing. We welcome feedback from others working in this area.

Note on terminology: In this guide, ‘WE-Care’ refers to teams of Oxfam staff and partners working at district, national and international levels. ‘Unpaid care’ is used as shorthand for unpaid care and domestic work (UCDW).

THE WE-CARE INITIATIVE

Oxfam’s WE-Care initiative has been running since 2013. WE-Care works to change attitudes and behaviour on unpaid care at household and community levels, and to influence governments, donors and the private sector for wider change in policy as well as investment to address heavy and unequal UCDW. WE-Care approaches have been adopted in more than 20 countries and integrated into numerous humanitarian and development programmes.

WOMEN'S UNPAID CARE WORK

According to the UN's Economic and Social Council, survey data from 83 countries and areas shows that, on average, women spend three times longer than men on unpaid care and domestic work.

Progress towards the Sustainable Development Goals, Economic and Social Council, May 2017

Oxfam research in poor communities in the Philippines, Uganda and Zimbabwe, conducted in 2017, showed that on the day before the survey:

- On average, women spent 4.5-6.5 hours on care work – three to six times longer than men.
- On average, women spent a total of 11-12 hours with a care responsibility – two to four times longer than men.

By 'care' we mean a primary care activity such as childcare or cooking; 'care responsibility' includes supervision of a child or elderly person.

The survey also found that in households with an improved water source, women reported significantly lower total work hours than in households without, suggesting that providing such access could potentially reduce women's average workload by 1-4 hours a day in the districts in three countries where the survey was conducted.

Infrastructure and equipment for unpaid care work: Household Survey Findings from the Philippines, Uganda and Zimbabwe, Oxfam 2018: <https://policy-practice.oxfam.org.uk/publications/infrastructure-and-equipment-for-unpaid-care-work-household-survey-findings-fro-620431>

What do we mean by influencing?

Influencing means different things in different contexts. In this guide, we take it to mean engaging with and influencing **decision makers to achieve the structural changes in policy, legislation, services or infrastructure** which will address women's heavy and unequal care work. It is not taken to mean influencing attitudes and behaviours at individual, household or community level – although WE-Care also promotes community-level activities aimed at changing social norms and patterns of care work. These activities can also nurture motivated activists and generate rich evidence for influencing at all levels.

In what contexts and situations does influencing happen?

The type of influencing you undertake will depend on your context. WE-Care has worked on influencing in the following ways:

- As an element of community programming on unpaid care.
- As an element of community programming on a care-related issue, such as health, women's leadership or livelihoods.
- As an element of engagement with private sector companies or donor institutions.
- As part of national or international campaigning on unpaid care.
- As a strand in national or international influencing on poverty, inequality, public services or gender equality.
- Influencing other development actors to address unpaid care as part of their own programme development.

Introducing care as a public policy issue

All WE-Care's efforts to address UCDW have taken a rights-based approach. Women's heavy workloads and unequal responsibility for unpaid care undermine their rights under the Universal Declaration of Human Rights – particularly the rights to education, health, free time, political participation and a livelihood.

The Declaration and other international conventions, such as the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), provide a basis in international law on which to challenge women's unequal and heavy responsibility for unpaid care work. They also give international institutions, governments, local authorities and others the responsibility to meet obligations on unpaid care by providing appropriate services, infrastructure and policies.

The UN’s Sustainable Development Goal (SDG) on Gender (Goal 5 target 4) recognizes the need to address unpaid care to achieve goals on gender equality, and puts an obligation on governments and others to do so: *‘Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.’*

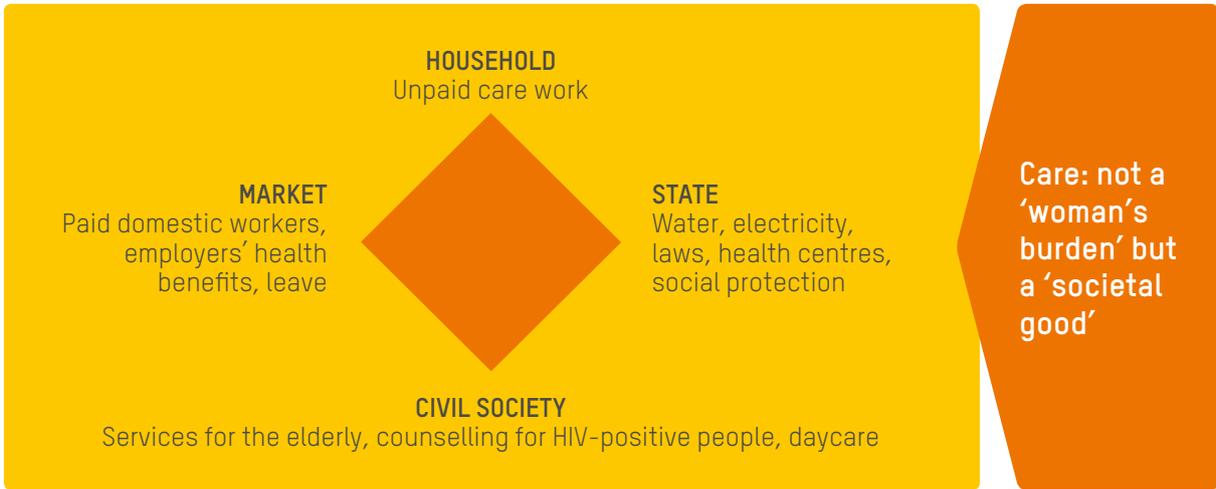
WE-Care has also used the ‘Four Rs’ to frame care as a public policy issue. The Four Rs call on policy makers to:

1. RECOGNIZE	2. REDUCE	3. REDISTRIBUTE	4. REPRESENT
Recognize care at policy, community and household levels.	Reduce difficult care work, for example through time- and labour-saving technology and services.	Redistribute the responsibility, costs and work of care provision from women to men, employers, the state and civil society.	Improve Representation of carers in decision making, so they can be involved in policies that shape their lives, and make sure policies reflect the needs and interests of carers.

