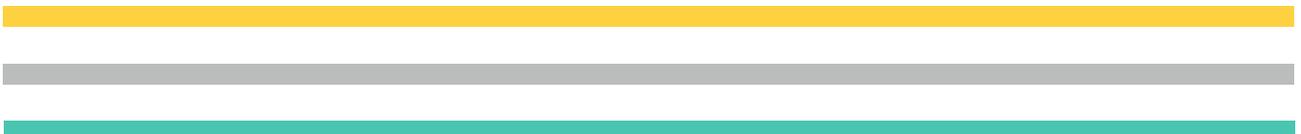




Understanding Unpaid Care Work
to Empower Women in Market Systems
Approaches

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May 2016



CITATION

Maestre, M. and Thorpe, J. (2016) *Understanding Unpaid Care Work to Empower Women in Market Systems Approaches*, The BEAM Exchange, accessed from <https://www.beamexchange.org>. © 2016 The BEAM Exchange

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This research is led by the Institute of Development Studies (www.ids.ac.uk), in collaboration with Oxfam GB and its team in Ethiopia (www.oxfam.org.uk).

We are very grateful to Thalia Kidder, from Oxfam GB, Helina Alemarye, from the Oxfam team in Ethiopia, as well as to the entire Oxfam team in Ethiopia, Ethiopian based consultant Praxis, Rift Valley Children and Women Development Organization (RCWDO) and the programmes we interviewed in the course of this work, including ACP-AMDe, AgriProFocus, GTLI, LIFT, PEPE and PRIME. Thanks also to Erin Markel, from MarketShare Associates, for her review of the paper.

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The BEAM Exchange is a programme funded by the UK's Department for International Development ("DFID") and the Swiss Agency for Development and Cooperation. It is administered by PricewaterhouseCoopers LLP, working with organisations including the Institute of Development Studies and ITAD.

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Executive summary

It is widely recognised that successful efforts to promote women’s economic empowerment not only impact incomes but also build self-confidence, enhance women’s agency, and contribute to improved education, health and security outcomes for families. Nevertheless, interventions designed to support women to participate in productive or paid work – either as business owners or employees – are often based on assumptions around the elasticity of women’s time. They fail to disaggregate household roles and responsibilities, or to recognise care responsibilities outside the paid economy.

To date there is little published material available to support market systems programmes to understand and address unpaid care work. This document fills that gap by providing guidance to practitioners on approaches to diagnose constraints related to unpaid care; provides tools to carry these out; and outlines with real examples how programmes have designed interventions to target problematic aspects of care provision based on facilitation approaches using systems thinking. The knowledge is based on the insights produced together with a community of practitioners, donors and experts from both the gender and markets systems fields, and practical programme experiences.

The provision of care is a social good and a valuable activity that is essential for maintaining society, including the functioning of markets. It includes direct care of people, such as child care, and the domestic work that facilitates caring for people, such as cooking, cleaning or collecting water. While the features of their lives vary enormously across contexts, it is women and girls who perform the majority of these activities. Many women feel empowered, and derive satisfaction from these responsibilities, nevertheless, unpaid care becomes problematic when it is invisible, highly unequal and an extremely heavy burden. This will result in time poverty, poor health and well-being, limiting women’s mobility and perpetuating women’s unequal status in society. Research shows that heavy care work also impacts overall economic productivity, growth and poverty reduction. For example, unpaid care affects private-sector actors and markets through impacts on: (i) product quality and productivity; (ii) supply chain reliability; (iii) workforce stability; and (iv) customer attraction.

Therefore, for programmes that target women’s empowerment, heavy and unequal unpaid care will likely be a system-level constraint. By understanding how programmes’ interventions interact with existing care work and responsibilities, they can use the potential of systemic responses to improve both market operations and livelihood outcomes. When programmes integrate this understanding throughout the project cycle, they can facilitate system changes to, for example, support the reduction or redistribution of care work.

