



PARTICIPATORY METHODOLOGY: RAPID CARE ANALYSIS

Guidance for Managers and Facilitators

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1

Why this tool?

What is 'Rapid Care Analysis'?

Rapid Care Analysis is a set of exercises for the rapid assessment of unpaid household work and the care of people in the communities where Oxfam is supporting programmes. It is intended to be quick to use and easy to integrate into existing exercises for programme design or monitoring. It aims to assess how women's involvement in care work may impact on their participation in development projects. It can also be used to identify how wider programmes can ensure adequate care for vulnerable people. This guidance document provides support for programme managers and others seeking to integrate care analysis into their work. It explains why care analysis is important, provides definitions of key ideas relating to care, and offers tips and guidance for anyone seeking to use the accompanying **Rapid Care Analysis toolkit**.

What is exciting and compelling about this?

The vision: Care analysis is part of addressing inequality and promoting women's empowerment, and care is critical for human well-being. Investing in care has a widespread, long-term, positive impact on well-being and economic development. Although care is thus a 'public good', it remains almost universally women's responsibility. Responsibility for unpaid care work is linked to causes of extreme poverty and social exclusion. Oxfam aims to increase the recognition of care work, reduce the drudgery of care work, and redistribute responsibility for care more equitably, as a precondition for achieving women's political, social, and economic empowerment.

Practical solutions: Changing the ways in which care is provided may take decades. However, a few practical

interventions focusing on care can help ensure that women can participate and benefit more from Oxfam's wider programmes. Our experience shows that a rapid analysis of care gives enough information to start something to identify and prioritise feasible interventions. Care analysis is relevant for any kind of programme, including food security, new enterprises, political participation, or water, sanitation and hygiene (WASH).

Too ambitious? The exercises can be reduced or expanded according to the time and resources available, and can be tailored to last for a few hours or for a few days. The 'toolbox' offers exercises both for programme managers who want simple, straightforward questions and rapid outputs, and for those who intend to engage in a longer process of awareness-raising and change to how care is provided in communities.

How will Rapid Care Analysis fit with our existing work?

What are the expected outputs?

- Rapid Care Analysis can be part of Gendered Enterprise & Markets (GEM), Participatory Capability & Vulnerability Analysis (PCVA), or Emergencies Market Mapping/Analysis (EMMA). These exercises could be run alongside power-mapping and analysis, or assessments of gender-based violence (GBV).
- Rapid Care Analysis can be adapted to urban and rural contexts, situations of conflict, and for marginalised communities in developing or developed countries.
- Outputs: Focus groups produce a community map of the work, infrastructure, and services currently required to care for people and dependants. In some cases, the 'map' shows how care work has changed due to crisis. Next, the group identifies two or three 'main problems' with current care work, for example, laborious time-intensive tasks, mobility restrictions, or health impacts. The group brainstorms possible interventions to address these problems, prioritising options by their level of impact and feasibility.

Why do it? In what cases is it not appropriate?

- Rapid Care Analysis can be critical for uncovering less-understood barriers to women's and girls' participation in our programmes, and barriers to their ability to benefit equitably from our programmes. Equally, by showing the patterns of care that exist in any context, rapid care analysis can help ensure that groups of vulnerable or dependent people will continue to receive adequate care during situations of crisis or stress. It will improve the outcomes of addressing inequality linked to age, status, gender, or wealth.

- These exercises have not been designed for situations of rapid-onset emergencies. Similarly, we do not recommend raising issues of women's and men's roles in the provision of care in situations where there is little resource or commitment to engage in follow-up activities, and where there is a high risk of 'backlash' against the organisations or individual women participating, for example because of rigid rules about women's roles or the prevalence of violence against women.
- Change strategy**
- We can make care work visible, show how it's significant, make it everyone's issue, and address it with simple steps.* Programme officer involved in Rapid Care Analysis exercises
- **Be practical.** For years, many staff, partners, and Oxfam programmes have considered and dealt with care – implicitly or explicitly – for example, when we consider issues like household work, domestic work, or women's family responsibilities in our programming. So, 'care' is not a new issue. But many of us are uncertain how to begin to work on care, or how change will happen. How do we manage household practices that are private, cultural, complicated, sensitive, and deep-rooted? The exercises aim to be practical.
 - **Build wide support.** The care analysis exercises define 'care of people' as a concern of the whole community. The purpose of this is to build ownership of and commitment to the process, rather than to situate care as being a 'women's issue'.
 - **Small steps are a good start.** 'Quick wins' from practical improvements in care work build confidence and commitment to keep going. When practitioners have a simple, practical, rapid way to start the discussions, and we show that the analysis and interventions are common-sense, inexpensive, and effective in improving outcomes and women's rights, then we will all be inspired to make the change and to address care issues.
 - **A transformational agenda.** In the medium and long-term, a more ambitious agenda and change strategy will include: the recognition of care; investments to facilitate care work; changes in beliefs; redistribution; and re-valuing women's work. Unequal responsibility for care work is a fundamental barrier to women's rights and poverty reduction. The community's process should affirm the importance of 'recognising, reducing, and redistributing' care work for women's empowerment.
- Short-term and long-term scenarios for using the tool**
- The exercise 'toolbox' was developed with two types of use in mind:



1) It can be used to undertake assessment for programme design, e.g. evidence-gathering to identify practical interventions that can reduce the time or labour required for daily housework and caring for people.

2) It can support longer processes of awareness-raising and change around care issues. Such processes will usually have explicit objectives of economic justice, gender justice and a more explicit redistributive agenda.

On-going innovation

We hope that this tool will develop and evolve as practitioners work with it. We will share it on a web-based platform, with space for people to share their experiences of working with the toolbox, and their ideas for other exercises and approaches that have yielded the type of information we are looking for. Given the 'novelty' of care as a research issue and as an analytical category, it is essential that outcomes from this methodology – and new ideas on 'how to do Rapid Care Analysis' – are documented and shared.

Key concepts in 'Care'

In this section, we briefly mention some of the most common concepts and terminology used in discussions about care.¹

- **Unpaid care work** (also called household work, domestic labour, or family work): Unpaid care work refers to the provision of services for family and community members outside of the market, where concern for the well-being of the care recipients is likely to affect the quality of the service provided (Folbre 2006).
- **Simultaneous activities:** The care of persons is often performed at the same time as other activities. For example, someone might be supervising cooking while gardening, or supervising children, washing clothes, and attending customers in a family shop. When we analyse care, it is important to record simultaneous activities accurately, because otherwise we can underestimate the amount of unpaid care work that is being done. 'Engaging in simultaneous activities (using time more intensively by doing two or more things at the same time) provides households with more unpaid work at the cost of higher work intensity for those who provide it' (Floro 1995).
- **Care and lifecycles:** Women's and men's care responsibilities and care work change significantly during the lifecycle: as children; when studying;

forming families and raising children; later in life; and in old age. International time-use studies show that the gender gap in unpaid care work may be quite small for certain ages in certain cultures (say only 0.5 hours per day more for 20-year-old women than for 20-year-old men). However, the gender gap usually becomes significant when caring for small children becomes important. The cumulative gender differences in unpaid care work responsibilities over the lifecycle lead to significant gender inequality in outcomes in poverty, employment, and political participation.

- **Redistributive agenda:** The 'Triple "R"' framework proposes the recognition, reduction, and redistribution of unpaid care work. It is a framework for analysing avenues for change towards more just ways of distributing the costs and benefits of unpaid care work. Recognition of unpaid care work in and of itself has proved to be less powerful than expected, since it does not necessarily lead to demands for the redistribution of women's work between women and men, or between families and communities and the State (Esquivel 2013).²
- **Care versus leisure:** In many contexts some types of care work are misunderstood as 'leisure', such as caring for children, cooking, or supporting dependent adults. Likewise, a distinction should be made between 'cooking for a wedding or religious event' – which is housework/care work – and attending the event, which is probably 'leisure'. Similarly, moral support and listening are mostly 'one-way' care activities while socialising, which is 'two-way', is closer to recreation and entertainment.
- **Care versus subsistence agriculture:** Preparing food and cooking is 'care', while work in vegetable gardens, or with animals is not. Producing food or other products is normally classified as 'unpaid farm work'. With rapid care analysis we aim to make visible the services that are usually excluded from estimates of unpaid farm work.

1. These concepts are explained in more detail in Valeria Esquivel (2013) 'Care in Households and Communities, Background Paper on Conceptual Issues'. Available at <http://growwellthrive.org/our-work/care>

2. Valeria Esquivel (2013): Actors adopting a social justice perspective may consider care to be a 'right', while those adopting a social investment perspective may view care as a poverty or a lack of employment issue (Williams 2010). Diagnoses that emphasise gender, class, and race inequalities in care provision highlight women's costs of providing care. They call for the redistribution of care responsibilities, in particular through active state interventions with universal scope (UNRISD 2010). Diagnoses that focus on the role of care in the production of 'human capital', or the efficiency gains of women's partaking in the labour market when care services are publicly provided or subsidised, usually justify interventions that are focused on 'vulnerable' or dependent population groups. Such focused interventions may sideline women's (and others') equality claims.