The four Rs approach builds on Dianne Elson’s (2008) ‘three Rs’ framework, to which Oxfam, ActionAid and the Institute for Development Studies added the fourth ‘R’ (IDS 2015).

This approach is useful in raising awareness that heavy and unequal care work is *not* an inevitable fact of life for women and that unpaid care is *not* their sole responsibility. It also illustrates the responsibilities of others (state, private sector, etc.) around unpaid care and is a useful framework around which to develop influencing ‘asks’. Some groups undertaking WE-Care’s Rapid Care Analysis in the Philippines initially struggled to connect family-provided care with human rights and governance:

‘For how does doing laundry become a problem of the government when it is dealing with corruption, a failing economy or conflict resolution? It was only when participants realized how equipment, services and basic public infrastructure reduce the difficulty of performing care work that they believed in the connection.’
 Zahria Mapandi, quoted in *Not ‘women’s burden’ (2014)*



DEVELOPING AN INFLUENCING STRATEGY

Before you start influencing on unpaid care you will need to identify **what** changes you seek (your asks), **who** can make these happen (your influencing targets), **how** you can persuade them to make change (your activities/what you will do) and **who** can help you (your partners/allies).

This is essentially an **influencing strategy**, which will guide your activities and ensure you are working towards your objectives. More resources to support advocacy planning are listed on the back page. An influencing strategy will normally cover the steps outlined below. Each step is described in more detail over the following pages.

- **Context analysis** – what is going on around you? What are the social, economic and political factors that will affect your influencing?
- **Power analysis and mapping** – who has power to make the changes you seek? Who might block them, or encourage them to do so?
- **Identifying broad asks** – what do you want to change?
- **Refining the asks** – what is realistic in the circumstances?
- **Building the evidence** – what is the evidence on unpaid care?
- **Identifying partners** – which new and existing partners will you work with?
- **Planning influencing activities** – what will you do to engage with your targets?
- **Learning and evaluation** – how will you monitor and learn from your influencing as you go along?



Context analysis

A context analysis will build on your knowledge about unpaid care in families and communities, and help you to identify opportunities and entry points for influencing, as well as potential risks and challenges.

A context analysis should look beyond the evidence on unpaid care to examine the wider social, economic and political factors which may affect influencing. Your analysis may include: social norms and expectations around care roles; current patterns of care provision; religious and cultural factors influencing care; women's and men's livelihood opportunities; budgetary, financial and economic considerations; and analysis of the political context at local, regional and national levels, as appropriate.

It is useful to look at a wide range of sources to gather information, including official and government data, the knowledge and expertise of partners, intelligence and information from a wide range of civil society allies, and the views and experience of communities. For example in Zimbabwe, WE-Care's context analysis included participatory community social feasibility studies and stakeholder interviews around the wide range of factors which might undermine or support influencing.

Power analysis and mapping

A broader power analysis will build on your context analysis and identify which individuals, organizations and institutions have the power to make change in your context (or to block it) – as well as the individuals, groups and departments which might help you to influence them. WE-Care targets and allies have included: parliamentarians, government officials, women's rights organizations, religious, cultural and traditional leaders, youth groups, private sector companies, media outlets, civil society organizations and many more.

Once a specific influencing objective is identified (see below), more detailed power mapping needs to be done. In Ethiopia, WE-Care power mapping included in-depth interviews with key stakeholders in government ministries and international institutions, covering issues such as how decisions are made in their organization/department and how best to influence them. Conducting interviews with stakeholders may not always be an option and you may need to rely on existing knowledge and assumptions, but asking stakeholders directly about who has the power to make change – and how to persuade them to do so – can be useful and revealing.

Identifying broad asks

You may be able to identify broad influencing asks by reviewing your initial evidence, context analysis and power mapping. For instance, these might include provision of services and infrastructure to reduce the time required for unpaid care work, or public initiatives to challenge social norms and encourage the redistribution of care work.

From initial analysis, WE-Care developed an 'overarching influencing strategy' (see overleaf) which identified broad asks on unpaid care for a range of decision makers, specifically tailored to their mandates and responsibilities. These ranged from international donors with varied remits (water and sanitation, economic development, gender equality, etc.) and Southern governments (including ministries of water, women's affairs, planning, etc.), to national and international development agencies, and women's rights and civil society organizations. Asks were developed over four outcome areas relating to the four Rs. A strategy with generic asks for the full range of potential targets meant that teams had asks 'ready to go' when needed, and that WE-Care was able to take advantage of influencing opportunities (international, national and local) as they arose.

Refining your asks

Once you have identified your broad asks, you may need to review these in the light of further information and refine them if necessary.

The WE-Care overarching influencing strategy informed the development of specific national influencing plans; WE-Care teams drew on initial evidence gathering, context analysis and power mapping to identify decision makers and asks appropriate to national (and local) contexts. Teams then reviewed their initial plans to make sure they were realistic and achievable.

In Zimbabwe, the WE-Care team’s national influencing plan initially included a range of ambitious influencing asks aimed at government officials. Asks were then reviewed against a set of criteria (including potential impact and achievability), while deeper reflection on the national context provided an important reality check. The team realized that the challenging economic situation meant government departments were unlikely to have the funding for the infrastructure and services they had hoped for. They therefore revised their strategy to also include the private sector, which would be better able to make such investments in the short term.

