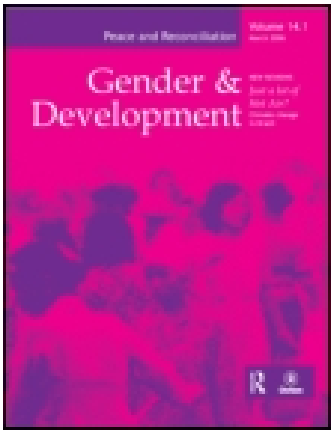

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Not 'women's burden': how washing clothes and grinding corn became issues of social justice and development

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Not 'women's burden': how washing clothes and grinding corn became issues of social justice and development

Thalia Kidder, Zahria Mapandi and Hector Ortega

Women's heavy and unequal responsibilities for care, long considered ordinary or insignificant by development workers as well as the wider public, are being reframed as issues of social justice through new methodologies for communities to analyse care work and advocate for change. Oxfam and local partners in the Philippines, Honduras, and Bangladesh are piloting two approaches. The first, Rapid Care-Analysis, uses focus groups to assess the local provision of care, identify problems, and propose solutions, reframing care as a compelling issue for both women and men. The second, the Household Care Survey, can be used to gather evidence to persuade governments and aid donors to invest in infrastructure to lessen the practical load of care work. This article shares the experience so far of evolving and piloting these innovative methods.

Les lourdes et inégales responsabilités assumées par les femmes en ce qui concerne les soins, longtemps considérées comme ordinaires ou sans importance par les travailleurs du secteur du développement ainsi que le grand public, sont maintenant reformulées comme des questions de justice sociale à travers de nouvelles méthodologies pour que les communautés analysent les soins dispensés et préconisent des changements. Oxfam et ses partenaires locaux au Philippines, au Honduras et au Bangladesh pilotent deux approches. La première, Rapid Care-Analysis, a recours à des groupes de réflexion pour évaluer la prestation locale de soins, identifier les problèmes et proposer des solutions, reformulant ainsi les soins comme une question incontournable tant pour les femmes que pour les hommes. La deuxième, la Household Care Survey, peut être utilisée pour recueillir des données probantes permettant de persuader les gouvernements et les donateurs d'aide d'investir dans les infrastructures pour réduire la charge concrète des soins. Cet article présente l'expérience à ce jour des efforts pour faire évoluer et piloter ces méthodes innovantes.

Las pesadas y desiguales responsabilidades de las mujeres en torno al cuidado, que durante mucho tiempo fueron consideradas habituales o insignificantes tanto por los operadores de desarrollo como por el público en general, están siendo analizadas nuevamente como cuestiones de justicia social. El nuevo análisis es realizado mediante el empleo de metodologías nuevas dirigidas a distintas comunidades, con el fin de que

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estas reflexionen sobre el trabajo de cuidado, presionando a favor de que se produzca un cambio al respecto. En Filipinas, Honduras y Bangladesh, Oxfam y sus contrapartes lideran dos enfoques en este sentido. El primero de ellos, Rapid Care-Analysis *(Análisis Rápido sobre los Cuidados), utiliza grupos focales con el objetivo de valorar los servicios de cuidado locales, identificar los problemas y proponer soluciones, a la vez que vuelve a posicionar el cuidado como un tema de importancia tanto para las mujeres como para los hombres. El segundo enfoque,* Household Care Survey *(Encuesta sobre el Cuidado en el Hogar), es utilizado para recabar información destinada a convencer a gobiernos y a donantes de ayuda a que inviertan en infraestructura con el fin de disminuir la carga real del trabajo de cuidado. El presente artículo explora las experiencias surgidas hasta el momento en torno al lanzamiento y a la evolución de estos métodos innovadores.*

Key words: unpaid care work; women's empowerment; research methodology; women's organisations; local advocacy; changing gendered beliefs

Introduction

Women's excessive household work has been discussed by feminists and women's rights organisations over many decades. Yet in the realm of development programming and projects, women's groups have struggled both to demonstrate the invisible problems of heavy and unequal care responsibilities,[1] and to persuade organisations to invest scarce resources to promote change in this centuries-old pattern. Caring for people is considered a good dimension of life, perhaps tiring, but not threatening. While some development actors have paid attention to the outrages of maternal mortality, violence, and trafficking, complaints about the 'normal' everyday activities of women and girls washing clothes and cooking do not tend to be seen as problems of rights to be addressed by development initiatives. To get care on the development agenda, whether locally or nationally, practitioners have needed better approaches, better measurement, and more evidence about 'what works' to make change. Women's advocates have needed methods that are easy to adopt, as well as compelling and transformative.

This article explores the efforts of Oxfam and some of its local partners to turn the everyday tasks of caring into issues of social justice and development. We have developed two participatory action research methods to make care visible: the Rapid Care-Analysis (RCA) exercises, and the Household Care Survey (HCS). Both are designed to be used by development practitioners, advocates, and activists working with communities. They aim to show the extent and significance of unpaid care work in women's and men's daily lives, to encourage development actors to address care work in the design of interventions, and provide them with data to influence the decisions of

policymakers. These data can be used to advocate for increased investments to lessen the practical load of care tasks, and to shift responsibility for care from women to men, and from the family to the state.