Recognising care is the first step for change to happen – understanding gendered roles and responsibilities, household dynamics and community or other social group dynamics that affect women’s time, mobility and agency. For example, where women are unable to leave

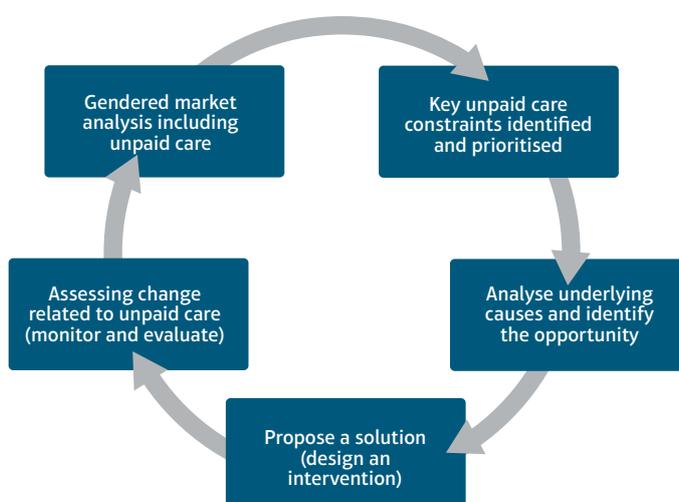


Figure 1: Factors related to unpaid care within market systems

their house due to their care responsibilities, such as preparing meals at specific times of the day, and participate in marketing crops, they may lose control over the money that is earned from farming. A gendered market analysis will reveal these and other patterns of care work and allow programmes to identify constraints that are systemic. These are those that have a significant impact on the programme’s target group and are feasible to address – in terms of the programme’s judgement around the potential to achieve change, and the existing programme’s capacity.

The report outlines a diverse set of tools for programmes to understand these constraints, how they interact with the market system, find the root causes and identify potential entry points for the interventions. These are:

- Rapid Care Analysis (RCA), a qualitative participatory action research exercise for the rapid assessment of unpaid care work in households and communities.
- Gender Action Learning System (GALS), a community-led empowerment methodology, using visual and participatory action learning techniques, to inspire women and men to take action.
- Care Diamond, a community map of care services and infrastructure.
- Household Care Survey (HCS), a quantitative household survey to measure and monitor time use by gender, access to services, attitudes and norms.
- Time-Use Surveys (e.g., Action Aid Diary), to measure how individuals use their time.
- Time-Use Visualisation Instrument (TUVI), a participatory tool to stimulate discussion and capture time use.

Solutions to address problematic aspects of care provision - sometimes referred to as four ‘Rs’: recognition, reduction, redistribution and representation – can create changes that adapt market system activities based on the recognition of care responsibilities; reduce arduous and inefficient care tasks; or redistribute responsibility from women to men or from the household to the community, State or market by using a facilitating approach. They can also improve women’s representation and agency; or influence existing norms and regulations. Programmes will generally design a combination of interventions to directly address care, and to adapt them to existing care work. The table below presents a simple mapping of changes programmes can facilitate, developed further in the report.

Table 1: Responding to unpaid care work

Change	Adapt market system to work around care	Reduce arduous and inefficient care tasks	Redistribute some responsibility	Improve women’s representation and agency (bottom up)	Influence norms and regulations (top down)
Examples	<ul style="list-style-type: none"> • Change location of collection points • Change timing of training • Use of technology 	<ul style="list-style-type: none"> • Labour-saving equipment (e.g., laundry facilities) • Village electricity • Prepared foods (labour-saving product) 	<ul style="list-style-type: none"> • Redistribution of labour within the household • Provision of crèche • Health services (e.g., at work or in the community) 	<ul style="list-style-type: none"> • Women’s social capital (e.g., support groups) • Quotas for women in leadership • Women’s negotiating power 	<ul style="list-style-type: none"> • Influence social norms • Support for women’s collective action to change labour laws on work hours or maternity

Implementation of these interventions will involve working with actors – government agencies, community organisations, cooperatives and businesses – to identify (and unlock) the incentives for changes that either accommodate unpaid care responsibilities or offer alternative solutions (see Box 1).

Box 1 - PEPE: facilitating change to support the redistribution of care work

Private Enterprise Programme Ethiopia (PEPE), working on the garments sector, identified a lack of skilled workers, high turnover of employees and lack of relevant training programmes as sectoral constraints. It also learned that local factories value women workers. These constraints can become opportunities, if women have access to appropriate training and employment. PEPE also identified an entry point – training providers – in a sector that has the potential to impact women – garments factories. PEPE identified and partnered with a training provider that has capabilities and incentives to design training tailored to women’s needs, and to coordinate with factories to ensure employment for their graduates. In the long term, PEPE aims to support factories to establish a human resources function to address other challenges related to unpaid care (e.g., flexible working hours) to help factories retain trained and skilled women, particularly after maternity leave. PEPE is facilitating the training and garments sectors to build a stable and growing business model which benefits women, based on training providers accessing new customers and factories benefitting from a stable and healthy workforce.