WE-CARE OVERARCHING INFLUENCING STRATEGY

Influencing target	Why?	Key policy asks for OUTCOME 1 (Recognition)	Key policy asks for OUTCOME 2 (Accessible infrastructure/ services)	Key policy asks for OUTCOME 3 (Gender-equitable division of UCDW)	Key policy asks for OUTCOME 4 (Increased advocacy capacity of women’s rights organizations – WROs)
Government departments in Southern countries (e.g. finance, water, energy, health and education ministries; statistics department; MPs and parliamentary committees; relevant local government bodies).	Southern governments are clearly a key stakeholder group given their role as national duty bearers, policy makers and service providers.	Ensure that key national policies and strategies recognize women’s and girls’ UCDW as a key issue that needs to be addressed to achieve national growth and development goals, and include concrete commitments to address women’s and girls’ heavy and unequal UCDW. Collect relevant data on UCDW and incorporate into relevant national statistics.	Make and honour SMART (Specific, Measurable, Attainable, Relevant and Time-bound) commitments to increase the number of poor women and girls who have access to affordable infrastructure and services that reduce the time they spend on UCDW.	Use state-controlled communications and education mechanisms (e.g. school curricula, mass media) to promote more gender-equal sharing of UCDW.	Increase space for local WROs to participate in policy making, and create an enabling environment for WROs to raise UCDW issues in policy-making processes.

Building the evidence

This comment on WE-Care’s Rapid Care Analysis demonstrates the importance of having quantifiable evidence to present rather than relying on anecdotal information on the number of hours worked by women and men.

‘The numbers [of hours of unpaid care] are incredibly important. Advocacy based on this quantitative evidence, even estimates, meant we had a powerful argument to persuade and negotiate, whether in the home, the community or with the government.’
 Comment on a Rapid Care Analysis in Honduras, 2013, quoted in *Not ‘women’s burden’* (2014)

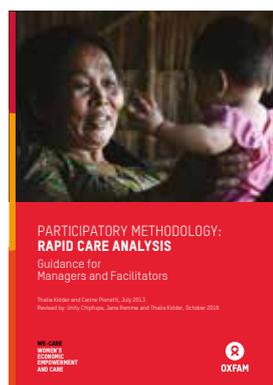
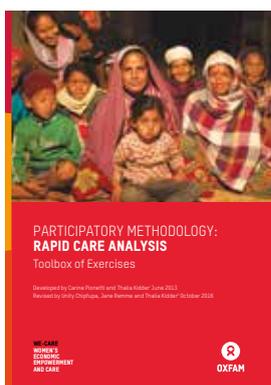
Robust, context-specific evidence is essential for influencing, although it is only part of what will create change. Evidence will reveal disparities in time use, current norms and patterns of care, help you identify influencing asks, and provide the facts to help you put your case to decision makers.

WE-Care has developed a number of tools to gather evidence about unpaid care (see below), which can be useful for influencing. You may also want to look at data from other sources (e.g. universities, research institutions, international agencies, etc.) to get more information about the national/international level.

WE-Care teams found research partnerships to have been particularly effective in generating evidence for influencing as they can add credibility and expertise to research projects, develop alliances for future influencing and ensure sustainability of data collection. In Uganda, for example, WE-Care worked with the School of Gender Studies at Makerere University and the Economic Policy and Research Centre in Kampala to conduct quantitative and qualitative research on care work and public services for influencing. Many other WE-Care teams have also developed links with universities and academic institutions.

WE-Care tools

- **The Rapid Care Analysis (RCA)** consists of eight participatory exercises that enable women and men to identify problematic aspects of care work in a specific context and explore solutions. It is conducted over one day with mixed groups of 12-15 community members and leaders. The RCA is a quick, low-cost way to assess patterns of unpaid care work in communities, identify problematic aspects of care tasks and prioritize solutions.



- **The Household Care Survey (HCS)** is a detailed questionnaire which can be used to gather quantitative data about patterns of unpaid care work from randomly sampled households in target communities. It includes modules on time use and care activities, social norms, and access to public services, as well as on a range of factors influencing care-work patterns.

To find out more about these WE-Care tools, see 'Further resources' on page 23.

Identifying partners

You may want to work with established partners and allies, but may also need to seek out new partners with a particular remit (such as women's rights or economic empowerment), expertise (such as finance or economics) or contacts (e.g. well connected to media, grassroots communities, or men's organizations). Women's rights organizations will be critical partners in influencing. Power mapping can help you to identify potential allies and their relative power and influence. In Zimbabwe, WE-Care power mapping identified several MPs who became 'influencing champions' and supportive allies.

Consider engaging with unusual partners such as the private sector, cultural leaders or academic institutions. In Colombia, WE-Care worked with a famous chef to produce and promote a documentary on unpaid care. In Zimbabwe, WE-Care partnered with private companies to support the work of community care champions and worked with a religious leader to develop a popular song about care (*I can be a better man*). In the Philippines, WE-Care worked with Imams to conduct family dialogues to promote shared care. See page 16 for more on working with women's rights organizations and other stakeholders.

Planning influencing activities

The final part of your influencing strategy should be your activity plan – this will allow you to present evidence to decision makers and allies, actively engage with them, and influence them! The activities should build on and reinforce each other, and may include production of materials, presentations and consultation meetings, public events and campaigning actions, and advocacy meetings with individual targets.

WE-Care influencing activities have included: a petition and organized ‘water walk’ in Uganda to raise awareness about the work of carrying water; production of documentary films on unpaid care in Colombia, Zimbabwe and Uganda; community theatre presentations in several countries; and numerous multi-stakeholder meetings. In Zimbabwe, one WE-Care partner is working with a well-known football team and looking to set up a five-a-side street soccer league to promote messages on unpaid care. External ‘hooks’ such as International Women’s Day or national-level meetings and forums on international processes (e.g. CEDAW) have been used to mobilize the public and policy makers around care issues.

Learning and evaluation

It is important to monitor the impact of your influencing as you go along, and crucially, to reflect on what this information is telling you about what is and isn’t working – and to adapt your plans accordingly.