2

Setting the parameters for using Rapid Care Analysis

Before undertaking a Rapid Care Analysis it is useful for relevant staff to consider each of the following aspects, in order to ensure that the analysis will be as effective as possible.

a) Scope.

Managers, along with partners and facilitators, should clearly define the purpose and scope of the Rapid Care Analysis. Clear expectations should be discussed and set in relation to resources, timeline, staff time, involvement of beneficiaries, locations, and follow-up plans. Is the exercise aimed at a single project or community, or is it for a whole programme or province? Is there a commitment to support fundraising for any proposals that result from the care analysis? Who will provide follow up?

b) Roles.

- Who gives the mandate for a care analysis? A senior manager will decide the scope of care analysis for an existing programme or for new programme design.
- Who plans? A programme manager discusses the parameters of the analysis (Sections 2c-2e), chooses facilitators, agrees documentation, and decides how to use the exercises (Section 3).
- Who facilitates? The facilitator(s) will have learned about and understand the significance of care in women's lives and in well-being, and should be able to answer questions about care. She or he should be skilled in participatory methodologies, in facilitating focus groups including people of different economic/social status, and fluent in the relevant local languages. Facilitators are not required to be gender experts. It helps to have facilitators discuss 'care'

with community leaders and with staff from partner organisations beforehand. This will enable them to identify any sensitivities, beliefs about gender roles, or particular issues about care in the area (for example in relation to the care of people who are HIV-positive or living with AIDS, orphans, or disabled or conflict-wounded people; or other issues such as water disputes, or violence and insecurity, which impact on care/housework).

- Observer role and documentation. It is helpful to have one person designated to observe discussions and identify/name issues where there is consensus or debate, as they arise in the discussion. An experienced 'documenter' writes up complete notes, capturing photos or drawings, to allow facilitators to focus on making the workshop run smoothly.

Templates for 'outputs' and feedback are available as part of the toolbox.

c) Objectives and desired outcomes.

The orientation that the tool is given depends on the objectives and motivations for undertaking the analysis. The objectives for using the Rapid Care Analysis need to be clarified and agreed within the team. These could include one or several of the following:

- To increase women's benefits from development interventions (reduce labour- and time-intensive tasks and activities);
- To ensure that vulnerable people receive care that meets their needs and is of good quality;
- To promote gender equality, or to address a core driver of gender inequality;
- To gather evidence for influencing local governments about essential services, or for influencing companies and employers about gender equality in employment policy and practice;
- To gather evidence for national policy advocacy on food security or women's poverty;
- After shocks, to ensure food security, health, and livelihoods rehabilitation;
- To ensure adaptive capacity, especially women's ability to be resilient.

d) What type of evidence should Rapid Care Analysis generate?

The choice of objectives will influence the type of evidence that is sought from the Rapid Care Analysis.

For instance:

- A programme which focuses on Ending Violence against Women has the objective of changing gender norms. Such a programme will need evidence about the gender division of labour and the reasons why a certain gender division of labour may be prevalent. A focus on beliefs and norms around gender, and not just time and mobility, will be critical.
- The objective of an Enterprise programme is to ensure that women members increase the time that they can allocate to product quality, training and marketing. Gathering evidence about time allocated to various categories of work will be important, as will be a focused discussion on different time- and labour-saving equipment or services.
- An Advocacy programme will need to generate numerical evidence to support lobbying with decision-makers. The team should identify what types of policies, infrastructure, or services participants think might improve outcomes. If advocacy should focus on promoting access to electrification and water systems, facilitators should pay more attention to time allocation to tasks, and less to the gender division of labour. In contrast, if participants consider that more accessible and affordable childcare and schools are needed, the

facilitator should ensure that simultaneous activities are well-captured (doing more than one care activity at a time, for example doing farm work or cooking and supervising children at the same time).

- A humanitarian or food security program needs strong evidence about 'what has changed' before and after crises, and what levers can be used in a post-crisis scenario to reconsider the distribution of care work.

e) Tailoring choices about evidence to the target audience.

The outputs and evidence from the exercises should match the rationale for doing the exercise. This will be familiar to researchers doing research for advocacy, and this is a type of participatory action research for advocacy. Who is your audience for the output of this exercise? Who do you need to convince to act? What kind of evidence will convince them? Stories, examples (e.g. beliefs about women's roles), and case studies will be enough for some decision-makers, while data and facts (numbers of hours) will be crucial for some donors and investors (see Figure 1 below). Facilitators should shape and direct the exercises to ensure that the group will generate the right evidence and indicators. This may mean putting less emphasis on other parts of the discussion.

