



# PARTICIPATORY METHODOLOGY: RAPID CARE ANALYSIS

## Toolbox of Exercises

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GENDERED ENTERPRISE AND MARKETS PROGRAMME



**OXFAM**

# Contents

<b>SUMMARY</b>	3
Timeframe	3
<b>INTRODUCTION</b> What do we mean by 'care work'?	5
<b>STEP 1</b> Explore relationships of care in the community	6
Focus Group Discussion 1: Understanding care roles and relationships in households	6
<b>STEP 2</b> Identify women's and men's work activities. Estimate average hours per week	7
Focus Group Discussion 2: Average weekly hours spent on different types of work	7
<b>STEP 3</b> Identify gendered patterns in care work, changes in care patterns, and 'most problematic' care activities	16
Focus Group Discussion 3: How care roles are distributed	16
Focus Group Discussion 4: Exploring changes in care patterns	18
Focus Group Discussion 5: Problematic care activities	20
<b>STEP 4</b> Discuss available services and infrastructure. Identify options to reduce and redistribute care work	22
Focus Group Discussion 6: Infrastructure and services that support care work	22
Focus Group Discussion 7: Identifying options to address the problems with care work	24
<b>CONCLUSION</b> Final debrief on the Rapid Care Analysis process with participants	25



# SUMMARY

Oxfam's *Innovations in Care Work Project* proposes a methodology for assessing care work in rural and urban communities, and for discussing options to redistribute and reduce care responsibilities more equitably.

The methodology is composed of two 'companion documents':<sup>1</sup>

- The **Guidance for Managers and Facilitators** provides the background for making adequate and effective use of the Rapid Care Analysis tool, and for making decisions in terms of resources, timeframe, and choice of exercises based on the specific programme objectives and types of outputs required. It should be read before undertaking the exercises in this toolbox.
- This **Toolbox of Exercises** presents a concrete method for implementing Rapid Care Analysis using participatory exercises and focus-group discussions which can be adapted to various contexts and programmes.

The Rapid Care Analysis tool includes four steps, and a total of seven focus-group discussions (FGD):

**Step 1:** Explore relationships of care in the community (FGD 1).

**Step 2:** Identify unpaid and paid work activities performed by women and men. Create an estimate of the number of hours spent on each category of work – including care – by women and men in an average week (FGD 2).

**Step 3:** Document the care activities that women and men undertake at household level and identify how changes in the context affect activities.

Identify which care activities are most problematic for the community, and for women in particular (FGD 3, 4, 5).

**Step 4:** Discuss the support, services, and infrastructure related to care that are available in the community. Identify options for reducing and/or redistributing care work (FGD 6, 7).

The following sections of this **Toolbox** explain each step of the tool, and each focus-group discussion, in detail. In the explanation for each step we include the objective of the session, the process, tips for facilitators and good documentation, and 'probing questions'. More questions are included in the **Guidance for Managers and Facilitators**, which should be read first.

## TIMEFRAME

This toolbox of exercises has been designed to be flexible enough to apply to a range of programme design and assessment needs. For example the tool may be used for:

- 1) A rapid assessment to improve the design of a wider programme. For example the tool can be used to gather evidence to identify practical interventions – especially those which can reduce the time or labour required for daily housework and caring for people, and thus increase women's participation, empowerment, and leadership.
- 2) To begin a longer process of awareness-raising and change for gender justice. In this case it is likely that programme leaders have explicit objectives of gender justice and economic justice, and a more explicit redistributive agenda. The proposed focus-group discussions could be incorporated into longer-term participatory action research processes.<sup>2</sup>

1. Many people were involved in the development of the concept and methodology of the Rapid Care Analysis, especially Caroline Sweetman, Ines Smyth, Jo Rowlands, Kate Raworth, Laura Phelps, Lauren Ravon, Martin Walsh, Nupur Kukrety, Rosa Garwood, and Valeria Esquivel. The discussions around the 'pilot exercises' greatly improved the thinking and important details of the methodology; we appreciate the contributions of Sonali Gunasekera, Hector Ortega, Felipe Ramiro, Jo Villanueva, Norul Amin, Gunel Mehdiyeva, Catrina Pickering, Hugo Sintes, Michele Bruni, Adriana Rodriguez, Roxanne Murrell, Philippa Young, Celeste Molina, Susan Johnson, Sarah Totterdell, Imogen Davies and many others who have supported the process.

2. As an example, ActionAid is developing a methodology with 25 modules to be completed over a few weeks or months, building on an earlier initiative called 'Making Care Visible'. <http://www.actionaid.org/what-we-do/womens-rights/unpaid-care-work>

We estimate that it takes about two full days to carry out the Rapid Care Analysis in full, including all seven FGDs. Below is an example of a schedule for a two-day process:

#### PROPOSED SCHEDULE FOR A TWO-DAY (10 HOURS) RAPID CARE ANALYSIS

DAY 1 (5.5 hours, plus breaks)	
Time	Activity
0:30	Introductions, clarifying objectives, clarifying 'care' in language and context
1:00	Step 1. FGD 1
2:00	Step 2. FGD 2
2:00	Step 3: FGD 3 and FGD 4

DAY 2 (4.5 hours, plus breaks)	
1:00	Step 3 (continued): FGD 5
1:30	Step 4: FGD 6
1:30	Step 4 (continued): FGD 7
0:30	Conclusion, feedback, thanks

The toolbox can also be adapted for use in a situation where the care analysis needs to be conducted in a single day. Below is an example of a one-day Rapid Care Analysis process:

#### PROPOSED SCHEDULE FOR A ONE-DAY (6.5 HOURS) RAPID CARE ANALYSIS

TIME	ACTIVITY
0:30	Introductions, clarifying objectives, clarifying 'care' in language and context
0:45	Step 1. FGD 1
1:30	Step 2. FGD 2
2:00	Step 3: FGD 3 then FGD 5
1:30	Step 4: Focus on FGD 7



# INTRODUCTION

## What do we mean by 'care work'?

### Objective

Introduce the notion of 'care' in a simple way. Create a good working atmosphere.

### Process

- Explain that the purpose of the day is to gain a better understanding of how care for people operates in their community, and to think through options that might exist to reduce difficulties with care work.
- Explain how this analysis can improve the outcomes of other development initiatives, or the specific project that participants are involved in.

- Briefly present the steps of the Rapid Care Analysis tool, and the participatory nature of the tool. Explain that some steps will be undertaken in mixed groups, others in single-sex groups.

### TIPS FOR FACILITATORS

You may want to prepare some simple material (such as photos, pictures, or diagrams) to help participants form an idea of what 'care' means.

During this introductory session it can be helpful to give space for participants to discuss the project they are involved in, and to explore how 'housework and caring for people' fits or conflicts with the project's activities and objectives. Allow plenty of time for questions and answers.

Be prepared to answer questions about what counts as 'care', for example: 'Is going to a community meeting care work?' 'Does providing financial assistance to relatives count as care?' 'What about cooking for a wedding?'

The separate Guidance for Managers and Facilitators offers support with more details on the concept of care and related definitions.



# STEP 1

## Explore relationships of care in the community

### FOCUS-GROUP DISCUSSION 1

#### UNDERSTANDING CARE ROLES AND RELATIONSHIPS IN HOUSEHOLDS

##### Objective

Get participants to reflect on who they care for, who cares for them, and how relations of care build on social roles in the family.

##### Key questions

Who do you care for, on a daily, weekly, or monthly basis? Who in your household cares for you? Who cares for others?

##### Probing questions

Who do you cook for? Do you ever take food to your neighbours? Do you watch over any other children in addition to your own? Who takes care of your children when you are unwell? Do you ever help ill people in other households? To whom do you give moral support?