Monitoring and evaluation of influencing activities may seem difficult, particularly when the changes you seek are long-term, or you are working with others and cannot easily identify your contribution to change. Try to go beyond monitoring activities and counting outputs (e.g. workshops delivered, number of participants, etc.) to capture identifiable steps towards outcomes. Monitoring data may include: questionnaires to capture changes in awareness and commitment of influencing targets; citations of your evidence on unpaid care in documents produced by decision makers; public statements (of awareness or intent); and small steps towards an eventual outcome (e.g. unpaid care is included on the agenda of a meeting at the water department).

Regular review meetings will provide an opportunity for reflection and learning, and the space to step back and adapt plans if necessary. All WE-Care teams held regular reviews at country level, while ‘global’ exchanges brought together national-level teams and others working on unpaid care to share learning and develop new approaches.

At the national level, learning and reflection revealed the need to refine influencing asks, engage with new government departments and work with wider groups of stakeholders to achieve impact. Global exchanges and online webinars provided the opportunity to look at the challenges and opportunities presented by working in multi-stakeholder alliances and with the media.

CASE STUDY INFLUENCING THE UGANDA BUREAU OF STATISTICS

In Uganda, WE-Care successfully influenced the Uganda Bureau of Statistics (UBOS) to improve data collection on UCDW.

Initial context analysis showed the need for more robust evidence on care to inform government policy, and the team decided to engage with UBOS to explore how to achieve this. Although WE-Care did not have an existing relationship with the Bureau, Oxfam staff and partners were able to identify appropriate contacts and set up an initial meeting. The gender department at UBOS quickly understood how unpaid care contributes to GDP and should be quantified, and agreed to look at this in their upcoming health and demographic survey.

With support from Oxford-based advisers, WE-Care drafted several new questions on care and suggested that men and women were interviewed separately (rather than questions being addressed to the head of household on behalf of all members) to provide gender-disaggregated data. After the 2017 survey was completed, the full report and analysis were published in April 2018. WE-Care partners, the Uganda Women's Network, are using the evidence to call for better services and infrastructure.

In this case, influencing was successful because WE-Care identified the right people to talk to at UBOS and, once the issue was raised, the Bureau quickly became an enthusiastic ally. The fact that Oxfam and the Uganda Women's Network were both credible, well-connected organizations that were able to offer appropriate technical support and bring in additional expertise, was also useful. From this experience, WE-Care also recognized the importance of monitoring long-term processes such as data collection to identify critical junctures for intervention, and has built this learning into work planning.

CASE STUDY INFLUENCING FOR WATER, PHILIPPINES

In the Philippines, one community involved in WE-Care successfully advocated to get piped water to 60 households, significantly reducing time spent on unpaid care work in the community.

WE-Care has worked in Gumaga (Libungan Cotabato Municipality) for some time, introducing the Rapid Care Analysis, exploring social norms around care work and identifying possible interventions to reduce women's heavy workload. The community prioritized access to water and invited local government officials and a private sector provider to discuss the issue. After hearing the evidence, the service providers agreed to fund and supply the water but asked all households to pay a connection fee.

Community members were successful in getting the water because they had become very aware of their rights, and were effective and determined in collecting and presenting the evidence from WE-Care research to make their case. Their willingness to contribute to the cost was also a factor, showing they were able to fulfil their own responsibilities and motivated to maintain the water supply.

The water now benefits over 350 people and women have more time for themselves and for other work. This is just one example of WE-Care's successful local-level influencing in the Philippines and elsewhere.

FRAMING AND COMMUNICATING MESSAGES FOR INFLUENCING

WE-Care has developed an extensive range of messages and communications materials to use in influencing meetings, based on the evidence and information it has gathered on unpaid care and the specific asks it is trying to achieve. When developing messages and communications for influencing, you will need to think about:

- **Framing your messages.** What you are asking the decision maker to do on unpaid care, how will you frame this, and what information/arguments can you use to motivate them?
- **Communicating your messages.** What communications materials and channels will you use to disseminate messages to your selected audiences?

FRAMING YOUR MESSAGES

WE-Care found that framing messages about unpaid care in non-confrontational terms was the most effective way to use them in influencing, as well as to engage allies and communities.

WE-Care also learned that many women see unpaid care as an expression of love for the family and something for which they are valued within the household; in fact, many women were offended by the suggestion that their unpaid care work was a 'burden'. WE-Care was also aware that many men (including male leaders) see unpaid care as the responsibility of women, and feel threatened by the idea of men being expected to do more. A radio debate in Zimbabwe which presented unpaid care as a burden on women received a negative response from both women and men.

Framing unpaid care as a valuable activity – something which is essential to family, community and even national wellbeing – achieves more positive engagement with decision makers and allies. Your messages are likely to be most effective if they are framed around the idea of sharing care tasks (within the family, with the state and private sector, etc.) for the benefit of all.

Tailor messages to your audience

WE-Care also found that decision makers responded to different entry points to care, and it was important to select and present information which was most relevant to their interests, responsibilities and motivations. For example:

- Messages to an **international donor** with a women's rights mandate might be most effective if they show that reducing care work would help women claim their rights.
- Messages to an elected **representative in a Southern government** might illustrate that provision of infrastructure or services to reduce UCDW will help them fulfil their ministerial responsibilities (e.g. on labour-force participation or productivity) or meet commitments to their constituents.
- Messages to a local government official might focus on how ensuring that services better meet the needs of women would allow them to fulfil responsibilities on gender equality or quality service provision.
- Messages to a **local employer** might argue that the provision of care-related infrastructure or services would reduce employee turnover and enable workers to be more productive.
- Messages to a **community or religious leader** might demonstrate the benefit of shared care in terms of harmonious families, reduced violence against women, and increased household and community wellbeing.

Ensure that communications materials carrying your messages present **key facts/evidence** on the relevant aspect of unpaid care, what impact this has on the group/community/country in question, what you are asking policy makers to do (your recommendations) and how this will make a difference.

