



MAKING CARE COUNT

AN OVERVIEW OF THE
WOMEN'S ECONOMIC
EMPOWERMENT
AND CARE INITIATIVE



OXFAM



ABOUT THE COVER. Created by African artist Monica Obaga, this artwork represents a vision of a future where families share care work at home. It was first used for an online campaign during the celebration of the African Women's Day in July 2020.

Across the globe, unpaid care and domestic work (UCDW) sustains communities and economies, provides essential care for children, sick and elderly people and those living with disabilities, and keeps households clean and families fed. Without unpaid care, the global economy as we know it would grind to a halt. Yet this work falls disproportionately on women and girls, limiting their opportunities to participate in decent paid employment, education, leisure and political life. Heavy and unequal UCDW traps women and girls in cycles of poverty and stops them from being part of solutions.

MAKING UNPAID CARE MORE VALUED AND MORE VISIBLE

In low-income settings such as Zimbabwe and the Philippines, where essential public services are inadequate and tasks such as collecting water and firewood are particularly heavy and time-consuming, women do up to six times as much UCDW as men.¹ When domestic tasks require inordinately long hours, time for direct care of people is further constrained.²

Local groups, women's rights organizations and activists have long pushed for recognition for UCDW as a public policy issue and have built momentum to address heavy and unequal unpaid care work as critical to progress on gender equality, poverty reduction and development. These movements have forced governments, donors and companies to begin to change their policies, invest to meet women's and girls' needs and priorities, and achieve sustainable and inclusive development goals. However, far more still needs to be done to achieve gender equality.

FROM 'RADICAL' TO MAINSTREAM: THE EVOLVING DISCUSSION ON UNPAID CARE

Conversations on UCDW have evolved over the decades from the 'domestic labour debate' of the 1970s—then considered radical—to addressing care increasingly being seen today as a precondition for women's political, economic and social empowerment.

The decades in between saw ongoing resistance to addressing care, with detractors arguing that unpaid care is a minor issue, only a concern for Northern women, too 'personal', 'cultural' or 'divisive', and that norms change takes too long to be addressed in development programmes.³

Meanwhile, a range of ground-breaking initiatives paved the way for greater commitment, leadership and programming on care. These included the **1981 International Labour Organization (ILO) Convention No. 156**, which

recognised workers' family responsibilities; the **1995 Beijing Platform for Action**, which made women's care work visible using data and evidence; Shakra Razavi's '**Care Diamond**'⁴ and Diane Elson's '**Recognize-Reduce-Redistribute**' **framework**⁵ in 2007 and 2008, respectively; the **2013 Report of the Special Rapporteur** on extreme poverty and human rights, which recognised heavy and unequal UCDW as a violation of human rights; the **ILO Resolution I in 2013**, which mandated that full-time unpaid carers be recognized as part of the workforce; and the inclusion of UCDW in the **Sustainable Development Goals in 2016**.

Behind the impetus to address UCDW as a key factor in efforts to achieve gender equality and economic development is the long-overdue need to correct a system that entrenches sexism and race and class discrimination by undervaluing care work, with the heaviest workloads done by women in poverty, marginalized racial and ethnic groups and migrants.

Addressing UCDW means ensuring a safer, more equal future for women and girls, regardless of where they come from or what their economic status is.



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Rowena is a day care teacher in the Philippines—a job she loves. But she was not always happy to go to work. Before her husband began doing his share of care work, it was all down to Rowena to do her teaching job, as well as cooking, cleaning, fetching water and looking after her children. She used to be exhausted, and the long hours took a toll on her health. Now, Rowena's husband cooks, cleans and looks after their young child while she's at work. She says: "Our relationship as a family became better. We are happier. I am now closer to my children." Photo by Jed Regala/Oxfam

Oxfam, together with a number of partners (see *Box 1 on page 6*), has been working in over 25 countries to deliver the **Women's Economic Empowerment and Care (WE-Care) programme** since 2013. WE-Care aims to reignite progress on gender equality by addressing heavy and unequal UCDW. At the current rate of change, it may take over 200 years to close the economic gender gap globally.⁶

THE WE-CARE INITIATIVE

By recognizing, reducing and redistributing UCDW, WE-Care is promoting a just and inclusive society where women and girls have more choice at every stage of their lives, more opportunities to take part in economic, social and political activities, and where carers' voices are heard in decision making about policies and budgets at all levels—supporting women and girls to reach their full potential.