##### Process

a) Ask participants to draw an **individual diagram** (on an A4 piece of paper) showing a set of concentric circles:

- In the middle, ask each participant to write their name.
- In the first circle, ask the participants to write down who they care for on a daily basis. They should write these as relationships, e.g. 'husband', 'sisters-in-law', 'five children'.
- In the second circle, the participants should write down who they care for on a weekly basis. This can be an estimate, e.g. 'grandmother', 'three neighbours'.
- In the third circle: the participants document who they care for on a monthly basis, e.g. '4-6 children of my siblings/cousins'.

b) Ask everyone to present their diagram to the group.

c) If time permits, do a **collective exercise** (using a similar diagram with concentric circles) to visualise who men care for, and who women care for.

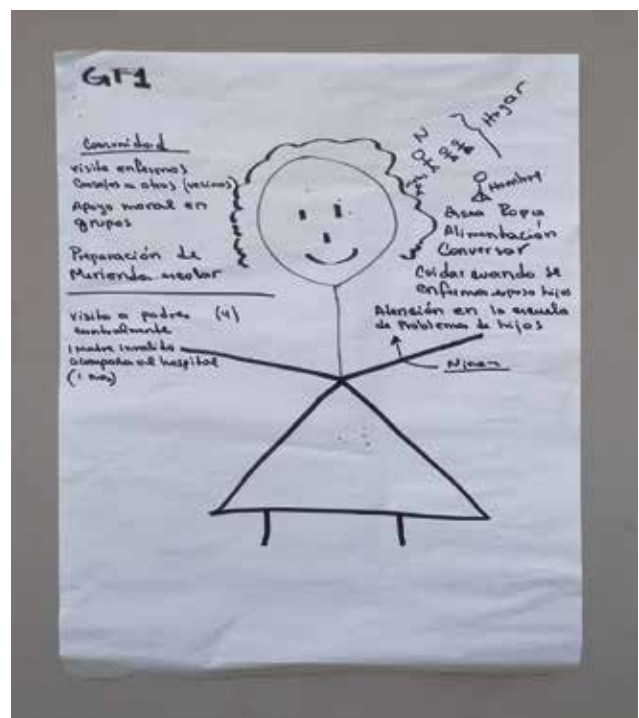
d) Discuss the findings. Compare and contrast responses to relations of care in terms of the age, gender and family status of participants.

##### Rapid analysis for Step 1

Ask participants to reflect on the results. What types of people tend to have more names/relations in the first concentric circles reflecting daily care responsibilities? In the second circles reflecting weekly care responsibilities? Why is this? Is this finding surprising? Why? Why not? Can you think of anyone who receives insufficient care from others?

### TIPS FOR GOOD DOCUMENTATION

Record the exact words of the participants. For example, instead of making notes like 'participants agreed on the importance of family care', write down as much detail about what the participants said as you can. For example: 'R. said, "I cook for my sister-in-law because she has a disability, and she also listens to me and helps me with my baby." L. said, "With my siblings we have agreed to take turns caring for our grandmother, we believe it is important for the elderly not to be isolated. She is much happier because one of us visits every day."'



## STEP 2

### Identify women's and men's work activities Estimate average hours per week

#### FOCUS-GROUP DISCUSSION 2

#### AVERAGE WEEKLY HOURS SPENT ON DIFFERENT TYPES OF WORK

##### Objective

Make visible the total volume of work done by women and by men, and within this, identify the share of care done respectively by women and men.

##### Key questions

Of all the work that people do in this community, estimate how many hours care work represents, on a weekly basis, for women and for men.

#### TIPS FOR FACILITATORS

For the first task, the individual one-day recall, you can keep the group as a single large group. When you get to the second task (making an estimate of hours spent on a weekly basis), you will need to split the group into single-sex groups to ensure that you get gender-disaggregated data. Always keep in mind that the main outcome for Step 2 is a comparison of the total average weekly hours spent by women and men on care, as a proportion of total work hours.

##### Process

Begin with a discussion of the different categories of work that women and men perform. Introduce the following categories:

**1. Work to produce products for sale.** This includes farming crops for market (cash crops) and other business activities (including home-based businesses like making cheese, beedies [cigarettes], etc.);

**2. Paid labour and paid services.** This includes waged work on farms, and other waged work. Especially in urban areas this may be cleaning, repairing, building, washing, or transporting;<sup>3</sup>

**3. Unpaid care work.** This includes the direct care of persons, housework that facilitates the care of persons (in one's own household or for other households), and the collection of water or fuelwood;

**4. Unpaid work producing products for home consumption or for the family.** This includes gardening, rearing animals, making furniture, and subsistence agriculture;







**5. Unpaid community work.** This includes attendance at committees, and community work related to health, education, natural resources, and religious or cultural events;

**6. Non-work.** This includes personal care (bathing, resting), sleep, entertainment and recreation.

Allow time for questions and discussion to ensure that people understand these categories. Put these categories on a flip chart on the wall for everyone to see, and attribute a symbol for each category.

In **Table 1** we have used the following simple symbols, but your group can agree different symbols that are relevant for them.

**TABLE 1: EXAMPLES OF SIMPLE SYMBOLS TO DENOTE DIFFERENT TYPES OF WORK**

Work to produce products for sale	
Paid labour, paid services	
Unpaid care work	
Unpaid work producing products for home consumption	
Unpaid community work	
Non-work	

<sup>3</sup> Travel time to and from work activities should be included as time doing that category of work, for example, travel to a community meeting, to other farms for waged work or to market to sell produce.

Then proceed with the individual one-day recall.

#### a) Individual one-day recall .

**Task 1:** Ask each participant to use **Table 2** to list all the activities they undertook in the day before, hour by hour.

This exercise will be most useful if the 'day before' was a 'regular' day reflecting the participants' usual daily activities. If this is not the case (because it was a market

day or a funeral, for example), adjustments can be made later. Give a short explanation of what 'simultaneous activities' are, with concrete examples.<sup>4</sup> Make sure that participants include simultaneous activities in their description of a typical day. Ask participants to fill in the two activity columns. For each hour of the day, they should write down one main activity, and one or two secondary or simultaneous activities.

**TABLE 2: INDIVIDUAL ONE-DAY RECALL OF DAILY ACTIVITIES (COMPLETED EXAMPLE)**

Time	Main (primary) activity	Symbol	Simultaneous (secondary) activities	Symbol
00:00-01:00	Sleeping			
01:00-02:00	Sleeping			
02:00-03:00	Sleeping			
03:00-04:00	Sleeping			
04:00-05:00	Getting up: praying, bathing, dressing		Putting beans to soak	
05:00-06:00	Preparing breakfast		Vegetable garden: watering garden	
06:00-07:00	Serving breakfast		Children: dressing, school bags	
07:00-08:00	Taking children to school		Talking with neighbours	
08:00-09:00	Fetching water		Helping elderly neighbour with water	
09:00-10:00	Making cheese to sell		Cooking beans and lunch	
10:00-11:00	Ironing for neighbour		Looking after sleeping baby	
11:00-12:00	Ironing for neighbour		Looking after sleeping baby	
12:00-13:00	Collecting children from school		Buying soap and sugar at shop	
13:00-14:00	Serving lunch		Listening to children	
14:00-15:00	Weeding in onion fields (waged work)		Supervising children	
15:00-16:00	Weeding in onion fields (waged work)		Supervising children	
16:00-17:00	Weeding in onion fields (waged work)		Supervising children	
17:00-18:00	Community meeting			
18:00-19:00	Preparing dinner		Supervising children's homework	
19:00-20:00	Serving dinner, eating dinner		Clearing up after dinner	
20:00-21:00	Cheese production: preparing milk		Supervising children getting to bed	
21:00-22:00	Mending clothes		Watching TV	
22:00-23:00	Sleeping			
23:00-24:00	Sleeping			

4. For a definition and explanation of 'simultaneous activities', see 'Guidance for Managers and Facilitators', p.5.

### TIPS FOR FACILITATORS/GOOD DOCUMENTATION

Although many activities are done in one hour, especially at home, ask participants to choose one main activity, and only one or two simultaneous activities for each hour, to limit the complexity of later tasks in this FGD.