This report is the first attempt at integrating theoretical insights and practical experiences on unpaid care from the market systems and gender fields. While it provides an analysis of the connections between market systems programmes and care, along with guidelines, tools and examples, it has only explored part of the process. As more market systems programmes integrate women’s economic empowerment along with interventions that address constraints rooted in heavy and unequal care work, further learning needs to be taken from these experiences and the outcomes achieved through interventions designed to facilitate change.

1. Introduction

‘For the women who walk miles each day to collect water and fuel and those who have to work a long, hard “second shift” when they get home from their paid job, time for education, health or simple leisure is a rare luxury. The unequal and heavy work they do is severely impacting the enjoyment of their rights and it is major barrier for gender equality.’

Maria Magdalena Sepúlveda Carmona,
UN Special Rapporteur on Extreme Poverty and Human Rights

Women make up half the world’s population, yet they are disproportionately represented among the most marginalised. Despite making significant, often unrecognised, contributions to their local economies and to economic development, they face multiple and overlapping barriers to realising their full potential in terms of access to education, information, decision-making power or earning power (among other factors) (Oxfam 2012). On the other hand, research has shown that successful efforts to promote women’s economic empowerment not only impact incomes but also build self-confidence, enhance women’s agency within the household and community, and contribute to improved education, health and security outcomes for families (Dolan et al. 2012).

In the past five years, the understanding and practice of mainstreaming women’s economic empowerment within private-sector development programmes generally, and market systems programmes in particular, has grown. Guidance is now available for companies to support women’s opportunities in value chains (Chan 2010), and companies have begun to respond¹. In 2012, the first structured effort in the market systems field was published: How can the Making Markets Work for the Poor Framework work for poor women and for poor men? (Jones 2012). Programmes have responded by increasingly recognising women’s roles in market activity, incorporating women’s economic empowerment and gender equality among their objectives, and facilitating training, business development and marketing or finance for women (Coffey 2013). Efforts are also growing around how best to measure the results of women’s empowerment within market programmes (Golla et al. 2011; Markel 2014).

However, interventions designed to support women to participate in paid work – either as business owners or employees – are often based on assumptions around the elasticity of women’s time. They fail to disaggregate household roles and responsibilities, or to recognise care responsibilities outside the paid economy. A recent assessment by the Donor Committee for Enterprise Development (DCED) (Wu 2013) found that very few of the 30 programmes reviewed were measuring changes in gender inequality at the household level, and those that did were only focusing on assets, income and market participation. Seventy-five per cent of the programmes were not disaggregating results by sex, and almost none of them were measuring changes in agency, institutions and norms or women’s status. Yet where long hours, low productivity and unequal distribution of care work are unrecognised, interventions to support women’s economic empowerment will be ineffective or may even have negative implications for women and girls (Jones 2012).

The provision of care is a social good and a valuable activity that is essential for maintaining society, including for the functioning of markets (Chopra and Sweetman 2014). It includes direct care of people, such as child care or care of dependent adults, and the domestic work that facilitates caring for people, such as cooking, cleaning or collecting water or firewood.

¹ See, for example, Linda Jones’s blog on the UN Foundation and Exxon Mobil Foundation’s Roadmap for promoting women’s economic empowerment: <https://beamexchange.org/community/blogs/2015/12/7/www-roadmap/>.

Although time spent on care responsibilities is rarely counted, it occupies the majority of work hours for rural families, and mostly falls to women. While many women feel empowered, and derive pleasure and satisfaction from these responsibilities, when care is highly unequal, invisible and an extremely heavy burden, the result is time poverty, poor health and well-being, limited mobility and a perpetuation of women's unequal status in society (Esquivel 2013; Coffey 2013). Programmes need to understand, in particular, this heavy, invisible and highly unequal component of care work. They also need to grasp the potential to design systemic responses using facilitation approaches and to improve market operation and livelihood outcomes based on women's engagement in paid economic activities. Yet to date there has been little detailed support available to market systems programmes². This guidance document fills that gap.

Box 2: Definitions of key terms in the report

Facilitation approaches: activities and interventions that provide temporary support (rather than direct solutions), working with local actors to build the conditions for the market system to work better. The approach leverages and strengthens market actors' capabilities to work in these new ways in the future (Practical Action 2012).