This overview document aims to highlight the approaches taken and lessons learned on unpaid care that Oxfam has implemented in collaboration with partners in sub-Saharan Africa and Asia.⁷

THE WE-CARE STORY SO FAR

In less than a decade, the WE-Care initiative has reached several milestones, providing evidence of successful change and leadership in unpaid care programming, and challenging the myth that nothing can be done about unequal care work. Initially, small projects on UCDW were part of Oxfam's larger programmes on markets, women's leadership, and HIV/AIDS services. Interventions in Bangladesh, Colombia, Ethiopia, Malawi, the Philippines, Tajikistan, Colombia, Uganda, Zambia and Zimbabwe enabled WE-Care to develop methodologies for gathering data on unpaid care (see *WE-Care approaches on page 8*), providing development actors and partners with practical tools and knowledge for research and advocacy on UCDW and leading to positive change for women and girls at a local level.

Subsequent phases of the programme enabled WE-Care partners to build a stronger evidence base, influence policy change and provide leadership in Kenya, Tanzania, Ethiopia, Uganda and Zimbabwe, with the wider programme supporting projects in the Philippines and at a regional level in Africa. Outside WE-Care, its methodologies have been used in Oxfam development and humanitarian programmes, including in the Philippines after Typhoon Haiyan in 2013, in Nepal after the 2015 earthquake, as well as in water projects in Colombia and markets and enterprise development programmes in Honduras and Bangladesh.



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Agnes Adhiambo, 25, washes clothes in Mashimoni Village, Mathare, Nairobi, Kenya. She is a domestic worker and a single mother. Photo by Katie G. Nelson/Oxfam

After 2016, thanks to increased funding, WE-Care was able to make major investments in water and laundry infrastructure (see Box 2 on page 7) and to scale up advocacy nationally and regionally in sub-Saharan Africa and Asia. It was also able to expand globally through Oxfam campaigns such as Behind the Barcodes (promoting justice for workers in supermarket value chains) and Even It Up (campaigning on inequality and fiscal justice).

LASTING CHANGE FOR WOMEN AND GIRLS

Our experience shows that addressing UCDW requires a combination of interventions to create lasting change for women and girls.

Over the years, we have distributed time- and labour-saving equipment (TLSE), such as water containers and improved stoves, raised awareness to shift social norms on care, and successfully advocated for investments in public infrastructure and services to reduce and redistribute heavy and unequal UCDW.

With our partners across the globe, we have promoted innovation, learning and sharing—finding out what works, disseminating good practice to strengthen influencing, and achieving policy change that transforms women and girl's UCDW and promotes women's economic empowerment.

BOX 1: WORKING WITH PARTNERS

The WE-Care initiative has worked in partnership with several civil society organisations, women's rights organisations and research institutions. A number of these key partners are highlighted below:

- In **ETHIOPIA**, WE-Care has been implemented with the Network of Ethiopian Women's Associations (NEWA).
- In **KENYA**, WE-Care has been implemented with the Youth Alive! Kenya, GROOTS Kenya and the National Organization of Peer Educator (NOPE).
- In **PAN-AFRICA**, WE-Care has been implemented with FEMNET, the African Women's Development and Communication network, the Gender is My Agenda Campaign (GIMAC) and the African Leadership Forum (ALF).
- In the **PHILIPPINES**, WE-Care has been implemented with Community Organizers Multiversity (COM), *Pambansang Koalisyon ng Kababaihan sa Kanayunan* (PKKK) (National Rural Women Coalition), Philippine Rural Reconstruction Movement (PRRM), Rural Development Institute of Sultan Kudarat (RDISK), *Sentro para sa Ikaunlad ng Katutubong Agham at Teknolohiya* (SIKAT) (Centre for the Development of Indigenous Science and Technology) and Sustainable Integrated Area Development Initiatives in Mindanao-Convergence for Asset Reform and Regional Development (SIMCARRD).
- In **UGANDA**, WE-Care has been implemented with the Uganda Women's Network (UWONET).
- In **ZIMBABWE**, WE-Care has been implemented with the Association of Women's Clubs (AWC), Bekezela Community Home-Based Care, The Bethany Project, Padare Men's Forum on Gender and the Women's Coalition of Zimbabwe (WCoZ).



A WE-Care project visit in Kawangware, Nairobi, Kenya hosted by Youth Alive! Kenya. Photo by Vin Aranas/Oxfam



Nurse Tsitsi celebrates having running water for the first time at Somerton Clinic in Masvingo District, Zimbabwe. WE-Care empowers women and supports communities by installing water points and laundry facilities. The project aims to help to reduce distances women have to travel for clean water, ensure household work is shared equally between men and women, and help women to have more time to do activities outside of household chores. Photo by Aurelie Marrier D'Unienville/Oxfam

BOX 2: TRANSFORMING CARE IN FILIPINO AND ZIMBABWEAN COMMUNITIES




A significant partnership with Unilever and its Surf brand demonstrated the power of working at multiple levels in two countries. From 2017-2019, WE-Care implemented a project in rural and peri-urban areas in the Philippines and Zimbabwe, which demonstrated how investments in care can improve women's wellbeing and reduce gender inequality.