Participants will have questions and disagreements about which symbols to place by which activities. It's important to record which issues are most debated. Likewise, do not spend too much time debating: ask participants to come to an agreement 'for now' about categories (this isn't a critical point of the Rapid Care Analysis).

All the outputs should be collected at the end of the exercise.



**Task 2:** Once this is done, ask participants to look at the proposed list of work categories, and to place the appropriate symbol next to each type of activity, as in **Table 3**. Each participant should then count up and record the number of hours of work that were allocated to each category, first for the main activities, and then the simultaneous.

**TABLE 3: ALLOCATING THE WORK CATEGORIES TO ACTIVITIES**

Time	Main (primary) activity	Symbol	Simultaneous (secondary) activities	Symbol
00:00-01:00	Sleeping	✗		
01:00-02:00	Sleeping	✗		
02:00-03:00	Sleeping	✗		
03:00-04:00	Sleeping	✗		
04:00-05:00	Getting up: praying, bathing, dressing	✗	Putting beans to soak	♥
05:00-06:00	Preparing breakfast	♥	Vegetable garden: watering garden	🏠
06:00-07:00	Serving breakfast	♥	Children: dressing, school bags	♥
07:00-08:00	Taking children to school	♥	Talking with neighbours	✗
08:00-09:00	Fetching water	♥	Helping elderly neighbour with water	♥
09:00-10:00	Making cheese to sell	👛	Cooking beans and lunch	♥
10:00-11:00	Ironing for neighbour	👤	Looking after sleeping baby	♥
11:00-12:00	Ironing for neighbour	👤	Looking after sleeping baby	♥
12:00-13:00	Collecting children from school	♥	Buying soap and sugar at shop	♥
13:00-14:00	Serving lunch	♥	Listening to children	♥
14:00-15:00	Weeding in onion fields (waged work)	👤	Supervising children	♥
15:00-16:00	Weeding in onion fields (waged work)	👤	Supervising children	♥
16:00-17:00	Weeding in onion fields (waged work)	👤	Supervising children	♥
17:00-18:00	Community meeting	👥		
18:00-19:00	Preparing dinner	♥	Supervising children's homework	♥
19:00-20:00	Serving dinner, eating dinner	♥	Clearing up after dinner	♥
20:00-21:00	Cheese production: preparing milk	👛	Supervising children getting to bed	♥
21:00-22:00	Mending clothes	♥	Watching TV	✗
22:00-23:00	Sleeping	✗		
23:00-24:00	Sleeping	✗		



**b) Estimating the number of hours worked on a weekly basis and the number of hours spent on unpaid care work.**

Split the group into one group of men and one group of women (you will need two facilitators, one for each group). The output for this exercise is illustrated in **Table 4**.

Here is an example of a process for how to do this, although you may prefer to design your own process. On a large piece of paper, the group should record information, with a separate piece of paper for the women's group and the men's group.

**Task 1:**

Ask individuals to look at the totals of hours they have in each category of work, either as a primary

or secondary activity for a single day. At this stage, drop the non-work category and focus on the five categories of paid and unpaid work.

The managers/facilitators should decide whether there will only be one line per category or more than one line depending on which activities are of most interest or concern to the community. The example below includes more than one line in the category of unpaid care work to highlight fuel and water collection.

One individual's 'daily totals' can be presented to the whole group as an example (see below). Record the information coming from the individual one-day recall. The first column will sum the total number of hours dedicated to main work activities in the day, while the second column records the total hours of simultaneous work activities.

**TABLE 4 TASK 1: TOTAL HOURS FOR YESTERDAY BY CATEGORY OF WORK TIME (EXAMPLE)**

[Example of group of 6 women] Categories of work/activities	Example of one participant's daily totals		Yesterday's main activities x 7 days: All participants	Estimated weekly hours of work for women	
	Main	Simultaneous		Main	Simultaneous
1. <b>Products for sale</b>	1	1	7, 7, 14, 28, 28, 35	17 (usually 2-3 hours per day)	2
2. <b>Paid labour and paid services</b> including agricultural waged work	4		0, 0, 7, 14, 28, 35	12 (most women)	
3. <b>Unpaid care work</b> a) Care of people and housework	5	6	7,14,28, 35, 35, 42	30 (school collection is only 5 days per week)	35
b) Fuel collection	1		0, 7, 7,7, 7, 14	5 (children collect fuel some days)	
c) water collection	1		0, 7,7,7,14,14,	7 (every day)	
4. Unpaid production of <b>products for home consumption</b>	0		0, 7, 14, 14, 14, 21	11 (usually 1-2 hours per day)	
5. <b>Unpaid community work</b>	1		0, 7, 7,7,7,14	5	
<b>TOTALS</b>	<b>13</b>	<b>7</b>	----	<b>87</b>	<b>37</b>

**Task 2:**

Ask each individual to multiply her/his own daily totals by seven, and write her/his answers in the second column. The group will then see a range of how many hours women and men in the community typically spend on each category of work.

**TIPS FOR GOOD DOCUMENTATION**

It helps to include explanations, such as ‘the lower number is typical of young women, while the higher end of the range applies to women with many children’ or ‘two women have waged work jobs, others work on family farms’.

**TABLE 4 TASK 2: TOTAL HOURS FOR YESTERDAY BY CATEGORY OF WORK TIME (EXAMPLE)**

[Example of group of 6 women] Categories of work/activities	Example of one participant's daily totals		Yesterday's main activities x 7 days: All participants	Estimated weekly hours of work for women	
	Main	Simultaneous		Main	Simultaneous
1. Products for sale	1	1	7, 7, 14, 28, 28, 35	17 (usually 2-3 hours per day)	2
2. Paid labour and paid services including agricultural waged work	4		0, 0, 7, 14, 28, 35	12 (most women)	
3. Unpaid care work a) Care of people and housework	5	6	7,14,28, 35, 35, 42	30 (school collection is only 5 days per week)	35
b) Fuel collection	1		0, 7, 7,7, 7, 14	5 (children collect fuel some days)	
c) water collection	1		0, 7,7,7,14,14,	7 (every day)	
4. Unpaid production of products for home consumption	0		0, 7, 14, 14, 14, 21	11 (usually 1-2 hours per day)	
5. Unpaid community work	1		0, 7, 7,7,7,14	5	
<b>TOTALS</b>	<b>13</b>	<b>7</b>	<b>----</b>	<b>87</b>	<b>37</b>

**Task 3:**

Then the group should reach an estimate of how much time is spent, on a weekly basis, for each category of work by women and men. This estimate will probably be in the middle of the range, and may take into consideration whether or not the one-day recall was a typical day for some activities, and modify the numbers accordingly. For example, if community reforestation work happens weekly on a Saturday, or if yesterday was clothes-washing day, but clothes washing only takes place on three days in the week. Both men's and women's groups will include the category of unpaid care.

Ask participants to express this estimate as an average across households. This requires skilled facilitation (getting participants to reflect beyond their individual situation on the average number of hours spent on different categories of work, without getting lost in details). Have one of the facilitators draw up a

table summarising the estimates for each category and putting it up on the wall for everyone to see and agree on (see **Table 4**).