Make the economic argument

Oxfam's desk research has clearly demonstrated the economic benefits of addressing UCDW within public policy, as well as the importance of this for women's rights. An economic approach may be useful in framing messages for economic policy makers.

- A study comparing trends across numerous countries showed that a reduction of women's unpaid care work by two hours per day may generate a 10% increase in women's labour-force participation.
- Several studies demonstrate that for most countries, closing the gender gap in formal, paid labour-force participation could boost GDP by 5-20%.
- Recent research in seven industrialized countries showed that investing 2% of GDP in strengthening care services could generate between 2-6% growth in overall employment.
- Addressing girls' unpaid care responsibilities is widely recognized as central to increasing girls' participation and attainment in secondary education.

For more on making the economic arguments for addressing unpaid care, see *Unpaid Care: Why and How to Invest*, Man-Kwun Chan, Oxfam (January 2018).

<https://policy-practice.oxfam.org.uk/publications/unpaid-care-why-and-how-to-invest-policy-briefing-for-national-governments-620406>

COMMUNICATING YOUR MESSAGES

WE-Care developed an extensive range of communications materials to take messages to decision makers. These included: policy briefings, fact sheets, posters, billboards, T-shirts with slogans, videos and documentaries, social media messages, TV and radio features, newspaper articles, community drama and song, PowerPoints and oral presentations.

Think about how your chosen audience likes to receive information, any constraints they may have (e.g. literacy, access to the internet, access to printed materials. etc.) and what communications materials will have the most impact on them.



CASE STUDY COMMUNICATING ON CARE IN COLOMBIA

As part of the National Forum for Rural Women, WE-Care produced a documentary, *Harvesters of New Horizons*, highlighting women's heavy care responsibilities. The video was presented to government agencies and bodies such as UN Women and the National University of Colombia, and received substantial coverage in television news, radio programmes and national newspapers. The film was promoted by a well-known chef and was the focus of a series of 'cinema-conversations' in Bogotá – where academics, legislators, government officials and members of the Forum debated public policies on care.

Policy briefings

WE-Care found that long reports and complex datasets are not the best formats for presenting information to most decision makers – particularly those who may not be 'professional' policy makers. A short briefing summarizing key facts, impact of the current situation, what you want decision makers to do and what difference this will make, will probably be more effective. Some decision makers may also like a copy of any longer reports for reassurance that research evidence or data is robust.

Other communications approaches

WE-Care also used simple, visual communications which could be displayed in public spaces to disseminate messages on care. Posters and billboards can be useful to raise awareness and help change behaviour at community level. Equally, billboard advertising in urban spaces can disseminate messages to the public and reinforce messages to decision makers who may receive more detailed information through other channels. Research shows that people are more likely to be influenced by and respond to messages when they receive them through more than one source.

WE-Care has also used role-plays, community drama and song to communicate messages on unpaid care, where appropriate. Social media is also a useful way of presenting short messages (through text messages, Twitter, Facebook or Whatsapp groups). In Zimbabwe, WE-Care worked with a women's drama group in Matabeleland to share songs and poetry about unpaid care.

Developing influencing messages in collaboration with communities and allies will help ensure that the information reflects your local or national context and that your partners and allies 'buy in' to the messaging. Testing materials with those whom you aim to influence is also useful to ensure you have the most effective illustration, strapline and background information etc. to achieve impact. Revise messages in response to feedback.



Working with the media

WE-Care worked with all forms of media including TV, radio, print and digital channels to communicate about unpaid care. Programme teams found that developing media messages was useful because the messages were then disseminated beyond their own networks and contacts. High-profile national media was a good way to reach – and influence – decision makers.

Teams built on existing media contacts where this was possible, but also sought out particular journalists or media outlets that they thought would be open to their issues (e.g. a correspondent covering women’s issues or with a political portfolio).

Once they had established productive relationships, WE-Care teams tried to meet with journalists on a regular basis to discuss potential stories and features. Several teams delivered training for journalists to build understanding of unpaid care as a policy issue and how to report on it in the media. Examining how well national governments are upholding international agreements or their own policy commitments has proved to be a good way in for media to cover UCDW issues, as well to hold decision makers to account.

In Zimbabwe, WE-Care developed a relationship with a professional journalist who published a series of articles on unpaid care in a well-read national newspaper. The team also initially worked with a local radio station (YA FM) on an ad hoc basis. It has now budgeted for regular radio work and has used paid-for inserts in national newspapers to call for meaningful measures to address UCDW.

In the Philippines, WE-Care teams found radio useful in communicating to geographically dispersed communities, while WE-Care teams in Ethiopia and elsewhere found radio debates useful for shifting social norms and engaging those with opposing views.

WORKING WITH OTHERS

Women's rights organizations (WROs) are critical allies for influencing on unpaid care, and building a wider network of WROs will create a powerful movement for change.

Many WROs that WE-Care worked with were already experienced and influential in addressing UCDW, and were vital allies to learn from and collaborate with. WE-Care also prioritized building alliances with WROs that were not already influential, in order to increase the capacity, voice and representation of Southern women in influencing spaces.

Invest in supporting the capacity of WROs on unpaid care

WE-Care heard from some WRO partners that they wanted more information and capacity to be able to engage with unpaid care as a policy issue. WE-Care therefore developed a range of materials and approaches, and delivered numerous training sessions for WROs in all countries. 'Training for Trainers' also enabled key networks and organizations to cascade capacity building to members and others.

Capacity-building approaches included: using tools such as the Four Rs to look at care as a public policy issue, and exercises and role-plays to explore how to develop and present evidence and asks to decision makers. WE-Care staff report many participants having an 'aha' moment at the end of the training as they saw the link between UCDW and wider development issues, giving them confidence to present this to policy makers.

Build WRO alliances

WE-Care recognized the importance of developing multi-stakeholder alliances and also worked to support WROs to strengthen their networks for influencing.