In the first section, we introduce the RCA and the HCS, and discuss the methodology and the design process. We also locate ourselves within this process, and include details of sources of more information on the tools and their uses. In the second section, we offer some reflections on using the RCA from the women's organisation Al Mujadilah Development Foundation (AMDF)[2] in Lanao del Sur, Mindanao, Philippines, and the Nuevo Amanecer producer organisation[3] in Copán, western Honduras. This section highlights changes in people's understanding about 'care work' through using the innovative approaches of the RCA exercises. The third section of the article describes some results, highlighting in particular the proposals agreed by local organisations inspired by the RCA exercises, and examples of what they have achieved with advocacy with governments and civil society organisations. The fourth section explores initial findings from using the HCS measurement tools, a progression from the RCA which is resulting in more accurate and rigorous data collection. This is followed by a brief concluding discussion of the opportunities and challenges of promoting care as part of social justice and development.

The RCA and the HCS: their inception and context

The RCA method was developed in 2013, building on Oxfam's history of significant but scattered efforts to address unpaid care work in policy and practice. The impetus for 'care analysis' came from the Oxfam-supported agricultural enterprise and markets development programmes, an initiative called Gendered Enterprise and Markets (GEM), which has been implemented in 12 countries since 2010.[4] GEM was designed to ensure 'women's economic leadership' in smallholder farming communities, yet two years into the initiative women leaders still reported tensions between care responsibilities and participation in the enterprise, and difficulties renegotiating housework (internal report, Oxfam, April 2012). For example, when Oxfam staff met with women entrepreneurs of Asoinpa in Valle del Cauca, Colombia, they reported being able to spend an average of only 8.3 hours per week on the enterprise supported by Oxfam, while housework consumed an estimated 43 hours per week (presentation to GEM learning event, July 2012; Oxfam Azerbaijan 2012).

The RCA was designed carefully and through much debate, to create new approaches to care for development practitioners. Oxfam staff and representatives of local organisations from six countries first met in July 2012 in Barda, Azerbaijan, to explore various ways to strengthen women's agency in renegotiating gendered roles in households, including how to assess care work. This learning process inspired Oxfam's advisory staff to design an accessible, simple assessment method for development practitioners, who are often as time-poor as the women they seek to support. All of the

authors of this article were involved in this process; thus, we are able to draw on our personal recollections, as well as other source materials. In early 2013, Thalia Kidder, with other Oxfam global programme advisers, and consultant researcher Carine Pionetti,[5] began to design the exercises that would become the Rapid Care-Analysis. AMDF, led by its director Zahria Mapandi (2014a), was among the first to pilot RCA exercises in April 2013. AMDF was working with Oxfam Philippines staff and Pionetti. Soon after, Hector Ortega's (2014) team in western Honduras partnered with Nuevo Amanecer in piloting the RCA exercises in Buenos Aires, Copán. Both teams recommended changes to the RCA exercises, as did staff from Bangladesh, Sri Lanka, and Azerbaijan, and an improved version was completed in September 2013.[6]

In order to stimulate change in women's heavy and unequal responsibility for care, several principles were central, and are discussed further below. For example, the designers believed it would be effective to involve men as well as women in the focus group exercises, and to frame care as a societal issue. They judged it critical to gather quantitative as well as qualitative evidence specific to the locality, and to assess both how care is provided in households, and the public provision of care services and infrastructure. Focus group discussions were designed to go beyond documenting how care work is problematic – groups were asked to choose and commit to relevant practical solutions and advocacy.

The teams leading the initiative aimed to increase recognition of the significance of care work, rather than to estimate the value of care work in monetary terms or to imply an agenda of remuneration of unpaid housework. They considered that the most compelling and universal measure of care work was hours. Moreover, counting hours would make visible issues of time poverty, highlighting how heavy and unequal care work limits women's social, political, and economic empowerment, including negative effects on their health and mobility.

The designers heard various criteria for the new method from consulting a wide range of development practitioners. Practitioners said they needed low-cost tools for care analysis, that required only one to two days to complete. They requested exercises that highlighted how care work interacts with their existing development activities. They wanted outputs from the RCA that would help create context-specific, practical proposals to address care, leading to tangible changes in the short term. Yet outputs also needed to enable longer-term initiatives aiming to change gendered roles and beliefs, and investments in care services and infrastructure, at all levels of society. Statistical evidence for high-level advocacy was considered important to make claims on government and business to provide care services. But practitioners mostly wanted quick, 'good-enough', evidence-gathering, to launch a process of change. The extensive quantitative, household-level surveys would follow later.

The RCA exercises

The RCA that evolved from this consultation consist of four steps. Focus groups are formed of approximately 20 people, with a suggested 12 women and eight men.[7] The organisers of the process can choose between different exercises in some steps, based on time available and the context in which the RCA is being carried out. There is insufficient space in this article to explore fully the RCA methodology, so we provide brief descriptions in this section and reflections in the next section. Full documentation, including the exercises, guidance, and information, is available on-line.[8]