This first-of-its-kind partnership directly benefitted 79,000 people, mostly women and girls, who now have access to a water and laundry facility near their homes. The project demonstrated that change is more likely to happen and be sustained where direct interventions to reduce care workloads are combined with efforts to change attitudes, policies and practices.

In just two years of project implementation, WE-Care reduced the time that women and girls spent on care tasks by an average of two hours a day, supported the redistribution of tasks between women and girls and men and boys, and contributed to a step change in government policy making by significantly raising the profile of UCDW (see 'Supporting local governments to enact policy change' on page 7).⁹

WE-CARE IMPACT VIDEOS. From the remote areas of Bubi and Zvishavane in Zimbabwe to the coastal and farming communities in Eastern Samar and Cotabato in the Philippines, there are inspiring stories of women and men care champions whose lives have dramatically improved because of WE-Care interventions, of community leaders who became the programme's spokespersons in promoting unpaid care advocacies, and of partners and allies who have made change happen.

WATCH THESE VIDEOS HERE: <https://bit.ly/34TWxuq>

1		<p>We Care in Zimbabwe Oxfam GB 4:53</p>
2		<p>We Care in Cotabato, Philippines Oxfam GB 5:22</p>
3		<p>We Care in Tacloban, Philippines Oxfam GB 5:06</p>

WE-CARE APPROACHES

BUILDING AN EVIDENCE BASE ON UCDW

Efforts to increase time-use data are critical, as most countries do not have national data. In addition, advocacy which uses context-specific evidence is more relevant, compelling and credible to local officials, enabling women's rights organisations and other advocates to be more effective. Evidence that combines gendered time-use data with data on social norms, public services and wellbeing is particularly compelling.

An important element of WE-Care has therefore been to build evidence on UCDW. It has developed innovative and cost-effective methodologies to improve understanding of unpaid care provision, informing community interventions and national/global advocacy.



The **Rapid Care Analysis (RCA)**⁹ is a participatory, qualitative tool that works with women and men to understand how and by whom care is provided in their communities—identifying what is difficult about care, understanding how care work affects women's and men's lives and opportunities, and generating community-led, context-specific solutions to reduce and redistribute care.



The **Household Care Survey (HCS)**¹⁰ is a quantitative tool to understand patterns of time use among household members and associated factors such as social norms and access to equipment, infrastructure and care services—allowing local advocates to identify pathways for the fairer sharing of care in households and communities.

FUNDING PRACTICAL AND LOW-COST SOLUTIONS

Following analysis using the RCA and/or HCS tools, WE-Care works with partners and others to implement practical solutions and advocacy strategies to enable communities and local governments to address unpaid care challenges.

WE-Care's approach has been to start by implementing low-cost interventions; this persuades development actors to take on the issue and helps demonstrate to communities

that it is possible to address unpaid care challenges.



We supported more than 300,000 people across Zimbabwe and the Philippines through the construction and repair of water points, distribution of TLSE, and social norms interventions such as community awareness activities and training of 'care champions'.



We involved women and men in Zimbabwe in building artisanal fuel-efficient stoves that can be used while standing. Traditionally, men in Zimbabwe are reluctant to squat, kneel or bend down to cook, for fear of being ridiculed. The new stoves meant men were more willing to help with cooking—freeing up women's time.

These types of practical solutions have often inspired leaders to address more structural issues such as government budgets, education and norms in advertising.

SUPPORTING LOCAL AND NATIONAL GOVERNMENTS TO ENACT POLICY CHANGE

WE-Care pushes for positive change in local and national policy and practice in the areas where we work, by presenting evidence on current patterns of heavy and unequal care and on effective solutions to reduce and redistribute care.



We supported eight local government units in the Philippines to pass 'Women's Economic Empowerment and Care Ordinances'. These are laws that make it mandatory to generate data and address unpaid care in all planning, budgeting and programming activities of the local government.



Our partners' influencing work in the Philippines resulted in a contribution of more than \$1m in funding from local governments for sustainable water infrastructure.



Our targeted research, media and advocacy work has led to several wins. For example, at the regional level we successfully advocated for the

2018 African Union Gender Strategy to include UCDW as a key barrier to women's economic empowerment.



In Kenya, WE-Care supported the mobilization of over 800 women in Nairobi's informal settlements to advocate for essential care-supporting services, leading to increases in expenditure on accessible water points and Early Childhood Development Education Centres by 30% and 11%, respectively.