WE-Care supported the efforts of local- and national-level WROs to share their experience as well as their connections with umbrella organizations and existing networks, strengthening the voices of Southern WROs in wider influencing alliances. In October 2017, WE-Care supported a Pan-Africa Dialogue that brought together WROs and African continental networks to share their experiences and start to develop a common voice and agenda. The Dialogue increased collaboration on UCDW in specific countries and representation on the issue at regional level.

Develop wider multi-stakeholder alliances

WE-Care also developed wider multi-stakeholder alliances which include a range of civil society actors and organizations (including men's organizations – see below). Multi-stakeholder alliances can bring together a range of voices, perspectives and expertise, and give more credibility to the idea of care as a public policy issue; they can also be harder for influencing targets to ignore, as they demonstrate that UCDW is not a 'women's' issue.

WE-Care found, however, that such alliances often include actors with diverse (even opposing) agendas and that inequalities of power, political rivalry and even tribal conflict need to be carefully managed. Equally, women's rights organizations may themselves have different agendas on care, as they may approach the issue from distinct entry points.

WE-Care teams found that forming a reference group to coordinate discussion and work planning was an effective way to manage different interests in multi-stakeholder alliances. Taking enough time to reflect on issues, discuss different viewpoints and build consensus was also important – and proved invaluable in managing competing agendas, conflicts of interest and tension between different groups.

CASE STUDY BUILDING A MULTI-STAKEHOLDER ALLIANCE, MEXICO

Oxfam Mexico has facilitated the development of a powerful multi-stakeholder alliance to advocate for the fair distribution of unpaid care work.

Care work may not seem to be an urgent priority in a country with high levels of violence and inequality, but increasingly activists in Mexico have recognized that addressing UCDW is key to tackling unequal power relations (gender, skin colour, class, race, etc.) and making progress on issues such as women's rights, economic empowerment and security.

Oxfam Mexico decided to support the development of a network to influence on care and invited a number of key allies (academics, high-profile activists and a civil society organization) to an initial meeting. After productive discussions, the group established a common vision and agreed to establish a wider network, inviting 10 more actors and organizations to form a reference group.

The alliance is now developing an influencing strategy and has more than 70 members tackling UCDW from different perspectives, including women's rights and economic justice and intersectional perspectives. The network believes that its strength lies in the diversity of its membership and the fact that it takes time to debate issues and to come to shared positions which all members can support.

All members contribute to costs, and meetings are rotated to different spaces so that no one organization is seen to dominate. Any contribution is widely discussed and agreed in a transparent manner. Starting small, giving space for dissent, building consensus and ensuring the network is autonomous, has enabled the alliance to become a powerful movement for change. Similar networks are also being developed in Ethiopia, Uganda and Zimbabwe.

Work with men on gender equality

WE-Care found that it was also essential to work with men and men's organizations, as men also have power to shift attitudes, behaviours and policy on unpaid care – both as individuals and leaders, and where they are decision makers in the relevant forums.

At community level, WE-Care involved men from the start – including them in the Rapid Care Analysis exercises, engaging them in family and community conversations around unpaid care, and identifying respected male community leaders to act as role models and collaborate on influencing. In Uganda, WE-Care worked with role-model families to influence others, especially men and boys. In Zimbabwe, WE-Care conducted household dialogues, with WE-Care champions leading the discussion.

At national level, WE-Care is working with men's organizations and umbrella groups, such as Padare in Zimbabwe – a male-led organization advocating for gender equality. As well as national-level presence, Padare has representation in every province, allowing it to build on experience from boys and men at community level and link this to national-level influencing.

Work with traditional and religious leaders

WE-Care recognized that male religious and traditional leaders often have a significant influence over social norms and can be powerful allies.

We-Care teams included religious leaders in groups undertaking the Rapid Care Analysis to help them understand the impact of heavy care work on women and involve them in discussion about potential solutions from the outset. Discussion of care issues used non-confrontational terms: unpaid care was presented as a societal issue, with shared responsibility for care benefiting men and women and the whole community.

Religious teachings, including sections from the Koran and the Bible, were used to reinforce messages on shared care where appropriate. In the Philippines, WE-Care conducted 'care-work dialogues' with Imams to raise awareness of UCDW and found that developing materials for use in Friday prayers made it easy for them to disseminate care messages.

Some WE-Care teams have found religious bodies at national level less open to discussing unpaid care, as the issue may be overshadowed by higher-profile concerns such as conflict or humanitarian emergencies. Nevertheless, it is worth treating religious leaders as stakeholders and attempting to include them in your influencing alliances.

WE-Care has now managed to get UCDW onto the agenda of the assembly of religious leaders in the Philippines and will use this as a starting point for influencing. In Zimbabwe, Padare has engaged the umbrella bodies of different religious denominations (Catholic, Protestant, Apostolic church, etc.) and is planning a conference on men and boys in the church. WE-Care in Zimbabwe has also engaged with the Council of Chiefs – the national umbrella body of traditional leaders, which has protected representation in Parliament – to encourage it to champion UCDW issues.



ENGAGING WITH OFFICIALS AND POLICY MAKERS

The most significant part of your influencing may involve engaging with officials and policy makers. WE-Care teams have used a range of engagement strategies to build and maintain a huge number of relationships with parliamentarians and government officials. Strategies include: raising awareness and building capacity of key decision makers; presentation of policy briefings/position papers; holding one-on-one dialogues and wider consultative meetings; identifying and encouraging individuals to be influencing champions; and ensuring media exposure of influential stakeholders (where useful and appropriate).

Use who you know, but make new contacts

We-Care teams worked with many existing contacts to raise awareness of UCDW. In many cases, however, they realized the need to build new relationships with ministers, officials or departments from other sectors to reach those who could make change happen.

In Zimbabwe, WE-Care realized that although the Ministry of Women was committed to the issue, it did not have funding to implement policy recommendations. It was therefore important to go beyond the 'friendly' officials and start to engage with the ministries of finance and planning as well as the private sector. In the Philippines, WE-Care is working with diverse government ministries including social welfare, education, public works and agriculture, as they all have capacity to challenge social norms or to address UCDW in some form.