FIGURE 1: MATCHING THE EVIDENCE TO THE TARGET AUDIENCE



3

Planning and running the Rapid Care Analysis tool

Facilitators should take time to review the toolbox of exercises, and make strategic decisions about which focus-group discussions to select based on the agreed objectives for the Rapid Care Analysis. This section can be used to facilitate this decision-making process.

a) Making decisions about how to use the tool.

TABLE 1: TAILORING THE TOOL TO PROGRAMMES AND OUTPUTS

Focus of programme	Main gender issue /main type of inequality	Type of evidence and main outputs needed on care	Suggested focus of the Rapid Care Analysis tool
Gender justice	Ending violence against women. Political participation of women. Hazard/health risks of care work. Prevailing gender norms.	Stories/quotes about 'why' (gender beliefs); stories linking care work with abuse or illness. Hours of women's and girls' care work. Women's and girls' access to education, politics, personal safety, or health.	FGD 1 FGD 2 (With focus on women, girls, and older women.) FGD 5
Advocacy and policy	Inequitable distribution of care work: impact on women, on the well-being of dependants, on food security, or jobs. Inadequate infrastructure. Care considered a 'women's issue'	Difference in hours spent doing care work a) by men/women; b) with/without infrastructure; c) and access to food/jobs for different groups. Proposed policies, services, or infrastructure.	FGD 2 Average weekly hours for women/men. FGD 4 Changes in care. FGD 6 Care diamond. FGD 7 Proposed options.
Enterprise development	Time poverty. Mobility issues for women. Managing paid and unpaid work.	Which tasks take how much time? Which tasks limit women's mobility? What services/policies reduce time? What care patterns facilitate women's entrepreneurship?	FGD 2 Average weekly hours and petal diagram. FGD 6 Care diamond (focus on private sector).
Food security and livelihoods	Women's access to assets, resources, or markets, and barriers to access. Seasonal fluctuations in employment and care work. Vulnerability of female-headed households.	What is the impact on hours of care work of changes in food and input prices? What is the impact of changes in the climate on the volume of household tasks? Which households have specific needs?	FGD 3 FGD 4 (Focus on lifecycles and other changes in care patterns.) FGD 6 and 7
Disaster risk reduction (DRR) and climate change	Vulnerability. Gendered impact of climate change. Participation of women in decision-making processes.	Changes in the time allocation or intensity of tasks (such as fuel and water collection or drying clothes). Changes to illness patterns in children or other dependants	Combine elements of the Rapid Care Analysis tool with Participatory Vulnerability and Capability Analysis.

b) Asking the 'right' probing questions.

TABLE 2: LIST OF PROBING QUESTIONS FOR THE DIFFERENT FOCUS-GROUP DISCUSSIONS (FGDS)