We encouraged the Ugandan government to integrate UCDW into national processes, including the development of the draft National Development Plan III—showing that consistent and sustained engagement with advocacy targets pays off.

INCREASING OUR IMPACT THROUGH MULTI-STAKEHOLDER AND PRIVATE SECTOR PARTNERSHIPS

WE-Care puts programme partnerships at the centre of its work, using the power of stakeholder collaboration to push UCDW up the corporate and public agenda.



We have forged strong partnerships with Unilever and others in the private sector. This led, among others, to a joint Oxfam-Unilever event in 2017 on the role of the private sector. The event was attended by the UK Department for International Development, The Body Shop, and several NGOs and advertising agencies.



In 2019 we released and promoted the joint Oxfam-Unilever **Business Briefing on Unpaid Care and Domestic Work**,¹¹ which has been cited in the International Finance Corporation's Tackling Childcare report.¹² This has resulted in several companies wanting to learn more from Oxfam about unpaid care in supply chains and operations.



We have worked collaboratively with a number of civil society organisations, such as the International Centre for Research on Women, Promundo, FEMNET and the Uganda Women's Network, to seek opportunities to influence decision makers at the international level.

ENGAGING THE MEDIA AND MEN AND BOYS TO SHIFT SOCIAL NORMS ON CARE

WE-Care invests in improving public understanding of UCDW as an economic, development and gender equality issue. This requires us to work with and through the media and other 'opinion shapers' on public campaigns, to influence private sector advertising to move away from harmful gender stereotypes, and to work closely with men and boys as allies and champions.



We reached more than 34 million people with positive messages on UCDW through the 2019 #iLabaYu campaign in the Philippines, which encouraged men to share the load by doing household chores at home.



We trained journalists and used social media to reach millions of people in Uganda, Kenya and Tanzania and change public perceptions by increasing UCDW coverage, demonstrating the power of public engagement to support policy change. For example, WE-Care partner the Uganda Women's Network worked with 40 editors from major media houses in Uganda, leading to more newspaper space and airtime devoted to care work issues.



WE-Care's #iLabaYu campaign bagged bronze at the 2019 ARAW Values Advertising Awards, under the "reverence for family" category. *I laba yu* is a play on the words *I love you*; *laba* in Filipino means doing the laundry. Photo by Harrison Communications



We partnered with Promundo to deliver the #HowICare campaign on Father's Day 2020. This created conversations on how women's care work is negatively affected by COVID-19 and how men can step up to support women and girls, reaching 440 million people around the world.



Our policy asks have reached world leaders and powerful global companies by being integrated into Oxfam's high-profile advocacy and campaigning, for example during the World Economic Forum in 2019 and 2020, and through the Behind the Barcodes campaign.



Our influencing strategy has targeted institutions, such as the World Bank, the UN and the OECD, that shape dialogue on economic development globally and nationally. We have supported national partners and women's rights organisations to advocate on UCDW at global forums such as the UN Commission on the Status of Women, the Women Deliver Conference and the SEEP Learning Forum on Women's Economic Empowerment.

MAXIMISING OPPORTUNITIES FOR LOCAL TO GLOBAL INFLUENCING

Within the wider Oxfam Confederation and beyond, WE-Care takes advantage of opportunities for local to global influencing for policies and practices that will bring lasting change for women and girls.



As a member of the advisory group, we successfully influenced the UN High-Level Panel on Women's Economic Empowerment to ensure that its final recommendations included calls to action on unpaid care that specifically address the needs of women in poor countries.



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 Takudzwa, an Oxfam WASH Engineer, inspects a laundry station near a WE-Care-funded solar piped water system in Somerton Village, Masvingo District, Zimbabwe. The system will supply water to a local school and clinic, as well as to many families in the local community. Photo by Aurelie Marrier D'Unienville/Oxfam

The tangible impact on policy and practice that WE-Care has achieved over the years will continue to make a positive difference in the lives of women and girls in the long term. However, against the backdrop of COVID-19 and the threat of greater economic inequality and gender injustice arising from the pandemic, far more needs to be done to realise gender equality in unpaid care.

LESSONS ON ADDRESSING UCDW

WE-Care will continue to deepen and broaden the scale and scope of our work, with a stronger focus on increased country funding and policy reform. We will keep working with private sector actors; partnering with civil society, women's rights organisations and youth groups; influencing at the sub-national level; and engaging men and boys.

We will step up our global advocacy efforts on unpaid care in collaboration with organisations of paid carers and public service workers, calling for increased investments and better conditions, which will also ultimately reduce and redistribute the unpaid care work shouldered by women and girls.