**Note:** There may be important differences between households, and between women depending on their family situation or their stage in the lifecycle. It can be worthwhile to record some of these differences. If you decide it is important to gather disaggregated information in relation to these differences, you could consider forming sub-groups of women, for example 'married women with young children', 'married women with grown-up children', 'single mothers', 'older women with grandchildren', 'first wives', 'second wives' (in polygamous cultures), and so on. Whatever option you adopt, try to keep steering the discussion towards an estimate of the number of hours spent undertaking each of the main work categories by women and men.

**TABLE 4 TASK 3: TOTAL HOURS FOR YESTERDAY BY CATEGORY OF WORK TIME (EXAMPLE)**

[Example of group of 6 women] Categories of work/activities	Example of one participant's daily totals		Yesterday's main activities x 7 days: All participants	Estimated weekly hours of work for women	
	Main	Simultaneous		Main	Simultaneous
1. Products for sale	1	1	7, 7, 14, 28, 28, 35	17 (usually 2-3 hours per day)	2
2. Paid labour and paid services including agricultural waged work	4		0, 0, 7, 14, 28, 35	12 (most women)	
3. Unpaid care work a) Care of people and housework	5	6	7,14,28, 35, 35, 42	30 (school collection is only 5 days per week)	35
b) Fuel collection	1		0, 7, 7,7, 7, 14	5 (children collect fuel some days)	
c) water collection	1		0, 7,7,7,14,14,	7 (every day)	
4. Unpaid production of products for home consumption	0		0, 7, 14, 14, 14, 21	11 (usually 1-2 hours per day)	
5. Unpaid community work	1		0, 7, 7,7,7,14	5	
<b>TOTALS</b>	<b>13</b>	<b>7</b>	<b>----</b>	<b>87</b>	<b>37</b>

### c) Using a petal diagram to make a visual representation of care work relative to other types of work.

Using the averages obtained from the exercise above, ask a participant to draw large circles in the shape of a **petal diagram** (see **Figure 1** below). The circles represent the different categories of work. Try to group the activities into 'paid' and 'unpaid' categories (and sub-categories). The group could adjust the size of the circles to represent the proportional weight of the different categories of activities. By weighting the circles according to the importance of different categories, the differences in the share of time spent on care work by men and women should stand out visually.

#### Rapid analysis for Step 2

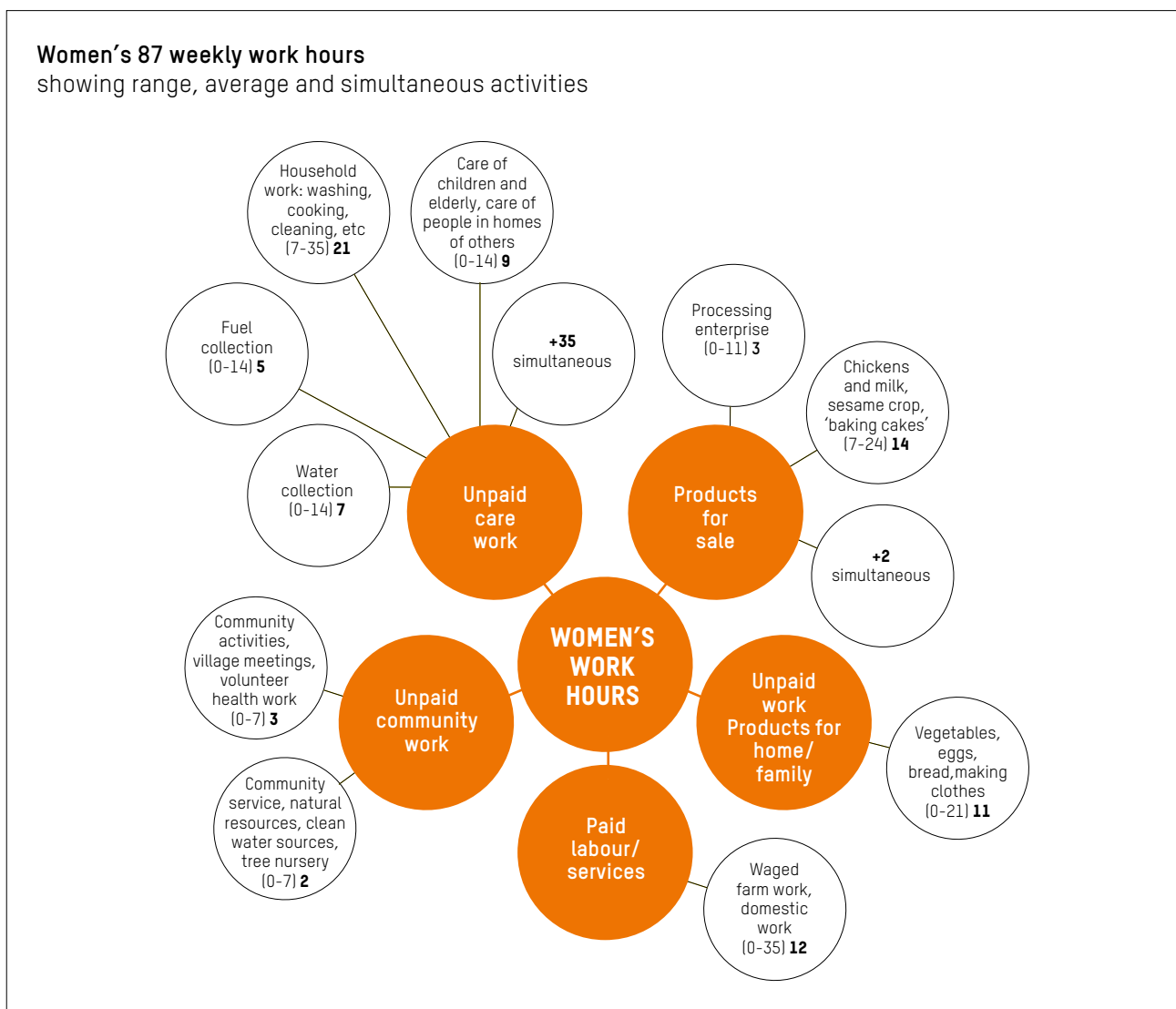
This step should start some degree of reflection around the differences in what men and women do. Ask participants reflective and analytical questions such as:

- What striking differences stand out between what men do and what women do?
- If women are found to be doing more care work than men: Were you aware that this was the case? To this extent? What are the consequences in terms of women's time?
- Could you imagine a scenario where women would do less care work, or more paid work? More community work? More political work at community level?
- Can you think of cases or families where this happens? Is that beneficial to the family? To the community?
- Are women doing more simultaneous activities than men? Which ones?

#### Transition to Step 3

Having understood and discussed the different types of work and activities that people engage in, make it clear that the rest of the discussions and exercises will focus only on care work.

**FIGURE 1: PETAL DIAGRAM SHOWING MORE COMPLEX DISAGGREGATION OF CATEGORIES**



## STEP 3

### Identify gendered patterns in care work, changes in care patterns, and 'most problematic' care activities

This step consists of three focus-group discussions. FGD 3 explores care work in more detail, and seeks to uncover patterns and responsibilities in care work, by gender and age. It asks, who is responsible for what aspects of care work?

FGD 4 is a discussion around factors that affect care work (external factors like seasons, economic or environmental shocks, but also internal factors like pregnancy, old age, illnesses, etc.). FGD 5 aims to identify the most 'problematic' care work (based on parameters agreed with participants).

#### FOCUS-GROUP DISCUSSION 3 HOW CARE ROLES ARE DISTRIBUTED

##### Objective

Explore the distribution of care roles at household level.

##### Key questions

What care activities are performed at household level in your community? What categories of people are involved in doing care work in your community?