Use your own high-profile people to influence policy makers

Using your own influential people (e.g. a director, board member or well-known researcher) to influence external contacts can be very effective. WE-Care often established new relationships by sending letters or invitations from an influential staff member or partner – or built on a connection between this individual and the relevant policy maker (such as coming from the same area or speaking the same local language).

WE-Care has successfully supported Oxfam International's Executive Director, Winnie Byanyima, to use her existing interest and experience on UCDW to raise policy asks at a number of high-level events. For example, she made a speech at a UN General Assembly side meeting on women's economic empowerment, which was attended by heads of state and other senior government officials.

Build the capacity of those you want to influence

WE-Care found that MPs, government officials and other policy makers often wanted to engage on UCDW but needed help to understand the wider policy implications. WE-Care teams delivered numerous training and capacity-building sessions to help officials understand the issue and gain the confidence to take it forward in their policy spaces.

In Ethiopia, WE-Care organized training for MPs and gender desk officers from government ministries, which looked at how addressing unpaid care supports broader government priorities. Training was well attended and received positive feedback; it also enabled WE-Care teams to build relationships with government contacts and provided opportunities for future collaboration.

Be prepared to do it all again

Institutions and government ministries often experience a rapid turnover of staff, and WE-Care has frequently needed to build new relationships and (re)build the capacity of new staff in particular roles. Engaging with influencing targets is an ongoing and time-consuming activity!

In Zimbabwe, WE-Care built a strong relationship with the Minister for Gender; when the minister left, the team had to start again with the new postholder to try to achieve the same level of influence. In Ethiopia, WE-Care has seen a continuous turnover of staff in the gender directorate and has worked hard to build new relationships with new people as they arrived.

INFLUENCING THE UN HIGH-LEVEL PANEL

Oxfam successfully influenced the UN High-Level Panel on Women's Economic Empowerment to recognise UCDW as a key driver of women's economic empowerment.

The Panel brought together stakeholders including the World Bank, IMF and UK Department for International Development (DFID) with representatives from the private sector and civil society to make recommendations on how the SDGs on women's economic empowerment could be met. Oxfam co-led a sub-group developing recommendations on UCDW.

Early in the Panel's work, Oxfam, the International Development Research Council (IDRC) and the Institute for Development Studies (IDS) organized a consultation process with Southern women's organizations to gather perspectives and evidence about unpaid care. The resulting report was used to put forward the case for the High Level Panel to focus on UCDW. Oxfam then worked with research partners to produce the short summaries of evidence the authors had asked for, and suggested specific policy recommendations based on WE-Care influencing asks.

Although sub-group members had different priorities around care work (e.g. with some members emphasizing better conditions for paid care workers), Oxfam continued to stress the importance of also addressing UCDW, particularly for the poorest women and girls.

Successful influencing was supported by Oxfam developing allies on the Panel and sub-group who really shared its agenda, and the fact that UCDW was increasingly gaining traction from a range of actors. Oxfam's alliances with other institutions – as well as its extensive field-level experience on UCDW – also gave credibility to its voice. Having clearly defined policy asks helped maintain the focus of the negotiation team's inputs.

Overall, the strategic and persistent advocacy by Oxfam and its allies was successful, as addressing UCDW was recognized as one of seven drivers of women's economic empowerment, and all the policy asks Oxfam put forward were included in the main and supporting policy papers.

Understand what motivates policy makers

WE-Care found that it was important to identify what would motivate specific policy makers to look at UCDW issues. For example, the minister of women might be interested in care as a women's rights issue, while a finance department might be interested in the potential for increased production or economic development. WE-Care found that for donors such as DFID, UN Women and others, illustrating how unpaid care can help deliver commitments on women's economic empowerment provided a good entry point for raising care issues.

Sustainable Development Goals are a good entry point

WE-Care found that the UN's SDGs were particularly useful for holding government and other bodies to account. All governments have signed up to the goals, and while they are not legally binding, governments have a responsibility to report on them – thus providing a useful entry point for discussions on care.

Oxfam's well-received presentation at the Skoll World Forum in 2017 focused on how addressing unpaid care could help contribute to achieving several key SDGs, because this had been identified as a priority of the corporations, foundations and international donors attending. In Ethiopia, WE-Care is using the SDG lever to influence the government to include care in its Growth and Transformation Plan.

Women parliamentarians and policy makers can be strong allies

Unpaid care is an issue that affects everyone, and personal experience can be a good way to engage professionals and officials. WE-Care found that female parliamentarians and policy makers face many of the same care issues as poor rural women, and therefore can be motivated to influence other colleagues on UCDW.

In Zimbabwe, WE-Care has engaged with the all-party Women's Caucus to raise awareness on UCDW and identify care champions. In Uganda, one MP reported that she was required to have meals on the table on time for her businessman husband despite her responsibilities in Parliament, and has become an effective ally.

Keep at it!

Engage everyone you aim to influence in your ongoing work. WE-Care found that inviting officials and elected representatives to presentations and discussions was a good way to initiate relationships, which could be followed up by asking for individual meetings or inviting them to wider consultations as appropriate. WE-Care staff found that taking opportunities to meet and engage with key stakeholders whenever possible, and repeating the same messages in different forums and formats, enabled them to continue and develop the 'conversation' on care with those they were seeking to influence.

CASE STUDY INFLUENCING DEVELOPMENT PROGRAMMING

WE-Care found that there is significant potential to include approaches to addressing UCDW in other development and humanitarian programmes (both of Oxfam and other agencies) – so this may also be a space for influencing.