Here are some of the key lessons we have learned so far:

COMBINING INFRASTRUCTURE AND SOCIAL NORMS INTERVENTIONS FREES UP WOMEN'S TIME. Our research has shown that without continuous work on social norms (e.g. regular training and awareness-raising sessions aimed at increasing men's engagement), public infrastructure and TLSE aiming to reduce women's time on unpaid care tasks could in fact lead to women spending more time on UCDW (e.g. cooking three meals a day instead of two if they have a more efficient stove), and to housework being redistributed to other women or girls in the household.

MEN AND BOYS' INVOLVEMENT IS CRITICAL. In our experience, men are often very positive about sharing unpaid care work, particularly if they see others doing it. Working with male 'care champions' and cultural or religious leaders has helped to cascade messages and provide positive examples, challenging existing perceptions of masculinity. Creating spaces for discussion has enabled men and boys to reflect on unpaid care roles and to commit to small and easy actions for change in their own lives.

MEDIA CAN HELP STRENGTHEN PUBLIC DISCOURSE. Traditional and social media have a strong role to play in bringing UCDW (normally considered a private issue) into the public domain. Continuous investment in a wide range of media is important to expand the reach of—and continually reinforce—positive messages on UCDW, so that dialogue that begins with social norms activities in homes and communities can continue in public spaces.

COMMUNITIES SHOULD BE INVOLVED IN CREATING THEIR OWN SOLUTIONS. UCDW is a contentious issue that goes to the heart of deeply ingrained gender roles and norms. WE-Care used the RCA to talk to men and women at community level to find out which UCDW tasks are the most difficult and time consuming and what they would like to change. This enabled the design of context-specific TLSE to reduce the time required for

domestic tasks. It highlighted that involving communities in planning and designing their own care-related interventions fosters ownership and accountability, minimises risks of conflicts and contributes to sustainability. It can also help to spark dialogue and debate.

WORKING AT SUB-NATIONAL LEVEL WITH LOCAL GOVERNMENT IS KEY TO SUCCESS AND SUSTAINABILITY. It is often easier to get tangible budget commitments and policy change at sub-national level—where there are devolved governments with budget and policy responsibility—than at national level. Working closely with champions in government, including involving them in RCA discussions with communities, has encouraged them to

take ownership of the UCDW agenda within their own departments and has been critical to success.

SOCIAL NORMS CHANGE DOESN'T HAPPEN OVERNIGHT—BUT BEHAVIOUR CHANGE CAN.

Participation in social norms activities can help to incentivize change in behaviours, e.g. men doing more care work, in a relatively short space of time. To achieve long-term shifts in social norms, there needs to be investment in awareness-raising initiatives that can be scaled up alongside infrastructure and policy change to reach large numbers of people within different target groups, including religious leaders, cultural leaders and politicians, among others.



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Romulo (husband) and Pastora (wife) Samson walk back home from a local river where they did laundry together in the fishing community of Quinapondan, Eastern Samar, Philippines. Photo by Aurelie Marrier D'Unienville/Oxfam

KEY FINDINGS SO FAR

Findings from WE-Care's Household Care Surveys and Rapid Care Analyses have provided important evidence and insights into a range of intersecting factors associated with the reduction and redistribution of UCDW in low-income and low-resource settings:

WOMEN SPEND SIGNIFICANTLY MORE TIME THAN MEN ON CARE WORK AND MULTITASKING, AND THIS IS GENERATIONAL, WITH THE GAP INCREASING IN HOUSEHOLDS WITH YOUNG CHILDREN AND WOMEN'S CARE WORKLOADS INCREASING IN OLDER AGE RELATIVE TO MEN'S.

Women's time spent on care work increases during reproductive years and then decreases. However, an increase in the time women spend on care work is again observed in older age, whereas it decreases over time for men. While this is not unexpected, the extent of gender inequality in care work has been surprising and compelling in most contexts.

COUNTING THE HOURS OF 'RESPONSIBILITY FOR SUPERVISION OF DEPENDENTS' AND MEASURING 'CARE MULTITASKING' IS CRITICAL TO REVEAL THE FULL PICTURE OF CARE WORK.

Women's time spent on care work, often 3-6 hours per day, significantly increases—to more than 10 hours daily—when respondents are asked about simultaneous activities (e.g. trading and childcare) and hours responsible for supervision. This helps explain why single solutions, such as providing a stove or access to a day-care centre, sometimes fail to reduce overall hours of care work.

ACCESS TO BASIC INFRASTRUCTURE SIGNIFICANTLY REDUCES WOMEN'S CARE WORKLOAD, PARTICULARLY AMONG THE POOREST HOUSEHOLDS.