- *Introduction: What do we mean by 'care work'?*
  In the introductory session, facilitators introduce the notion of care in a simple way, create a good working atmosphere, and explore expectations.
- *Step 1: Explore relationships of care in the community*
  In the first step, facilitators introduce the concept of care work, and the intention of the exercises to improve the outcomes of the development initiatives that participants are involved in. All participants reflect on who they care for, and how, and who cares for them, to affirm the universal importance of care, and to create a common language around 'care work'.
- *Step 2: Identify women's and men's work activities; estimate average hours per week*
  The second step takes two to three hours, and aims to make visible the total volume of work done by women and by men, and within this, to document the share of care work done by women and men. Starting with individuals doing a 'one-day recall' time-use exercise, and then aggregating results, participants arrive at an agreement of their estimate of the average weekly work hours for local women and men, and the hours of unpaid care work, and paid and productive work.
- *Step 3: Identify gendered patterns of care work, changes in care patterns, 'most problematic' care activities*
  The purpose of the third step is to explore gendered patterns in care work, changes in patterns of providing care in households and in the community, and to discuss what is problematic about care tasks. The group arrives at a short list of priority issues to be addressed, often those that impact the mobility, time, and health of women. Here, facilitators choose from a suite of exercises: mapping care roles by gender and age; identifying seasonal issues of care work (such as water and fuel collection, illness, or child care); and/or identifying changes in how care work is done due to migration, disasters, displacement, and/or policy changes.
- *Step 4: Discuss available services and infrastructure; identify options to reduce and redistribute care work*
  The fourth step first presents how each society provides care, through a combination of state and market provision, civil society services, and unpaid

care work in households.[9] Participants identify existing infrastructure and services that assist them in their care work, and identify gaps between their needs and what is available to them. The final focus group discussion is a brainstorm of potential solutions to the 'most problematic' care activities, and ranking of different options by feasibility and expected positive impact.

The HCS

By early 2014, Oxfam's global advisors were discussing how best to evaluate the outcomes of interventions based on the RCA, and how to include care work as a dimension of Oxfam's quantitative impact evaluations of funded programmes.[10] Local organisations doing RCA were also interested to have a baseline to monitor indicators such as women's hours of care work. The RCA estimates of time use, while considered good-enough data for influencing (as discussed below), were not rigorous evidence for impact evaluation or baselines. Thus Oxfam developed a quantitative household-level survey on care (the HCS) to monitor a range of outcomes and changes in patterns of care provision, intended or unintended, from development interventions. The HCS has had two purposes: to monitor changes from the interventions proposed through the RCA, and to learn more about survey questions on care to create a new module on care within Oxfam-wide quantitative evaluations.

Fewer people were involved in developing the HCS than the RCA, mostly due to the technical nature of quantitative surveys. The design of the survey was led by Kidder, with Oxford University student Lucia Rost and Oxfam research adviser Simone Lombardini[11] in consultation with AMDF leaders who agreed to do the first pilot of the HCS.

The first step in the survey design process was to agree indicators of change. As the RCA had evolved, Oxfam advisers and partners had discussed what positive outcomes were anticipated from the interventions on care initiated in the wake of each RCA. We envisaged that local groups would have aims including: reducing poor families' total hours of care work; lowering women and girls' share of these hours; increasing men's and boys' participation in care; increasing access and use of public services and infrastructure from increased public investments and policy change; ensuring quality care of dependants and adults, good levels of nutritious food, and health; and increasing the public perceptions of the value and significance of care work in development. Furthermore, we hypothesised that certain factors help make these changes happen, including: women's participation in collective action groups; women's control over income and assets; changes in men's and women's beliefs about care as 'work' and about gender roles; investments by families in time- and labour-saving equipment and products,[12] and awareness about care of public officials or employers. We also identified potential unintended negative outcomes in care provision, including increases in women's care work, shifts of care work from adult women to girls and

older women, or instances of inadequate care of dependants. The HCS design needed to consider all of these outcomes and indicators.

Secondly, RCA discussions had clarified that increases in women's care work might not be due to men doing less, but due to factors that increase the demand for care. Ideosyncratic events in families such as childbirth or infirmity could increase the total care requirements between time periods, so the HCS should include an estimate of the household members' 'demand for care'. In addition, whole communities might experience increases in the demand for care from epidemics, violence or conflict, disasters, displacement, and migration. Furthermore, development policies could have unintended negative consequences that increase the demand for care work.[13]

Thirdly, counting simultaneous activities had been a challenge for teams using the RCA exercise on time use, especially child care done at the same time as other care tasks or paid work. The research design team debated how to count the time when a carer is doing other work and supervising children or dependent adults; in any particular hour, the carer may only spend five minutes actually providing care, or the child may be asleep and the carer is only 'on call'. Even so, women's mobility and their control over their time and labour are severely impacted by this type of invisible care work of 'being on call', even if the tasks are not arduous. The HCS included a methodological improvement from the RCA: survey respondents are asked four questions about time use: their main activity for the hour, their secondary activity, and 'during this hour were you responsible for supervising a child, yes or no?' and 'were you responsible for supervising a dependent adult?' In June 2014, the HCS was tested with AMDF in Lanao de Sur. At the time of writing (August 2014), the intention is that development programmes in four countries will use the HCS to establish a baseline to evaluate upcoming interventions on care. A shorter version of the questionnaire will be implemented as part of Oxfam's quantitative impact evaluation process in Uganda.[14]

In the next section, we share reflections on a few of the RCA exercises – those to estimate time use, and to make visible the role of the state in providing care, and the final exercise to brainstorm and propose solutions to reduce and redistribute care work.

Care in communities: reflections on implementing RCA exercises

The RCA exercises lead groups to talk through many ideas about care – for women, care tasks were often normal and natural, or simply a women's burden, for some men care was understood as 'providing money'. This section begins with testimonies about the transformations in people's perspectives as they begin to assess the impact of care tasks on their enterprises and their lives.