Excessive or unequal unpaid care tasks: the costs (economic or personal) of unpaid care responsibilities become excessive when social or household infrastructure is inadequate, requiring travelling long distances to collect wood or fuel, cooking with unsafe stoves or not having access to health services (Esquivel 2013), and the burden of heavy tasks falls disproportionately on households (rather than state or market actors) and on specific individuals – generally women and girls.

Invisibility of unpaid care: unpaid care tasks are often undervalued or ignored in market or economic analyses, in public policy and often by households and carers themselves, resulting in an underinvestment by households, communities and the state to make care activities more productive (if they take less time to complete), lighter (need to be completed less often) or accounted for.

Unpaid care work constraints: constraints to women's economic empowerment deriving from problematic (invisible, excessive or unequal) aspects of unpaid care work. It does not mean that all care activities are a constraint or disempowering.

Women's agency: a woman's capability to act on opportunities (aspirations), make decisions (choice) and influence her surroundings (Markel and Joes 2014).

Women's economic empowerment: women's increased capacity (e.g. increased access to assets, time, information, mobility or opportunities) and agency (individual and collective) to bring about economic change for themselves, involving income and return on labour (Markel and Joes 2014; CARE 2014).

1.1 Research overview

This guidance draws from market systems theory, research and data on unpaid care work. It represents the co-production of knowledge based on the insights of a community of practitioners, donors and experts from both the gender and markets systems fields, and practical programme

² We assume that the audience for this report will be predominantly market systems practitioners with gender knowledge. For further information on what market systems approaches are, please refer to www.beamexchange.org

experiences. The ideas have also been tested – first at a peer learning session led by the Institute of Development Studies and Oxfam at the 2015 SEEP conference³ and then in the context of an existing women’s economic empowerment programme in Ethiopia⁴.

Through this process we have sought to understand:

- how heavy and unequal unpaid care work constrains women’s economic empowerment through markets – and how this can be framed within market systems;
- what tools exist to identify and diagnose the root causes of constraints arising from unpaid care work, and how these can be adapted to a market systems approach;
- what solutions might address these root causes; and
- the potential for interventions to be implemented through a facilitation approach.

The nature of unpaid care work varies enormously between contexts – affecting women differently in different countries, in rural or urban settings, or for those working in agriculture versus those working in industry. But in all contexts, evidence shows that the time spent by women on unpaid care work is substantial. Our aim is not to produce a decisive list of unpaid care activities or a blueprint of solutions, but to understand how systems thinking and facilitation approaches may be applied in different contexts. While many of the examples reflect a rural, farming context – the focus of many market systems and value chain programmes – the approach has broader applicability. Note too that the scope of the research is limited to care work and excludes other unpaid labour that commonly takes place on family farms or in household enterprises and which is generally better recognised in value chain and market systems programmes⁵.

This report is structured as follows:

- **Section 2**⁶ provides some background on unpaid care work and on market systems – what they are and what the relationship is between them, including the ‘business case’ for market actors to address unpaid care.
- **Section 3** presents the project lifecycle, identifying implications of unpaid care work for markets systems.
- **Section 4** introduces tools to diagnose and design targeted interventions, adapted for use by market systems programmes. It draws on examples from an in-depth case study from Oromia, Ethiopia, and other programme experiences globally.
- **Section 5** categorises and presents examples of interventions to respond to unpaid care work, and again is illustrated with programme examples.

3 The SEEP Network is a global network of international practitioner organisations working in the area of inclusive markets and financial systems. The conference session took place on 1 October 2015. See <http://bit.ly/29DFvoF> for more information on the conference session.

4 The Gendered Enterprise Development for Horticultural Producers (GEM) programme

5 In practice this difference is not so clear – in part because households themselves may not draw this distinction, and in part because there may be unpaid activities, such as providing meals for labourers on family farms, which blur the line between care and productive work. Also, care tasks are often carried out simultaneously to productive work. However, the key point here is that this report focuses on unpaid care work, and not on family labour in productive activities.

6 Refer to the Conceptual Framework (Thorpe, Maestre and Kidder 2016) for more information on the conceptual underpinnings outlined in Sections 2 and 3.

2. Unpaid care and market systems

2.1 What is ‘unpaid care’, who is affected, and why should it matter to market actors?

What is unpaid care, and why does it matter?