Findings from Kenya, Uganda, Zimbabwe and the Philippines showed that access to improved water sources reduced women's time spent on care, by 1 to 4 hours per day, with the benefits most pronounced in the poorest households.¹³ In the poorest households with access to electricity compared to those without electricity, women spent an hour less on any care.¹⁴

POVERTY IS ASSOCIATED WITH INCREASED CARE WORKLOADS FOR WOMEN AND CHILDREN.

In an analysis of studies from five countries, women from poorer households spent on average 41 minutes more a day on care work than those

from wealthier households and were also less likely to be engaged in secure forms of paid work.¹⁵ Boys and girls from the poorest households spent more time on care work and less time studying.¹⁶

URBAN POVERTY IS ASSOCIATED WITH HIGHER CARE WORKLOADS THAN RURAL POVERTY.

In the same study, women living in low-income urban areas spent on average 49 minutes more on any care work than women in rural areas. While women in low-income urban areas spent less time collecting water and fuel, they spent more time washing clothes and cleaning; i.e. although they have better access to infrastructure, their care load might be increased by social expectations around appearances.¹⁷

TIME- AND LABOUR-SAVING EQUIPMENT CAN MAKE CERTAIN CARE TASKS MORE EFFICIENT AND MAY REDUCE WOMEN'S TOTAL HOURS OF UNPAID CARE WORK.

In India, for example, women with access to a clean cooking-fuel scheme spent 49 minutes less on unpaid care work and 1 hour more on paid work per day.¹⁸ However, while TLSE can make certain care tasks more efficient, it does not necessarily reduce total care hours overall.

IN SHIFTING BEHAVIOURS AROUND CARE WORK, FINDINGS FROM ZIMBABWE, UGANDA AND THE PHILIPPINES SUGGEST THAT WHAT MATTERS MOST IS WHAT PEOPLE THINK OTHER COMMUNITY MEMBERS BELIEVE, RATHER THAN WHAT THEY THINK OTHER COMMUNITY MEMBERS DO.

¹⁹ Women and men were most likely to say that men would do care work in situations where the community considered it acceptable.²⁰

NORMS RELATED TO GENDER-BASED VIOLENCE ARE LINKED TO THOSE THAT REINFORCE GENDERED DIVISIONS OF CARE.

Community sanctions, including harsh criticism for women for 'failing' to care and shaming men for doing care work, can be powerful in maintaining social norms and the gendered division of care work. Findings from Zimbabwe and Uganda show that generally, if gender-based violence was accepted in the community, men tended to do less care work and women to do more.²¹ Significantly, about a third of respondents accepted mocking men for performing care tasks or beating/criticising women for inadequate provision of care.²²

UCDW RESOURCES



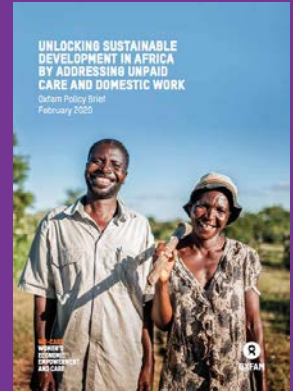
MEASURING AND UNDERSTANDING UCDW: HOUSEHOLD CARE SURVEY. PART A: GUIDANCE FOR PLANNING, IMPLEMENTING AND USING THE HCS