Focus	Probing questions appropriate for each FGD
<p>Why? Unravelling gender beliefs and norms</p>	<p>FGD 1: Why do you provide care for so-and-so? What 'praise' do women get for this caring role or this care? What about men? What are local sayings about children who are 'well-cared-for' or 'badly-cared for'? How do these children turn out? What are the characteristics of families with enough time to care through cooking, cleaning, listening, or in other ways? What are the characteristics of families who don't? What do people say about families who care well or who care badly for the elderly?</p> <p>FGD 2: Why is there a difference between the hours men and women spend on care in your community? What social norms explain this? Has this changed over the last ten years? How? How do your care responsibilities impact on your ability to do paid work or to earn a living? Does this ever get discussed in your household/community?</p> <p>FGD 3: Is this type of work expected of you? What happens if you fail to provide the care expected from you? Can you obtain support from other household members? For which care activity do you never receive any assistance? Why/why not?</p> <p>FGD 6/7: Where infrastructure or services are being proposed so that women don't have to work so hard: is the lack of this infrastructure/service considered to be a community problem? Why or why not? What have been the responses to any proposals to invest in this infrastructure/these services? If this were an investment to facilitate work that is 'men's', would the response be any different?</p> <p>Where the redistribution of work within households is being proposed: is there a local saying for boys/men who do this task? Why? Are there any men who do this? Why? How can you imagine this 'saying' changing?</p>
<p>What and how much? Exploring time and labour efficiency</p>	<p>FGD 3/4: What care activities take up most of your time in an average day or week? What factors increase the amount of time you have to spend on this task? Which families in the community take the least time for this task? What do they have/do? Do other communities have services/infrastructure that make this task easier? What care activities do you do while doing other things (paid work, home garden, running a business)? At what periods of the year do you find it more difficult to cope with care work? What have you tried (individually or collectively) to reduce the time you spend on various care/housework activities? What do you wish you could buy? What do you wish you could do differently?</p> <p>FGD 4/5: On which care activities do you have to spend more time when there is heavy rain or a flood? A drought? Political violence? Why? Do you have to travel longer distances to collect firewood? Do you have to spend more time getting water for the laundry? Do you make a detour to avoid a risk of violence or attack? If you spend more time washing or drying clothes, how do you manage childcare in the meantime?</p>
<p>What has changed? Exploring 'before and after' scenarios</p>	<p>FGD 4: Choose a few care responsibilities that are 'very different' to before. How has this care responsibility changed now compared with before? (For example, compared with the situation prior to displacement; before food prices went up; before the onset of the drought; when there was a school/childcare; before the construction of the dam; when the clinic opened/closed; before the conflict; or when paid employment was more readily available.) What has changed in how you organise your daily care activities? Has the time required changed? What has changed in terms of the types of support you get for performing care activities? How have care roles and responsibilities changed within the family? How has the community responded?</p> <p>FGD 6: What has changed in terms of the services available around care provision? Have conditions for accessing these services changed? Have these services been affected (as a result of budget cuts, environmental change, or political unrest)? Has there been any organised response from the community as a result of these changes?</p>
<p>What would be the benefits? Exploring options for policy change</p>	<p>FGD 7: If you had access to a water pump (or improved stoves, washing facilities, electricity, improved grain mills, etc.) what difference would it make for you? By how many minutes or hours would the time you spend on different tasks be reduced? Is time the only difference? What about health/illness or sleep? Do you cook different types of food? Have the tasks/activities/education for children changed? If there was a childcare centre in your locality, which children would attend, and why? What are the (dis)advantages of having children in a childcare centre? What would people say who were against the change (e.g. some people might say that women whose children go to childcare are 'lazy mothers')? What tasks/activities would you do more of? Would you be able to go to the market to sell your products more frequently? If the community started literacy classes for women in the evening, under what conditions would you be able to attend?</p>

c) Ensuring good quality documentation.

Ensuring that the Rapid Care Analysis is well-documented is critical to the quality of the outcome. The person whose role is to record and document should have a clear view of the level of detail required, and the type of information that will be most critical to the analysis.

- Write down the exact words of participants when they give opinions about 'why' care work is done as it is, or local sayings, or stories about good/bad experiences. Ask the person to repeat what she or he said (during a break) if you weren't able to write it down.
- If it is essential for your programme to know how women's care responsibilities affect their capacity to engage in other activities, such as paid work or political participation, you should keep a detailed record of the hours that women allocate to different activities in a day. This can be achieved using the 'individual one-day recall' exercise where all daily activities are listed and explored. An in-depth

understanding of how women manage their time (including simultaneous activities) will be essential.

- If you intend to use the outcomes of the Rapid Care Analysis for advocacy work, the numerical evidence that you collect should be supplemented with quotes and detailed stories. This qualitative evidence might show how people manage their care responsibilities alongside other aspects of their lives; expected or unexpected impacts of changes in the climate, in the policy environment, or within households on care responsibilities; what they consider their responsibilities to be and why; or what constitutes change for them. When using ranking matrices, it is important to record not only the ranking outcomes (the outcomes should be written into the boxes in the matrix), but also to document the key reasons why the group chose this ranking emerging from the discussions, and any points of disagreements within the group. Disagreements may need to be explored through further probing or individual interviews.



4

Getting support and giving feedback

We hope that this Guidance Document and the accompanying Rapid Care Analysis Toolbox will provide you with useful inputs and guidance for implementing care analysis within your programmes. If you do need additional support or advice in order to start integrating care analysis into your work, please contact Thalia Kidder tkidder@oxfam.org.uk in the first instance.

We would love to hear about your experiences of using Rapid Care Analysis in your programmes. What worked well? What didn't work? Did the process generate surprising outcomes? How did you use the outcomes of the process? How could this Guidance Document or Toolbox be improved? Have you developed or encountered alternative tools that might be useful for others?

We welcome your feedback via the web platform for this project: <http://growsellthrive.org/our-work/care>. Your experiences will support further innovation and improvement of tools and approaches for understanding and responding to unpaid care work within Oxfam's programmes.

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