When Oxfam and partners first introduced the RCA to communities, many people wondered why such efforts were being made to analyse care. Staff of the AMDF women's organisation in Lanao del Sur reflected on the process, after the second round

of RCA exercises in May 2014. Zahria Mapandi, AMDF's Director, summarised their thoughts:

> *Care is presumed to be synonymous to women or reproductive roles of women. People on the ground find it surprising to even talk formally about care. Most people do not usually give any thought to care tasks, they are simply considered ordinary and unimportant. Some women talk about care only to express the daily burden that they endure or the daily accomplishments they achieve among their relatives or neighbours. Although deemed difficult, care tasks are usually an accepted, unquestioned part of daily survival or household management, especially for female members of society. Women don't usually include themselves in the list of people they take care of. As mothers, they consider it natural to take care of children first. In the focus groups women said they were the last to eat, but didn't consider it deprivation, they regarded it as showing affection and care, the women were proud of giving*. (Personal communication, July 2014)

Likewise, in sessions with the Nuevo Amanecer co-operative in Copán, Oxfam staff reported:

> *It took some time for us to clarify what we were referring to with the term 'care', since for the members 'care' also meant 'providing for' and 'protection'. The men appeared a little uncomfortable as we focused the discussion of care on 'work caring for people'. To lower the tension, we repeatedly highlighted that all work activities of men and women were important for people's welfare. The first questions in the RCA exercises are 'who do you care for?', and 'how do you care for others?', which really worked well to build cohesion because all men, women, girls and boys do some tasks to care for relatives*. (Internal report on RCA, Copán, June 2013)

The RCA designers recommended that facilitators introduce care as a 'societal good', rather than a women's issue. The RCA exercises thus have a broader appeal, and participants are more likely to view heavy and unequal care work as a challenge for the whole community, rather than only as a burden for women. This term – 'women's burden' – is used often; it unhelpfully reinforces the belief that women not only *are*, but *should be*, responsible for care, and creates an image of women as victims rather than providers of a valuable service. In contrast, with care seen as a 'public good', RCA facilitators are able both to encourage actions to 'unburden' women, and to affirm that care is a societal issue.

The Nuevo Amanecer members' conversation made a transition from care as a 'community good' to an economic issue, as Oxfam staff reported:

> *It wasn't long before the inequalities between women and men were obvious. The patterns of care here are determined by the strong influence of the church, the collaboration between families, and by beliefs that reproduce inequalities. The most useful finding was the scarcity of women's time for the enterprise. Women reported 103 hours a week of care tasks (many done simultaneously). Women needed to increase their time in the enterprise from 2 to 6 hours per*

> *day, the time deemed necessary for the business to function and grow, and for their mobility to travel. So if the group didn't reduce and redistribute care tasks, the business wouldn't be viable.* (Internal report on RCA, Copán, June 2013)

In Mindanao, Philippines, participants became very reflective after the focus group discussions and realised how much care work impacts on their lives. For example, rural women reported spending more time on care than on any paid work or production. Two groups of women estimated – like their Honduran counterparts – an average of only 1.8 hours per day spent on 'products for sale'. Care work consumed 56–85 per cent of women's working hours. The mixed group with men reported the opposite – an average of 62 per cent of work hours were paid. Women, either the mother or daughter, always carried the bulk of the care work while only a few men helped on selected care tasks (AMDF report on RCA, Mindanao, June 2014).

Time-use exercises were a critical element of the RCA. Time-use exercises are notoriously time-consuming and complicated to administer, especially as women and farmers do many parallel and simultaneous tasks which need to be captured, described, and enumerated. In spite of practitioners' desire for a tool that could be implemented rapidly, the designers had insisted on time-use exercises, to get quantitative results as well as qualitative evidence. Initially, some groups opted not to try the time-use exercise, but staff in Honduras celebrated their decision to analyse time use in their RCA pilot:

> *The numbers 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*. (Internal report on RCA, Copán, June 2013)

Analysing time use was also very powerful to raise women's awareness about the amount, and complexity, of care work. AMDF staff related how participants first asked: 'What kind of project is this where you're asking what we're doing every hour of the day?' A typical response was, 'I was not doing anything', and then later, rethinking, 'I was doing this and that', and later, at the end, 'we were actually doing a lot in a day, we were not conscious of recording it, and so we were not aware how much our time is consumed' (AMDF report on RCA, Mindanao, June 2014).

The RCA time-use estimates have proved sufficient to build compelling arguments. Critically, as a community first assesses care work, men and women participants are working together to create and agree the time-use estimated averages, and this bulids ownership over the resulting evidence. Even though the methodology lacks academic rigour, the estimates of excessive and unequal hours of care work are compelling. Care work *becomes* a significant issue for development and equality. As AMDF staff reflected,

> *…this* [care work] *is a reality that deprives half of the population from enjoying their economic and political rights, especially in poverty-laden areas. With the RCA, other groups have*

> *commented that we're doing a very different thing – to study care scientifically, and to look at care work specifically related to development, as a central issue in gender equality. Promoting change in care is new.* (Personal communication, June 2014)

The actual and potential role of government has been another relevation to participants in the RCA. RCA exercises go beyond documenting the *status quo*. The group defines a problem statement, often including gaps in infrastructure and services. This requires participants to make another shift in understanding: care is not just a family or community responsibility. In Step 3, participants make a community map showing care services and infrastructure provided by the state or the private sector, as well as those provided by communities. Some groups have added symbols in another colour of missing services – exposing the gaps in infrastructure or state-provided services.