MEASURING AND UNDERSTANDING UCDW: HOUSEHOLD CARE SURVEY. PART B: UNDERSTANDING, ADJUSTING AND USING THE HCS



CARE IN THE TIME OF CORONAVIRUS: WHY CARE WORK NEEDS TO BE AT THE CENTRE OF A POST-COVID-19 FEMINIST FUTURE



UNLOCKING SUSTAINABLE DEVELOPMENT IN AFRICA BY ADDRESSING UNPAID CARE AND DOMESTIC WORK



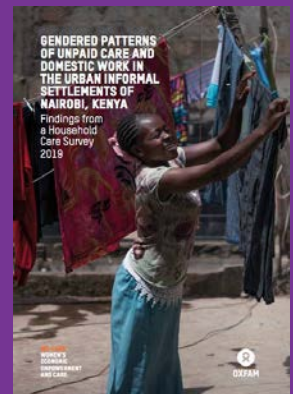
TIME TO CARE: UNPAID AND UNDERPAID CARE WORK AND THE GLOBAL INEQUALITY CRISIS



ADDRESSING UNPAID CARE TO CLOSE THE GENDER GAP IN THE PHILIPPINES AND ZIMBABWE: WE-CARE PROJECT REPORT



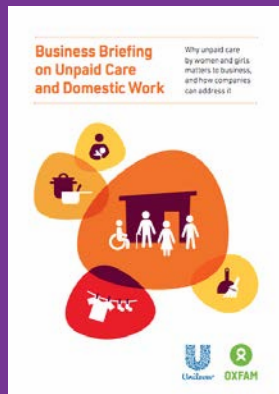
FINDINGS FROM A WE-CARE PROJECT FINAL EVALUATION



GENDERED PATTERNS OF UNPAID CARE AND DOMESTIC WORK IN THE URBAN INFORMAL SETTLEMENTS OF NAIROBI, KENYA



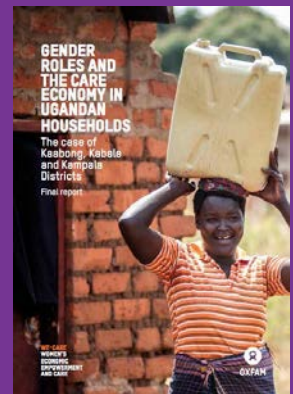
UNDERSTANDING NORMS AROUND THE GENDERED DIVISION OF LABOUR: RESULTS FROM FOCUS GROUP DISCUSSIONS IN THE PHILIPPINES



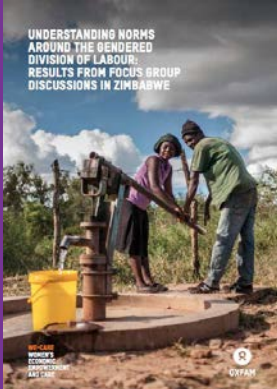
BUSINESS BRIEFING ON UCDW: WHY UNPAID CARE BY WOMEN & GIRLS MATTERS TO BUSINESSES AND HOW COMPANIES CAN ADDRESS IT



MAKING POLICY CARE: A GUIDE TO INFLUENCING ON UNPAID CARE



GENDER ROLES AND THE CARE ECONOMY IN UGANDAN HOUSEHOLDS: THE CASE OF KAABONG, KABALE AND KAMPALA DISTRICTS



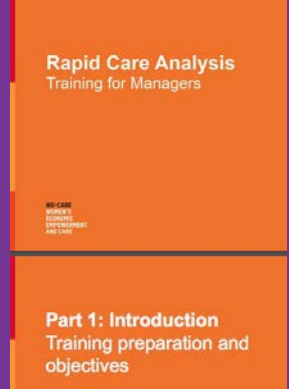
UNDERSTANDING NORMS AROUND THE GENDERED DIVISION OF LABOUR: RESULTS FROM FOCUS GROUP DISCUSSIONS IN ZIMBABWE



MEASURING UNPAID CARE WORK IN HOUSEHOLD SURVEYS



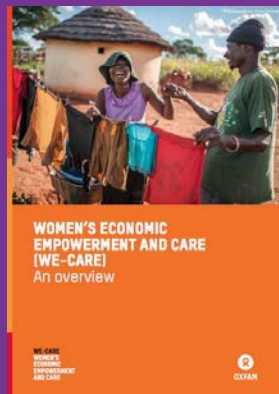
INFRASTRUCTURE AND EQUIPMENT FOR UNPAID CARE WORK: HOUSEHOLD SURVEY FINDINGS FROM THE PHILIPPINES, UGANDA & ZIMBABWE



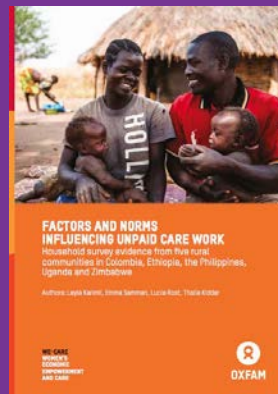
RAPID CARE ANALYSIS TRAINING MODULES



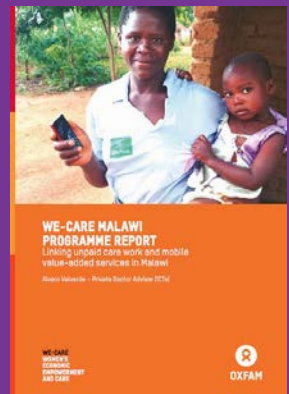
UNPAID CARE: WHY AND HOW TO INVEST (POLICY BRIEFING FOR NATIONAL GOVERNMENTS)



WOMEN'S ECONOMIC EMPOWERMENT AND CARE: AN OVERVIEW 2017



FACTORS AND NORMS INFLUENCING UNPAID CARE WORK: HOUSEHOLD SURVEY EVIDENCE FROM FIVE RURAL COMMUNITIES



WE-CARE MALAWI PROGRAMME REPORT: LINKING UNPAID CARE WORK AND MOBILE VALUE-ADDED SERVICES IN MALAWI



MARKET SYSTEMS APPROACHES TO ENABLING WOMEN'S ECONOMIC EMPOWERMENT THROUGH ADDRESSING UNPAID CARE WORK



WOMEN'S ECONOMIC EMPOWERMENT AND CARE: EVIDENCE FOR INFLUENCING



REDISTRIBUTING CARE WORK FOR GENDER EQUALITY AND JUSTICE: A TRAINING CURRICULUM



OXFAM'S WE-CARE INITIATIVE: AN OVERVIEW 2015

FIND OUT MORE AND GET INVOLVED

For more information about the WE-Care programme, visit www.oxfam.org.uk/care or contact Sarah Hall at SHall2@oxfam.org.uk.