- The Rapid Care Analysis was used to determine the needs of internally displaced people for Oxfam's response to Typhoon Haiyan in the Philippines; as a result, laundry facilities and community kitchens were included as part of the programme response.
- In Bangladesh, the Rapid Care Analysis is now used routinely in all programming to identify and address the heavy care work which may prevent women from participating in development programmes.
- Oxfam's Economic Justice teams and its Enterprise Development Programme now promote the Rapid Care Analysis as a standard assessment in programme development in livelihoods projects.
- The impact of development interventions on patterns of unpaid care (both in terms of hours spent and gender distribution) is now analysed as standard practice in Oxfam's Effectiveness Review evaluations.
- WE-Care evidence and analysis has also been included in Oxfam's international campaigning, including the Enough campaign to end violence against women and the Even it Up campaign on inequality.

Change is difficult and takes time

Changing social norms, attitudes and behaviours is always difficult, particularly in traditional, conservative or patriarchal societies. When change does happen, it may not be linear; there may be periods of rapid progress and other periods of stagnation or frustrating reversal.

WE-Care experience shows that achieving change takes concerted effort on many fronts, persistence to keep working on the issue, and the creativity and flexibility to change the approach and adapt messages where needed. There is no blueprint.

Influencing should build on work to change social norms, attitudes, behaviours and policy at all levels. But successful influencing may come down to the drive and determination of individuals, openness to change on the part of those we seek to influence, or an unexpected change in the political, economic or social context which makes it possible to do something different.

WE-Care has examples of successful influencing at all levels from the last five years. Although there is still a long way to go, the most important factor in terms of progress is that care is increasingly being recognized as a development and public policy issue, and as a significant – not minor – issue, which a range of actors and organizations are willing to address. Reducing heavy and unequal care workloads and enabling women to claim their rights is possible. WE-Care, our allies and development colleagues will continue to work to influence those with the power to make this happen.

WE-CARE INFLUENCING ACHIEVEMENTS

- **At international level**, Oxfam collaborated with others to successfully influence the UN High-Level Panel on Women's Economic Empowerment; the Panel recognized addressing UCDW as one of seven key 'drivers' of women's economic empowerment and included Oxfam and allies' asks in its policy recommendations.
- **A senior World Bank official** stated that Oxfam's pioneering work on UCDW had encouraged the agency to consider the impact of unrecognized unpaid care work and to publish guidance on related strategies.
- **In Uganda**, the Revenue Authority made commitments to collect gender-disaggregated data to inform advocacy for tax exemptions on services which reduce care workloads, and the Marriage and Divorce Bill recognized the contribution of unpaid care to family wellbeing.
- **In Ethiopia**, after engaging with WE-Care, the Central Statistics Agency recognized the importance of data on women's time use to inform public policy and agreed to collaborate with Oxfam on the dissemination of findings from its World Bank-funded national time-use survey.
- **In Zimbabwe**, strong relationships have been built with District Water and Sanitation Sub-Committees, which have adopted WE-Care community-mapping approaches and taken account of the different needs of women and men in relation to water supply.
- **In Honduras**, the Nuevo Amanecer agricultural cooperative influenced the National Congress and National Electrical Company to provide a new electricity generating plant, enabling the cooperative to invest in a grinding mill to generate an income and reduce the time women spent on care work.
- **In Sri Lanka**, the Rapid Care Analysis was used with several communities as part of a programme on women's economic empowerment. One community identified the lack of electricity as a factor increasing women's unpaid care work, and successfully lobbied the local government to provide electricity. The RCA is now used as standard practice in women's economic empowerment programming in Sri Lanka.
- **Oxfam has agreed a three-year partnership with Unilever and the Surf laundry brand** to support water infrastructure, challenge social norms and advocate for the reduction and redistribution of unpaid care work in selected districts of Zimbabwe and the Philippines. Unilever and Oxfam co-hosted an event for private sector companies, entitled 'Why business should care about unpaid care and social norms'.

- **In the Philippines**, a memorandum of agreement was signed between the technical partner PKKK, Oxfam and the Philippines Commission for Women in October 2017. This partnership culminated in PKKK inclusion in the Philippines official delegation for the 62nd CSW, in March 2018, where PKKK led the Philippines side event entitled *Agree to Agri: Unearthing the power of rural women*. The side event highlighted the situation of rural women in the Philippines and Zimbabwe and the barriers to their empowerment including UCDW, and how it is often not valued, recognized or shared.

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This publication was written by Louie Fooks with contributions from Andrea Azevedo, Imogen Davies, Man-Kwun Chan, Thalia Kidder and Miranda Morgan.

Thanks to our partners Unilever, its laundry brand Surf and the William and Flora Hewlett Foundation for supporting the WE-Care programme.



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The information in this publication is correct at the time of going to press.

Published by Oxfam GB for Oxfam International in October 2018 under ISBN 978-1-78748-218-0

DOI: 10.21201/2017.2180

Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK

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PHOTOS

Front cover: Women gather for the Provincial Forum on Unpaid Care Work (UCW) at the Municipality of Salcedo, Eastern Samar, Philippines. Discussions took place with local legislators and women to learn the local advocacy agenda on UCW.
Photo: Aurelie Marrier d'Unienville/Oxfam

Page 6: Oxfam Philippines Programme Manager, Leah Payud, opens discussions at a Fisherfolk Association meeting in Eastern Samar, Philippines.
Photo: Aurelie Marrier d'Unienville/Oxfam

Page 13: Three We-Care champions stand in Ture Village, Zvishevane region, Zimbabwe. Photo: Aurelie Marrier d'Unienville

Page 15: Students hold up a poster at an unpaid care work awareness session at Mercedes National High School, Eastern Samar, Philippines.
Photo: Aurelie Marrier d'Unienville/Oxfam

Page 18: Ulita Mutambo and her husband Muchineripi Sibanda hang up laundry outside their home in Ture Village, Zimbabwe.
Photo: Aurelie Marrier d'Unienville/Oxfam

**WE-CARE
WOMEN'S
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