> *…participants struggled at first to think of ways to connect family-provided care to development, to human rights and governance. For how does doing laundry become a problem of the government when it is dealing with more pressing issues such as 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. The RCA brought the discussion of care outside the threshold of the houses. As a result, basic services such as water and electricity were at the top of the needs expressed to reduce excessive care work.* (Zahria Mapandi, personal correspondence, July 2014)

Oxfam staff in Honduras agreed. When participants understood the importance and value of care, and that the distribution of responsibility and time for care work influences development, they were ready for advocacy. They saw the clear link between poverty and excessive care work. Poorer families – especially women and girls in them – had even heavier care work, less access to adequate public services, and lacked money to pay for labour- and time-saving equipment. The whole community said poor families should claim *rights* to increased infrastructure and state services to help them care for families. Community-wide advocacy proposals on care also engaged more men, as the Honduran facilitator commented, 'It's likely that if we only focused on redistributing care in the home, men's interest in the process wouldn't have be very high' (internal report on RCA, Copán, June 2013).

The fourth step of the RCA asks participants to brainstorm potential solutions, which has been an exciting, and sometimes perplexing, process. The exercise raises a dilemma, as Mapandi highlighted:

> *…where does change in care begin? Does it begin with changing relationships among men and women? Or does it start with cooperation among societal institutions? Does change in care happen when beliefs improve or does having resources to support care work alter beliefs? It is*

difficult to pinpoint one factor or secret ingredient for change in care. (Personal correspondence, July 2014)

In this step, participants are also debating 'what kind of changes in care do we want – in families or in policy?' RCA facilitators avoid presenting an agenda for change. Yet groups' proposals have had striking commonalities. Every group – across a dozen countries that have carried out RCA exercises – has agreed to similar *combinations* of solutions, which cover technical changes, policies, investments, and changes in beliefs and gender roles.

The timeline for changes is implicitly debated. The RCA Guidance does recommend that facilitators encourage agreement on some practical, small steps, for tangible, relevant improvements in the short term (Kidder and Pionetti 2013). Designers have had two hypotheses about this: first, 'quick wins' from practical improvements build confidence and commitment to work on longer-term, ambitious objectives. Second, organisations can document this local success in reducing or redistributing care work as evidence of 'what works', for advocacy strategies to leverage policy change.

In the next section, we describe how local organisations used the findings of the RCA exercises. In particular, we focus on proposals for advocacy and influencing, and examples of their achievements with governments and civil society organisations.

RCA results: stories of success in influencing and advocacy

Nuevo Amanecer in Buenos Aires, Honduras, used proposals for practical solutions, drawn from RCA exercises, and advocacy to influence public policymakers to address the issue of excessive and unequal unpaid care work. Advocacy was familiar to the group. In 2012, Oxfam had supported an initiative to develop women's leadership and skills in an 'Advocacy School on Public Policies'. The participants in the RCA process took advantage of these advocacy techniques, developing and implementing an advocacy strategy based on the findings of women's average 94-hour work week and the lack of public services. Without electricity, 'women were compelled to use labour-intensive means of carrying out housework, particularly the traditional methods of grinding corn into flour with stones or with handmills' (Hector Ortega, personal correspondence, June 2014).

Evidence-based advocacy has produced tremendous results: an electricity-generating project costing approximately US$100,000, financed by the National Congress and the National Electrical Energy Company (ENEE). With electricity, the members of Nuevo Amanecer have invested in an electric corn-grinding mill, generating an income for the co-operative, and significantly reducing women's heavy labour and time for preparing meals. In addition, women have launched a small grocery store, including a refrigerator, which enables access to perishable foods in their remote community. The store and mill created one permanent job and 11 women work part-time marketing

corn meal and processed beans. A few households have bought blenders and refrigerators (Hector Ortega, personal correspondence, June 2014).

Nuevo Amanecer members also decided to hold community discussions about care work, which propelled significant changes in the patterns of men and boys, of the co-operative. Men are more involved in the household activities, especially child care and domestic work. Don Pablo Amaya, a leader and religious elder, was involved in the advocacy, and changed his own practices of housework tasks, raising the conciousness of other men to do the same. Another leader, Cirilo Alvarado, now washes both clothes and dishes – activities he had never done before, according to his wife. The community's next project is to advocate with the government for 20 kilometres of paved roads (Hector Ortega, personal correspondence, June 2014).

Filipino women and men have likewise prioritised advocacy for water and electricity. Without these basic services, they say it is useless for families to buy household equipment that would reduce time and labour on care tasks. Food products that would reduce cooking time, another 'most problematic' care task, cannot be stored without refrigeration. As long as these two basic needs are not addressed, other ways of supporting care will stay on the wish list of women and men (Zahria Mapandi, personal observation).

Participants in the RCA in Saguiraran claimed men feared being ridiculed in the community, which prevented them from taking on care tasks in public, especially laundry and looking after infants. In Saguiraran, laundry is done using communal water systems at a distance from houses. Men are willing in principle to do laundry inside the home but not outside it. This is considered an interesting finding, that collective attitudes are more an issue than individual convictions. This finding is both a challenge for AMDF and potentially an opportunity: men are likely to actively support advocacy with government for household water infrastructure (AMDF report on RCA, Mindanao, June 2014).

Private-sector provision of care services was also proposed in Mindanao, after the exercise to map services and resources in communities. Specifically, participants realised that where some households struggle to do care tasks, this can be a source of livelihood for others. For example, laundry is considered time-consuming by peri-urban women. A laundry service could generate income for other women, and help those households who could afford the service. Indeed, the rural women included this in their wish list. They expressed that when they earn more, they will pay others to do their laundry (AMDF report on RCA, Mindanao, June 2014).