##### Process

a) The facilitator starts the discussion by presenting the universal categories of care, referring to activities discussed in FGD 2. These can be presented as drawings or images which have been prepared in advance, or as a list, depending on the levels of literacy in the group. The 'universal' care categories are: meals, clean clothes, personal care (bathing, dressing, feeding), clean living space, moral support (talking and listening), nursing ill people. Ask what other forms of care take place in this community (special care for disabled persons etc.) ?

b) Once this list is complete, ask participants to look at their one-day recall, and to put detailed activities under the universal categories. You can facilitate this process by asking prompting questions such as: What does 'preparing meals' involve? What does 'caring for children' entail? What about 'cleaning the house'? This should generate a more detailed list of activities. One facilitator should start organising the categories, and placing them in an orderly manner in the matrix (see **Ranking Matrix 1** below).

#### TIPS FOR FACILITATORS

It is important that you focus on the categories of care that are most relevant to your programme. For example, if your programme focuses on resilience and adaptation to climate change, you should focus on time spent gathering water and fuelwood. If you are operating in a situation where HIV is endemic, 'caring for ill people' may be an important category to focus on. Doing this will enable you to get a deeper understanding of what these categories involve for different people, and how your programme may need to address emerging issues or concerns. Likewise, you can guide the group to focus less on those activities which are less relevant to your programme.<sup>5</sup> See Tables 1 and 2 in the *Guidance for Managers and Facilitators* for more details.

c) Ask participants to reflect on who does what care work. Steer the discussion towards at least six social categories (there may be more): girls, boys, women, men, older women, older men. A gender justice programme may want to focus on the role of girls, asking many questions about what work girls do, how much time and energy is required, at what time of the day girls have most care-related demands, and how care work affects their access to education, leisure, paid work, etc.

#### Probing questions

Do girls help with cooking? Washing the clothes? Do boys ever go to collect water? Who takes care of family members who are ill? Who provides moral support in crisis situations?

Then create one column for each social group on the ranking matrix. You can use a picture to represent the different categories (a picture of a girl, a boy, etc.).

5. These might include lack of mobility due to childcare performed as a simultaneous or secondary activity; difficulty in accessing water at a particular time of the year; or unequal distribution of unpaid community work within the household, for example.

d) Ask participants to fill the matrix by estimating the number of hours spent on each task, on a weekly basis.

For example:

3 dots = more than 10 hours per week;

2 dots = 5-10 hours per week;

1 dot = less than 5 hours per week;

no dots = never.

This exercise should provide you and the group with a detailed gender analysis of care activities. You can also add up the number of dots at the bottom of each column. This provides a visual representation of how care work is distributed within the household and community.

To simplify the exercise, instead of working with number of hours, you could opt for assessing the frequency of care work performed by different categories of people.

For example:

3 dots = daily;

2 dots = sometimes/once a week;

1 dot = rarely/once a month;

no dots = never.

#### TIPS FOR FACILITATORS/ GOOD DOCUMENTATION

This ranking exercise should be done collectively, and the figures placed in the matrix should be the outcome of a consensual decision made by all (or most) participants. You may need to play an active role in facilitating this process to ensure that it remains collective and participatory.

Try to record key elements from this discussion. Keep track of disagreements or contradictions, as these often reveal differences in social or economic status, age differences, marital status differences, and so on.

#### RANKING MATRIX 1: DETAILED GENDER ANALYSIS OF CARE ACTIVITIES (EXAMPLE)

Care activities	Sub-categories of care activities	(symbol for) woman	(symbol for) man	(symbol for) girl	(symbol for) boy	(symbol for) older woman	(symbol for) older man
Preparing meals	Collecting fuelwood	•		•••	••	•••	••
	Pounding grain	•••		••			
	Washing the dishes	•••		•••	•	•••	•••
Taking care of sick people (in the family)	Staying home	•••					
	Buying medicine		•••				
	Cooking special food	•••					
Cleaning the house	Taking out the garbage			•	•••		
	Sweeping the floor			•••		•••	•
	Cleaning the backyard		•••		•		••



#### **FOCUS-GROUP DISCUSSION 4**

##### **EXPLORING CHANGES IN CARE PATTERNS**

###### **Objective**

Understand fluctuations and changes in patterns of providing care.

###### **Key questions**

What factors lead to fluctuations in patterns of care?  
How have care activities changed?

###### **Process**

Depending on your local context, and the objectives set by managers for the care analysis (see Guidance for Managers and Facilitators), choose to probe into one or two the following areas:

**Can you identify seasonal patterns of care?** Are there times of the year when meeting care responsibilities is more difficult? Why is this? This might be especially relevant in the context of disaster risk reduction and resilience (DRR) programmes.

**How do migration patterns in your region affect care work at household level?** Look at seasonal labour migration, and/or long-term migrations of men or women out of communities. This may be relevant in a context of recurrent displacement, or where environmental shocks have forced people to adopt migration strategies.

**How is displacement affecting the way in which care is provided in your community?** Find out whether displacement of families happened in the past or is continuing to happen, and how this has affected/ is affecting care activities for different categories of households.

**How do people cope with care responsibilities in times of crisis (drought, flood, conflict)?** Find out details about how care gets redistributed, which social groups end up taking on more care responsibilities (e.g. older women, young girls, young boys), and the social, economic, nutritional, or other repercussions this may have.

**Can you identify a particular policy (national or local) that has had significant repercussions in terms of how care roles are distributed?** Changes in food prices, new health care services, or the closure of a school will impact care responsibilities. You may want to look

at how care roles have been addressed in the context of a successful programme on women's political participation, for instance. Or, if you are planning a programme on women's political empowerment, how would you consider gendered care roles from the outset? What element of care would most critically need to be re-considered?

**How does a woman's lifecycle affect her care responsibilities?** How do young women cope with additional care work linked to taking care of infants? If your enterprise development programme is targeting young women, you would need to understand care responsibilities linked to this particular age group.

In order to look at changes in care provisioning before and after displacement, for instance, you could design an exercise to look at the different factors having an impact (positive or negative) on the volume and quality of care work (**see Table 5**).

**TABLE 5: CHANGES IN FACTORS AFFECTING CARE BEFORE AND AFTER DISPLACEMENT (EXAMPLE)**

Factors affecting care provision	Before displacement (in village)		After displacement (in settlement)	
	Positive	Negative	Positive	Negative
Personal security	Neighbours watched children	Risks (especially for women)	More secure environment	Don't know/trust neighbours with children
Electricity/gas	No fee	Very erratic access to electricity	Access to electricity Lights help women's housework and studying in the evenings	A monthly fee has to be paid
Water		Long walk and queues to access water	Water taps close by	
Food shopping	Many small shops and easy access to markets		Free food distribution for poorest households	Long hours queuing for food Long distance to cheaper markets
Childcare services	Strong social support networks	No organised services	Access to state-provided childcare services	Expensive childcare services Less reliable social network, no relatives

To understand seasonal patterns of care, propose the following exercise:

Ask participants to draw a ‘seasonal calendar of care’, either as a large circle, or using a month-by-month representation of the changing volume of care for different care categories (see **Figure 2**). For example, the water collection activity may double in volume during the dry season, as people have to go further to find water sources, while dependent care may fluctuate depending on the school calendar and illness.

You may also wish to design an exercise on ‘changing care responsibilities in a woman’s lifecycle’ to explore fluctuations in care responsibilities associated with pregnancies, being a young mother, illnesses, old age, and so on.

**FOCUS-GROUP DISCUSSION 5  
PROBLEMATIC CARE ACTIVITIES**

**Objective**

Identify the care activities that are most problematic for the community and for women

**Key questions**

What issues about care in this community are you most concerned about? Of all the care responsibilities that women face in this community, which are the most challenging, and why?