NOTES

¹ L. Rost and S. Koissy-Kpein (2017). Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe. 2017 Household Care Survey. Oxfam. <https://policy-practice.oxfam.org.uk/publications/infrastructure-and-equipment-for-unpaid-care-work-household-survey-findingsfro-620431>

² Ibid.

³ V. Esquivel (2014). What is a transformative approach to care, and why do we need it? *Gender and Development* 22(3). DOI: 10.1080/13552074.2014.963303

⁴ S. Razavi (2007). The Political and Social Economy of Care in a Development Context. Geneva, Switzerland: UNRISD. [https://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/2DBE6A93350A7783C12573240036D5A0/%24file/Razavi-paper.pdf](https://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/2DBE6A93350A7783C12573240036D5A0/%24file/Razavi-paper.pdf)

⁵ The 'Triple R' concept was initiated by economist Diane Elson in: D. Elson (2008) The Three R's of Unpaid Work: Recognition, Reduction and Redistribution, paper presented at the Expert Group Meeting on Unpaid Work, Economic Development and Human Well-Being, UNDP, New York; and expanded on by Oxfam, ActionAid and IDS to include the fourth 'R', representation. Also see: D. Elson (2017). Recognize, reduce, and redistribute unpaid care work: How to close the gender gap. <https://journals.sagepub.com/doi/abs/10.1177/1095796017700135>

⁶ See World Economic Forum: <https://www.weforum.org/projects/closing-the-gender-gap-accelerators>

⁷ This document frequently uses the terms 'we' and 'our' when referring to the WE-Care initiative. These terms incorporate the work led by Oxfam partners and Oxfam.

⁸ Sarah Hall, Mark Vincent Aranas and Andrea Azevedo (2020). Addressing Unpaid Care to Close the Gender Gap in the Philippines and Zimbabwe: The Women's Economic Empowerment and Care Project Report, 2016–2019. Oxfam. <https://policy-practice.oxfam.org.uk/publications/addressing-unpaid-care-to-close-the-gender-gap-in-the-philippines-and-zimbabwe-620933>

⁹ Oxfam (2016). Rapid Care Analysis. <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>

¹⁰ Lucia Rost, Amber Parkes, and Andrea Azevedo (2020). Household Care Survey Toolkit. Forthcoming.

¹¹ Oxfam and Unilever (2019). Business Briefing on Unpaid Care and Domestic Work: Why unpaid care by women and girls matters to business, and how companies can address it. <https://policy-practice.oxfam.org.uk/publications/business-briefing-on-unpaid-care-and-domestic-work-why-unpaid-care-by-women-and-620764>

¹² International Finance Corporation (2019). Tackling Childcare: A Guide for Employer Supported Childcare. <https://www.ifc.org/wps/wcm/connect/da7fbf72-e4d9-4334-955f-671a104877a7/201911-A-guide-for-employer-supported-childcare.pdf?MOD=AJPERES&CVID=mVHadh3>

¹³ Lucy Maina and Elishba Kimani. (2019). Gendered Patterns of Unpaid Care and Domestic Work in the Urban Informal Settlements of Nairobi, Kenya: Findings from a Household Care Survey – 2019. Oxfam. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620910/rr-nairobi-kenya-household-care-survey-191119-en.pdf?sequence=1>; L. Rost and S. Koissy-Kpein (2017). Infrastructure and equipment for unpaid care work. Op. cit.

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¹⁵ L. Rost and A. Parvez (2019). Unpaid Care, Intersectionality and the Power of Public Services: Findings from a meta-analysis of five Household Care Surveys (publication forthcoming)

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Oxfam India (2018). Household Care Survey Findings from India (unpublished).

¹⁹ L. Rost and S. Koissy-Kpein (2017). Infrastructure and equipment for unpaid Care work. Op. cit.

²⁰ Ibid.

²¹ L. Rost and S. Koissy-Kpein (2017). Infrastructure and equipment for unpaid Care work. Op. cit.

²² Ibid.

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