Practical solutions to heavy care tasks also involve influencing civil society organisations. Improved stoves have been the priority for RCA participants in five countries. One case is particularly compelling. Purbo Gabgachi, a village in Gaibandha, Bangladesh, has a Chilli Traders' Enterprise supported by Oxfam, where an RCA was conducted over two days in August 2013. Women participants estimated an 84-hour work week, exceeding men's estimate of an (already long) 70-hour work week. The

most forceful finding was women's reported average of 58 hours per week spent on caring for people and housework, while men estimated only seven hours per week collecting drinking water and firewood and doing some child care. As Oxfam's private-sector adviser, Golam Rabbani, declared:

> *this means women are paid for 31% of their work hours, while men are paid for 90% of theirs. During the chilli harvest, moreover, when women dry and sort chillies, they work up to 40% more hours, because men don't help in the house. Women take these extra hours out of their time for personal care and sleep*. (Oxfam Bangladesh 2013)

The Bangladeshi group affirmed that the existing hand-made stoves were slow and required significantly more fuel than improved cooking systems. Fuel collection and cooking were considered the 'most difficult' and time-consuming care tasks. Participants proposed two immediate interventions – community discussions about gender roles in households, and 50 improved cooking stoves to be distributed by the project's partners among the women chilli producers.

Fulbanu Begum, aged 50, was one of the chilli enterprise members who now uses an improved stove. Fulbanu says she used to spend eight to nine hours a day on unpaid care work, including cooking, washing, cleaning, and serving food to her husband and two sons, plus four to five hours on production work, rising to seven to eight hours daily during the chilli harvest. Fulbanu received an improved stove in February 2014, which consumes less fuel, produces more heat, and is smoke-free. Her cooking time has reduced by one to one and a half hours a day, from almost four hours to two and a half to three hours a day. She says she has had time to improve the quality of her chillies, to which she attributes additional earnings of over BDT 2,500 (US$32) this season (Rabbani, personal communication, June 2014).

While Fulbanu's testimony is about individual impact, the wider effect of this first RCA includes inspiring Golam Rabbani to communicate the experience on social media,[15] and for Oxfam partners to replicate the RCA exercises in 30 dairy co-operatives, and in the women's political participation programme in another region (Rabbani, personal communication, July 2014).

AMDF's pilot of the HCS – initial findings

The HCS was designed to provide rigorous baseline data for future impact evaluations. In Mindanao, the HCS findings also bolstered AMDF's ambition to do advocacy with local government units (LGUs). AMDF had analysed government priorities on reducing poverty for each LGU, and aimed to connect findings on care work with those poverty-reduction priorities. AMDF's pilot HCS covered 210 households, interviewing one woman and one man in each. They found that women reported an average of 10.6 hours of care work per day, *and* 8.8 hours of simultaneous activities. In

contrast, the survey found that men reported 3.6 hours per day of care work, and 3.7 hours of simultaneous activities (HCS Initial Findings Report, July 2014, unpublished[16]). These findings were not surprising, but gave numbers to what AMDF had previously only known anecdotally. The HCS gave AMDF stronger evidence about water services: 30.5 per cent of households surveyed had bathing facilities with piped water, and only 42 per cent had water taps in the house or yard (*ibid*). On child care, AMDF has evidence to follow up on the call for the state being more responsible for care services. The Mayor of Balindong had announced a priority on day care. The survey results showed an average of four children per household, the long hours that women are required to supervise children, and the absence of day care. Only 30 per cent of households surveyed reported having basic equipment to facilitate child care such as cribs, baby chairs, or spaces for school children to do homework (*ibid*). In advocacy with the government, AMDF will use these figures to hold LGUs to account on the progress of poverty eradication in this region.

The HCS provided insights about a long-standing question: what happens when women have fewer hours of care work? The RCA is based on the idea that reducing care will allow women to be involved in and benefit from development. For this reason, the RCA exercises have been carried out 16 times *within* a wider programme rather than as a stand-alone project on unpaid care. We have noted that enterprise development staff, not only gender experts, have been inspired by RCA to promote investments to reduce care tasks in order to increase time for the business, as described above in Bangladesh and Honduras.

However, it is not obvious that women – or men – who have fewer hours required for care work will spend these 'extra' hours in the enterprise or other paid work. In contrast to the experience of the Bangladeshi chilli producers, Filipina women preferred also increasing other activities. Women interviewed in AMDF's HCS were asked how they would spend the time saved, if care tasks required fewer hours. A total of 46.7 per cent of responses were categorised under personal well-being, rest, leisure, and spiritual activities, while 8.1 per cent responded that they would opt to spend more time to provide better care to family members (HCS Initial Findings Report, July 2014, unpublished). Some expressed their desire to spend their free time discussing family problems, plans, and decisions, or to spend more time volunteering in community welfare. Nevertheless, women also articulated wanting more time for economic participation, 42.4 per cent of women selected 'more income-generating work' (*ibid*). As Zahria Mapandi (2014b) explained:

> *Time freed from care could be devoted to enhancing economic opportunities. But some women find it difficult to imagine economic participation first, before personal well-being and political participation, because economic activities require resources beyond their control such as land to farm, equipment or jobs*. (Personal correspondence, July 2014)

These remarks are thought-provoking about the connections between women's care responsibilities and economic empowerment. Care analysis shows that an enterprise or a loan is no panacea for women's economic leadership. However, neither will reducing care work, by itself, be a magic solution for women to be empowered. Outcomes from interventions on care may be only partially positive: households could invest in washing facilities and fuel-efficient stoves, but gendered roles in households could stay the same. Conversely, gendered roles might shift – men doing some child care and light housework – but families could continue to value purchases of electronics over investing in time-saving household equipment. Therefore, it is also critical to monitor and address beliefs about care. The HCS in Mindanao created a baseline on beliefs by asking questions about whether care tasks were considered work. When care tasks are understood to be 'work', then the productivity of labour for these activities may be considered, by families and by economists.