**Process**

Divide the group into women and men. The men’s group could discuss ‘What’s problematic for the whole community?’, including the problems that arise because certain groups receive inadequate care

(e.g. elderly people). Then ask the men, ‘What’s most problematic for women?’, and why they think certain activities are problematic for women.

With the women, start a discussion on the difficulties women face as a result of the care work they do (either in general terms, or with reference to a particular Oxfam project they are involved in). You can add a column at the end of **Ranking Matrix 1** prepared under FGD 3 above, and define a quick way of identifying the most challenging tasks. (You could allocate three dots for the most challenging, two dots for manageable, and one dot for ‘simple’ care work. Or you could number all care work, going from the most challenging to the least challenging.)

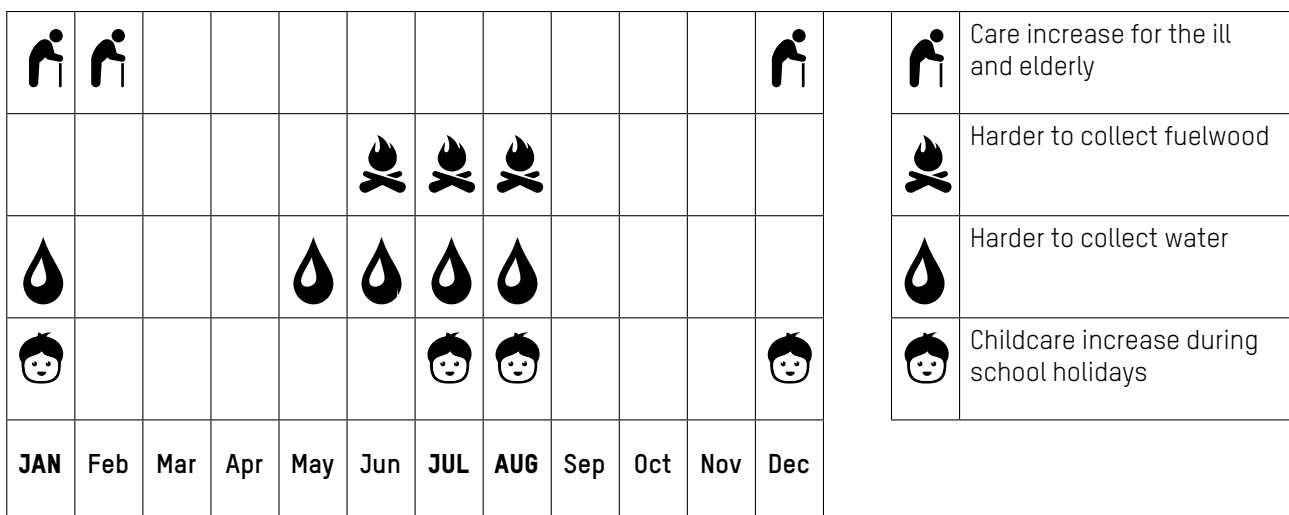
**Probing questions**

What takes too much time? Which tasks in your day do you not feel good about, put off, or resent (in contrast with tasks you enjoy more)? What element of care is most difficult to manage on a daily basis? What are the main issues and problems? The amount of time spent doing care work? The restriction on mobility associated with specific tasks (like caring for children, sick people, or the elderly)? Some element of physical or mental discomfort? The inability to attend community meetings as these are held when you are busy with care work?

**Ranking exercise**

(See **Ranking Matrix 2** below): Go back to the three or four most challenging care activities. Draw up a matrix with these on the vertical axis, and the issues associated with care work on the horizontal axis. You may want to begin with issues such as time, mobility,

**FIGURE 2: SEASONAL CALENDAR OF EXTRA BURDEN CARE ACTIVITIES (EXAMPLE)**



**RANKING MATRIX 2: COMPARATIVE ANALYSIS OF THE 'BURDEN' OF CARE ON WOMEN (EXAMPLE)**

	Time burden	Restriction on mobility	Adverse impact on health of carer
Preparing meals (includes fuelwood collection)	●●●	●●	●●●
Providing moral support	●	●	●
Keeping the house clean	●●	●	●
Taking care of sick people	●●●	●●●	●

or impact on health, and ask participants to identify other issues causing difficulties or making care roles complex to manage (e.g. 'not enough time to care for elderly people', 'smoke coming from fire creating problems for children', etc.). Then ask participants to do the ranking as shown in the example below. This will give a detailed picture of what women see as problematic in their care roles.

**TIPS FOR FACILITATORS**

Ask a lot of 'why' questions: Why is meal preparation so time-consuming? Is this true for all households or only for some? (You may find out that better-off households buy ready-made items or hire a cook either occasionally or regularly, which reduces the burden of meal preparation.) What activities most limit your movements? You may find out valuable details (e.g. the preparation of meals is time-consuming because pounding of millet is done by hand; collecting firewood prevents girls from going to school, etc.).

Try to bear in mind that issues with particular care activities may arise not from the primary activity, but from the simultaneous or secondary activity. For instance, doing meal preparation and ironing for a neighbour may not truly limit a woman's movement, but it is the secondary or simultaneous activity, such as taking care of a very young child, that makes cooking and ironing hazardous or difficult, restricts mobility, and makes doing paid work very burdensome.

**Rapid analysis for Step 3**

Discuss the key findings from this step. Who in the family is responsible (or has become responsible) for care work? Is there an equitable sharing of responsibilities between women and men? In what ways has housework allocation become less or more equitable between men and women, and between girls and boys? If it has not, why not? What are the consequences girls have to face for spending more time than their brothers helping their mothers around the house? What care activities are most problematic for women and why? What main concerns are emerging? What external factor stands out as most critical in the particular context you are in? Has anything been done to remedy this? Has Oxfam tried to tackle the issue? How?

## STEP 4

Discuss available services and infrastructure

Identify options to reduce and redistribute care work

This step consists of two focus-group discussions: one for looking at the infrastructure and services that support care work in the community, and the other to think through options for interventions to address problematic aspects of care work.

### FOCUS-GROUP DISCUSSION 6 INFRASTRUCTURE AND SERVICES THAT SUPPORT CARE WORK

#### Objective

Identify different categories of infrastructure and services that support care work.

#### Key questions

What support, what infrastructure, and what services help your work in caring for people or your housework?

#### Probing questions

Where do you access water for cooking and washing? Where do you leave your young children when you do paid work, family enterprise, or farm work? Are there any local organisations providing services for women? Does anyone pay for childcare services in your community? Do local enterprises provide paid sick leave, or maternity leave? Are there government workers who provide support or equipment for caring for elderly, disabled, or ill family members?

#### Process

Community mapping (**Figure 4**). First, present the care 'diamond' (**Figure 3**). This should be prepared by facilitators in advance.

The care diamond shows the four categories of actors which can provide care support, infrastructure, and services: 1. Households/family; 2. Markets/employers; 3. State/municipality; 4. NGOs/religious organisations/community groups. This tool will serve to broaden the scope of the discussion on care beyond the household, now looking at other local and institutional actors.

Then proceed with the following exercise.

a) Ask participants to draw a few important landmarks from the places where they live and work. The landmarks

FIGURE 3: CARE 'DIAMOND': HOW EACH SOCIETY PROVIDES CARE

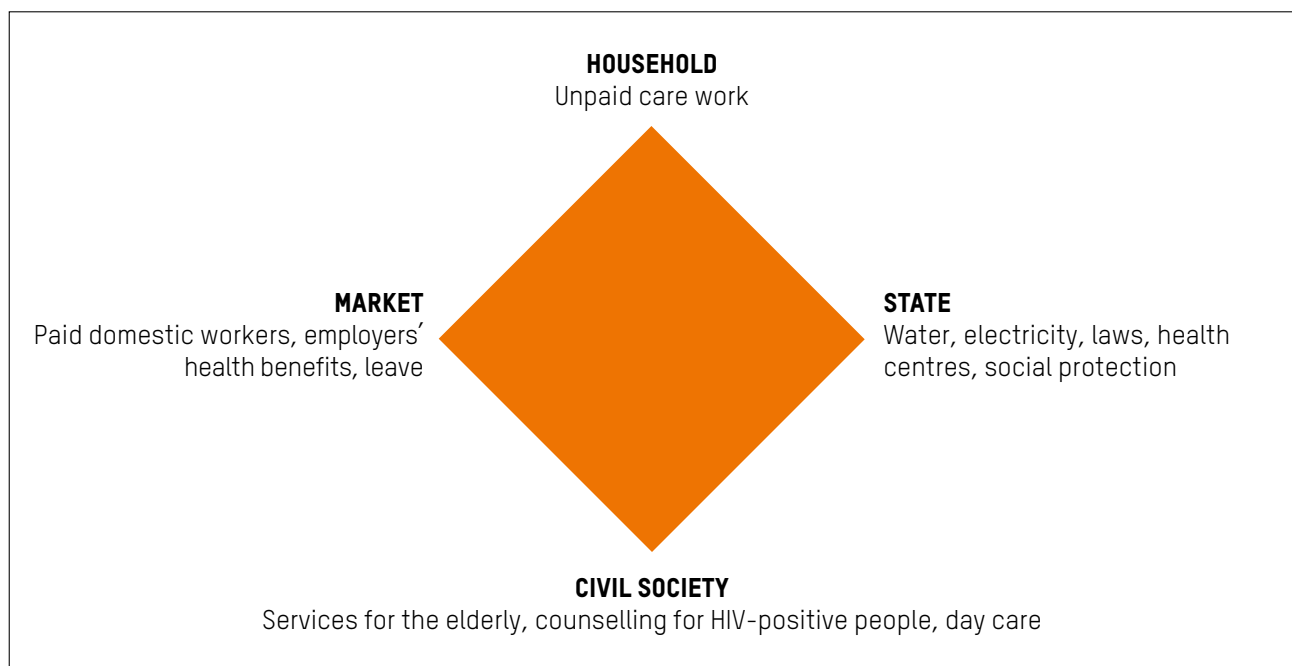
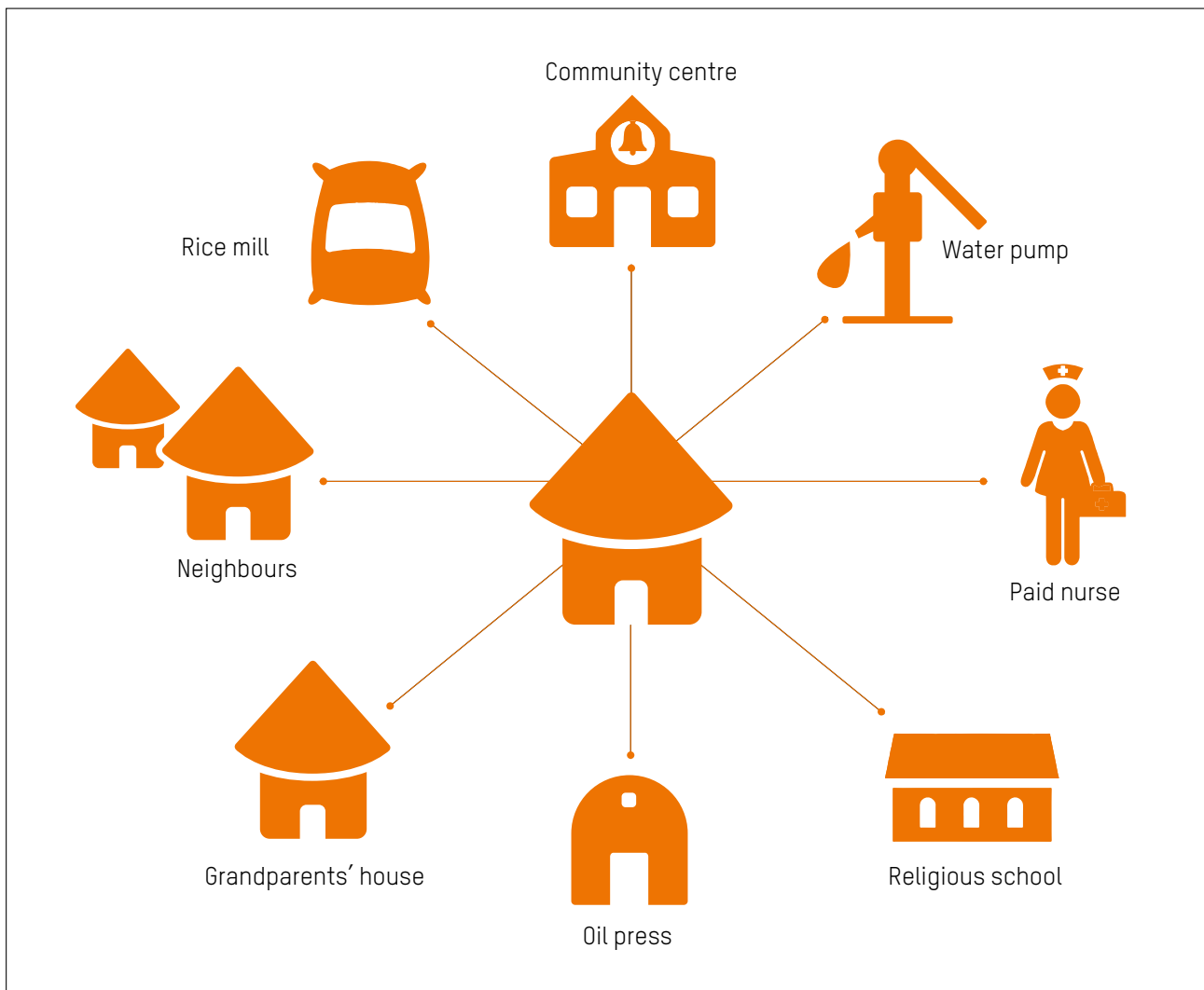


FIGURE 4: COMMUNITY MAP OF CARE SERVICES AND INFRASTRUCTURE



should cover a large circle. Then ask them to represent all the places that people go to in order to do the caring they need to do: water sources, the clinic or hospital, the school or nursery, sources of fuel, transport to reach state services, the grain grinding machine, the oil press, grandparents' house, the counsellor for HIV-positive people, shops to buy food or cleaning supplies, paid services to wash/iron clothes. You can use a different colour for each care category.

b) Draw a second outer circle, larger than the first, and ask participants to represent the services that are not visible in the community, but do exist (in green colour). This may include services provided by the community (for example by religious organisations, NGOs, or the elders' council); by the municipality or state (e.g. subsidies/social protection, old age pensions) or by the market (e.g. small businesses selling prepared food or laundering clothes; employers that pay for childcare, health or maternity benefits).

c) Draw a third outer circle (larger than the previous one) and ask participants to reflect on what they 'wish to have' to complement or improve what already exists (these should be written out in red). This may include new services or infrastructure, but also more efficient equipment, social innovations systems, more user-friendly services, and so on.

#### TIPS FOR FACILITATORS

Making a community map often requires up to 2 or 2.5 hours. It is best to do it where you have a relatively large number of participants (more than 12). Try to identify people within the group who are good at drawing, listening, or synthesising information, and rely on them for eliciting information from the group, and for producing the map.

## FOCUS-GROUP DISCUSSION 7

### IDENTIFYING OPTIONS TO ADDRESS THE PROBLEMS WITH CARE WORK

#### Objective

Identify and rank options to address problems with the current patterns of care work, and especially to reduce difficulties for women around care work.