Through the HCS, organisations will monitor changes in time use, including the dimension of supervision and 'being on call' for dependants, and changes in beliefs, the gender division of labour, household investments, and access to public services. Findings can control for the 'demand for care' by ranking family members by whether they receive constant, moderate, or minimal care. Changes will be analysed by household wealth, and related to enabling factors such as women's participation in collective action groups and control over income.

Conclusion

Oxfam and its partner organisations developed the RCA to provide a simple, flexible way for development practitioners to analyse local patterns of care work. The RCA aimed to 'open the door' to talking about care with men and women, as a 'social good' and a societal issue. The RCA has worked to gather 'good-enough' revelant, compelling evidence and to identify interventions that are practical and transformative, both in the household and addressing state and private-sector responsibility to provide care services. The HCS makes possible a baseline for monitoring and evaluating changes in care outcomes, both positive and negative, as communities take on 'care' as part of development and social justice intiatives.

AMDF leaders in the Philippines, Nuevo Amanecer in Honduras, and Oxfam staff are all enthusiastic about participating in ongoing research to build evidence about 'what works', to develop more effective strategies to promote positive outcomes, and to avoid unintended negative outcomes in care. Until now, there have been few qualitative, and fewer quantitative, methods to analyse care at a local level and to assess the impact of development interventions on care. The agricultural enterprise promoters in Bangladesh and Honduras were unaware of women's 58 hours per week of housework, or 103 hours of care tasks, respectively, prior to the RCA. The RCA exercises have proved to be time-efficient and low cost. The exercises both promote

reflections and transformations in participants' perspectives on care, and inspire proposals for advocacy. Although some participants initially questioned the time-use and mapping exercises, the findings have challenged the *status quo* and indifference regarding care and unequal responsibility to provide care. RCA does not negate that providing care is a well-loved part of women and men's existence, it raises questions about care being the sole responsibility of women. RCA brings care outside the household, as a shared responsibility with the community, businesses, and most importantly the state.

Policymaking about care is important to effect changes at the household level. The RCA and HCS processes have affirmed that whatever role we have in life – a woman living in a rural area, a development worker, or a policymaker – care work affects our productivity, *and* is critical to our well-being, with implications for carers' daily lives, and for women's status in society as the main and primary carers. The experiences of developing methods to understand care dynamics and to track changes have inspired our organisations to continue the struggle to challenge the *status quo*, and to build the campaign to get care recognised as an issue of development and social justice.

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Notes

1 In October 2013, the UN Special Rapporteur on Extreme Poverty and Human Rights began her report on unpaid care arguing that '*heavy and unequal care responsibilities* are a major barrier to gender equality and to women's equal enjoyment of human rights' (Sepúlveda Carmona 2013). This was a clear, concise way to express a range of issues – the arduousness, intensity, and gendered norms of care work – and we use the phrase, with thanks to the Special Rapporteur Magdalena Sepúlveda Carmona.

2 AMDF is a non-governmental, non-stock, non-profit, membership organisation of Muslim women based in Lanao Del Sur, southern Philippines. The organisation was founded in 1994 and registered in 1997. It has 70 women members who volunteer, doing advocacy on gender justice and community development.

3 Nuevo Amanecer ('new dawn' in Spanish) is a multiple services enterprise in the Buenos Aires community of Florida, Copán, Honduras. Organised in 2001 and incorporated in January 2012 with 23 women members, it is affiliated with the Cooperative 'Esfuerzo Occidental' (CAEOL). Nuevo Amanecer markets agricultural products, as well as running a farmer's store and a grain mill.

4 Oxfam's GEM Programme is a cutting-edge holistic market-systems approach to sustainable livelihoods development, bringing together experience and expertise in Women's Economic Leadership, Power in Markets, and Adaptation and Risk Reduction. The GEM online community of practice can be found at http://growsellthrive.org/our-work/gem (last checked by the authors August 2014) and more resources at http://policy-practice.oxfam.org.uk/our-work/food-livelihoods/womens-economic-leadership (last checked by the authors August 2014). Details about projects in 12 countries can be found at http://growsellthrive.org/countries (last checked by the authors August 2014).

5 Dr Carine Pionetti is an anthropologist with research background in Gender and Political Ecology. For ten years she has worked as a research consultant in international development, supporting teams on gender-sensitive participatory research on women in agriculture in West and East Africa, the Middle East, Asia. and Europe. Postal address: Route du Champ de Ville 05290 Vallouise, France. Email: carine.pionetti@gmail.com.

6 Oxfam staff who contributed suggestions after early testing of the RCA exercises were: in Sri Lanka, Sonali Gunasekera, Programme Advisor, and Shanmugaratnam Senthuran, Project Officer, who worked with communities of Vaunia and Nedunkerney; Golam Rabbani, Programme Officer (Enterprise Development), who worked with Gazaria Union at Saghata sub-district in Gaibandha in Bangladesh, and from Azerbaijan, Gunel Mehdiyeva, Gender and Governance Officer, working in Qaradagli Village, Barda.