#### Key questions

What options exist for reducing difficulties and redistributing care work? How can care work be redistributed within households or redistributed from families to state or other providers?

#### Process

Use the outputs from FGDs 4, 5, and 6.

#### a) Generate a discussion on options for reducing and redistributing care work.

#### Probing questions

- What forms of social innovations (labour-sharing, support for childcare) and technological innovations (pounding mills, washing machines) could be developed or strengthened in order to reduce the time or labour that care work requires of individual women? Try to make a list.
- How can care work be re-distributed within the household, between men and women, between boys and girls, or between different generations?

- What additional resources, institutions, services, or subsidies can be mobilised to reduce the difficulties and costs of care work done at household level? Use the community map or the care diamond to inquire about the appropriateness and efficiency of existing services and infrastructure.

- Which officials and institutions (governments, companies, trade associations, NGOs, religious organisations) could be called on to make decisions to support or invest resources to reduce/redistribute care work?

#### b) Rank these options according to the perceived benefits attached to each option.

Start discussing criteria for ranking the options identified above.

What constitutes a 'good option' for different participants? Discuss possible criteria (see the first column in **Ranking Matrix 3** below for ideas to start off the discussion). Allow participants to come up with additional criteria.

Once criteria have been established, prepare a ranking matrix and ask participants to fill it in.

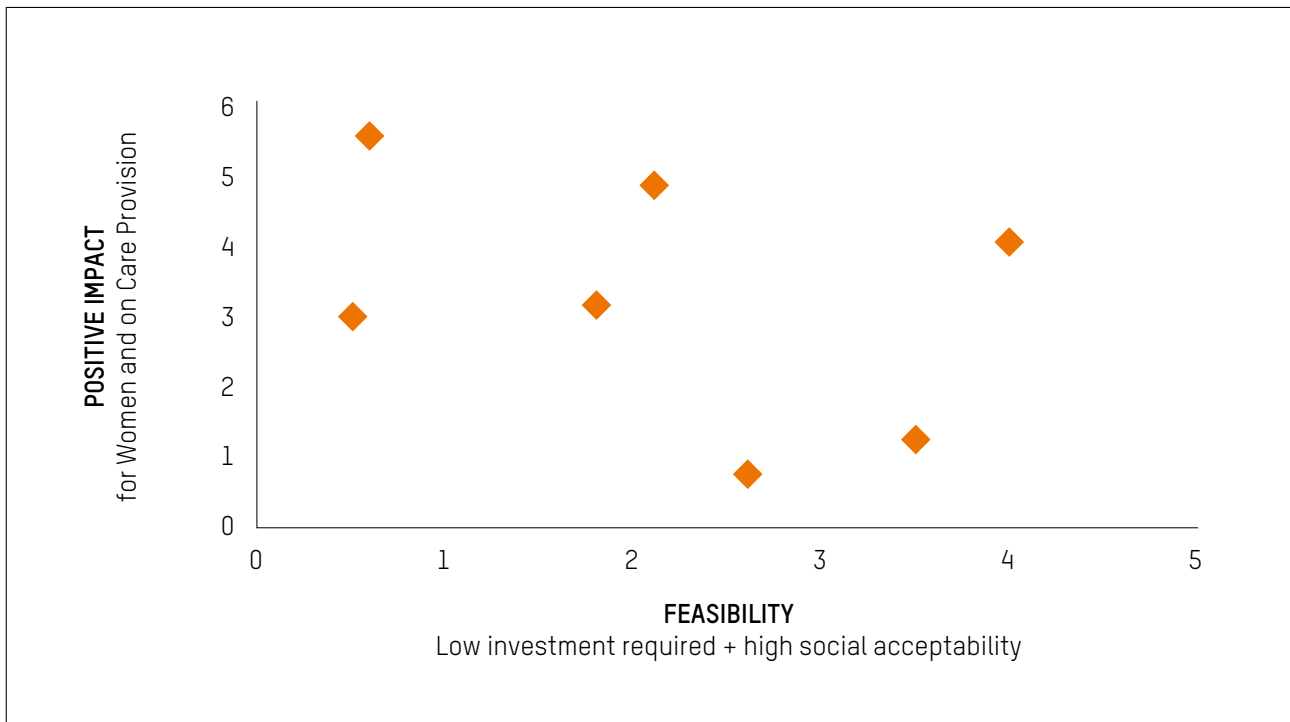
#### TIPS FOR FACILITATORS

If you find that you lack time to do a fully-fledged ranking matrix, you could use an alternative method (see **Figure 5** below).

### RANKING MATRIX 3: RANKING DIFFERENT OPTIONS FOR REDUCING AND REDISTRIBUTING CARE (EXAMPLE)

	Improved equipment for preparing and processing food (rice mill, bakery, food storage)	Improving water infrastructure for cooking/washing (water pumps for local laundries)	Association/religious group offers space for childcare (hiring a few women)	Getting boys to share tasks with girls (fuelwood collection, cleaning, etc.)
Level of investment required?	Medium	High	Low	Low
Relies on other people's 'goodwill'?	Yes	Government support required	No	No
Can be done without external support?	Yes	No	Yes	Yes
Level of social acceptability?	Medium	High	High	Low (challenges gender norms)
Amount of time freed for women?	Medium	High	High	Low
Free or paid service?	Free/Paid	Free	Paid	Free

**FIGURE 5: PLOTTING THE POTENTIAL IMPACT OF A CARE-RELATED INTERVENTION IN RELATION TO ITS FEASIBILITY**



Ask participants to rank the change options identified by only two general criteria: the positive impact this change would generate, and the feasibility of implementing the change. Be sure to agree what the scores mean, for example, that high feasibility means the proposed change requires low investment and has high social acceptability. A simple graph, or stones placed on option names, will identify the options that combine high feasibility with high impact. In **Figure 5**, the option ranked 4 for impact and 4 for feasibility would be the highest priority. The options ranking 5 and 6 for impact could offer ideas for a longer-term project.

#### Rapid analysis for Step 4

What is emerging from this step? Are men willing to re-consider their own role in providing care? Are gender norms fixed, or do we observe some flexibility? What levers can women use to provoke change in their own households? What categories of women (such as older or educated women) might be most influential? What sort of demands could be formulated at community level and by whom? Would men in this community support a clearly articulated demand for more public investment in care-related infrastructure (such as electric mills or daycare centres)? Where are the main blocks, and where do we see substantial scope for change in redistributing care work?

# CONCLUSION

## Final debrief on the Rapid Care Analysis process with participants

### Key questions

Which steps did you most enjoy? Did you find it difficult to take part in this process? Have you learnt anything? Has this process changed the way you look at care? Has it changed the way you see the gendered division of labour? Do you think something should be done

about this? If so, what do you propose? Can you think of what could be done in your daily lives? Do you think that the local authorities would be willing to help with providing better infrastructure to support care roles in families? How will the group follow up on this conversation, or carry the results of these discussions to other groups, organisations, or committees?

### Photos: Toolbox of exercises

Page 1: Abbie Trayler-Smith  
 Page 2: Gilvan Barretto  
 Page 5: David Levene  
 Page 6: Andy Hall  
 Page 10: Abbie Trayler-Smith  
 Page 12: Aubrey Wade  
 Page 19: Timothy Allen  
 Page 27: David Levene  
 Page 28: Abbie Trayler-Smith

### Photos: Guidance for managers and facilitators

Page 1: Gilvan Barretto  
 Page 2: Abbie Trayler-Smith  
 Page 4: Kieran Doherty  
 Page 10: Aubrey Wade  
 Page 12: Karen Robinson







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