7 The teams involved in the first pilots affirmed that 15–20 participants is a good size to ensure a broad but manageable discussion, although RCA exercises have also been done with eight and 25 participants. A ratio of 12 women to eight men aims to give women more 'voice' in the discussions, and to have enough men to own and carry forward the findings of the exercises.

8 Visit http://growsellthrive.org/our-work/care (last checked by the authors August 2014) for reports from local programmes. The Rapid Care-Analysis and Guidance can also be found at http://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-302415 (last checked by the authors August 14 2014) or write to Thalia Kidder, Oxfam GB, John Smith Drive, Oxford OX4 4JY, UK.

9 This is based on the concept of the 'care diamond' (Razavi 2007). The care diamond has been considered inspiring by local communities, helping to frame the role and obligations of the state, employers, and civil society in providing care.

10 Oxfam's quantitative impact evaluations are called Effectiveness Reviews, carried out across six thematic areas, including women's empowerment. For more information, see http://policy-practice.oxfam.org.uk/our-work/methods-approaches/project-effectiveness-reviews (last checked by the authors August 14 2014).

11 Lucia Rost is a masters student in MPhil Development Studies at the University of Oxford, working with Dr Imane Chaara. She has worked on women's empowerment projects with non-government organisations in Germany and India and is currently conducting research in Uganda on women's unpaid care work and gender norms together with Oxfam GB. Email: lucia.rost@magd.ox.ac.uk. Simone Lombardini is Oxfam's Global Impact Evaluation Adviser working on impact evaluations on women's empowerment. Email: slombardini@oxfam.org.uk.

12 For example, families save time and energy when they buy flour or bread instead of processing whole grains at home. The survey design also recognises that some processed food purchases may lower nutrition levels, such as snack foods.

13 Women are often considered 'free labour' for implementing health, education, or social protection initiatives. In Nicaragua, women in an RCA in Chinandega discussed how their care work intensified on days when they were required to 'volunteer' to prepare school lunches in the government's 'Zero Hunger' programme (Meeting with Kidder and Coordinadora de Mujeres Rurales, Managua, 5 August 2013). RCA exercises also documented the changes in patterns of care provision due to displacement and disasters (Oxfam Sri Lanka staff report on RCA exercises, Nedunkerney, April 2013).

14 At the time of writing (August 14), the HCS was under revision by Oxfam researchers after the pilots by AMDF. The HCS instruments and reports forthcoming, at http://growsellthrive.org/our-work/care and www.oxfam.org.uk/care.

15 Golam Rabbani discusses this experience further in his blog at http://policy-practice.oxfam.org.uk/blogs/2014/10/investing-in-fuel-efficient-stoves-to-reduce-unpaid-care-in-bangladesh (last checked by the authors October 20, 2014).

16 At the time of writing (August 14), the analysis of findings from the AMDF HCS is under revision. The report will be available at http://growsellthrive.org/our-work/care and www.oxfam.org.uk/care.

References

Kidder, Thalia and Carine Pionetti (2013) 'Rapid Care-analysis Tool Box of Exercises and Guidance Oxfam GB', http://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-302415 (last checked by author August 14, 2014)

Mapandi, Zahria (2014a) 'Report on RCA Focus Groups in Saguiran, Balabagan and Kapatagan, Sagiaran and Mulondo, Marawi City', http://growsellthrive.org/our-work/care#RCAreports (last checked by the authors October 21, 2014)

Mapandi, Zahria (2014b) 'Report on Household Care Survey Initial Findings', http://growsellthrive.org/our-work/care#RCAreports (last checked by the authors October 21, 2014)

Ortega, Hector (2014) 'Report on Advocacy from the Rapid Care Analysis Nuevo Amanecer, Honduras', http://growsellthrive.org/our-work/care#RCAreports (last checked by the authors October 21, 2014)

Oxfam Azerbaijan (2012) 'Women's Economic Leadership Event Video, Barda, Azerbaijan', http://growsellthrive.org/events/global-learning-journey-women-s-economic-leadership-event-in-azer (last checked by the authors August 29, 2014)

Oxfam Bangladesh (2013) 'Report on RCA Exercises in Gaibandha, Bangladesh', http://api.ning.com/files/DQZ40zyDI514CbTXEP0YRXH5u6gVoE1f4LrymNI**gyatIqhQYUO-5SOLXbKlJEHHzB4HpQpgX8WEwyOl84eex4jZ-4MPy5N/RCAinBangladesh2013.pdf (last checked by the authors August 14, 2014)

Razavi, Shara (2007) 'The Political and Social Economy of Care in a Development Context', UNRISD Gender and Development Programme Paper number 3. http://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=2DBE6A93350A7783C12573240036D5A0&parentdoctype=paper&netitpath=80256B3C005BCCF9/(httpAuxPages)/2DBE6A93350A7783C12573240036D5A0/$file/Razavi-paper.pdf (last checked by the authors August 14, 2014)

Sepúlveda Carmona, Magdalena (2013) *United Nations Report of the Special Rapporteur on Extreme Poverty and Human Rights*, http://api.ning.com/files/M7-ZTbQuBuzk5RmRgodjDx3XtpmhVslIGVv48AiIQH26DkAAASbtQMxzrUoVQMhu*LmyhOMN0rZ6gLMUMQXCkk7fWbhqda6Z/UnpaidcarereportA.68.293_EN.pdf (last checked by the authors August 14, 2014)