Care is a group of activities that serves people in their well-being, provided by households, communities, the market and governments through a combination of paid and unpaid activities. Unpaid care involves time and energy in supporting human well-being, arising out of social or contractual obligations, including marriage and parenting as well as less formal societal relationships. It includes: (i) direct care of people, such as child care or care of dependent adults; (ii) housework – such as cooking, cleaning or collecting water or firewood; and (iii) unpaid community work undertaken for friends, neighbours or more distant family members, and work undertaken out of a sense of responsibility for the community, such as volunteer work. It is work because it has costs – both time and energy (Elson 2010). The provision of care within households and communities is shaped by power relations and social norms. These often define care as an innate characteristic of women, and therefore not an activity that can be learned, which does not require training or skills or produces value.

The amount and pattern of care work within a household depends on the availability of time and labour-saving technology; the availability and cost of substitutes to undertake housework; the economies of scale derived from different family arrangements; the role of income in individuals’ bargaining in or out of housework; and social norms. It also depends on the availability of infrastructure or services provided by the community, State or market, which affects the share of responsibilities that fall on the household (Esquivel 2013). Where social values and beliefs deem care a personal, private and family issue, they often leave other stakeholders, such as the State, free of their responsibilities to provide services, infrastructure and policies that support care.

Good-quality care work is a social good that sustains society, including markets (Chopra and Sweetman 2014). While many women feel empowered, and derive pleasure and satisfaction from these responsibilities, unpaid care is problematic⁷ when it is: (i) invisible, and therefore undervalued or ignored – for example, in market or economic analyses, in public policy and often by households and carers themselves; (ii) characterised by extremely heavy care tasks, most notably in poor communities without adequate access to services; and (iii) unequal, meaning that poor, marginalised communities spend more time on care work, with the biggest responsibility falling on women and girls in these communities.

Heavy and unequal care responsibilities contribute to time poverty, limited mobility and poor health and well-being. They undermine the rights of carers, limit their opportunities, capabilities and choices and often restrict them to low-skilled, irregular or informal employment (Chopra 2015; Kabeer, et al. 2011; Razavi 2007). Low incomes and irregular employment for women have knock-on effects for families, since women tend to use their income for the health, food security, education and well-being of their children (Grassi et al. 2015). For the women themselves, the impact is to undermine progress towards gender equality and to entrench a disproportionate vulnerability to poverty (Carmona 2013). As unpaid care can restrict women’s involvement in the labour market, it also affects overall productivity, economic growth and poverty reduction.

⁷ Throughout this report, the references to the constraints caused by unpaid care work refer to these problematic aspects of unpaid care work – its invisible, heavy and unequal nature – and not to all care activities in general.

Who is affected?

While the features of their lives vary enormously across contexts, it is women and girls who perform the majority of unpaid care work. While men spend more hours on average doing paid work, if both total paid and unpaid hours are combined, women work more overall. For example, the Action Aid programme 'Making Care Visible' in Nepal and Kenya found that women are working 1.4 hours for every 1 hour worked by men (Budlender and Moussié 2013). The United Nations Research Institute for Social Development (UNRISD) analysed data on working hours (paid and unpaid) from six countries⁸ and found that women do noticeably more work than men in all cases. On average, women do between 174 per cent (South Africa) and 194 per cent (India) of the work done by men (Budlender 2008). This work is often undercounted and undervalued because it is carried out simultaneously with paid and productive work, or when the carer is also studying, eating, resting or socialising. This responsibility for 'supervision', even when caring activities are intermittent, restricts the carer's mobility and productivity. Oxfam's 2015 Household Care Survey (Rost et al. 2015) captures these 'secondary activities' of care, finding that adult women have an average of 11.5 hours per day of total care responsibility, almost double the 5.9 hours of care work as a primary activity, and almost 8 hours a day more on average than men in the same households.

In the majority of the cases, care work cannot 'not' be done. When adult women do less care work because of other responsibilities, the work is usually transferred or the quality of the care provided falls. In some cases the work may be transferred to paid care workers or to men, but most often responsibility shifts to other women – daughters or grandmothers. Adolescent girls are particularly affected and may have to drop out of school to help with care work, perpetuating a cycle of inequality.

While men are rarely the primary carers, their experiences, needs, priorities and decision-making power impacts and are impacted by these issues, and changes may affect men's roles, both productive and in relation to unpaid care (Coffey 2013). Social norms determine culturally acceptable roles for men as well as women, and men (and women) can face a backlash for contravening norms. Men who try to undertake more care tasks or women who try to undertake fewer may be considered 'unnatural'. Widespread evidence shows that criticism, shaming and violence are mechanisms used to enforce these 'natural' gender roles. Often it is women who do not want men to do care work for fear of being stigmatised by the community (Budlender and Moussié 2013).

In October 2013, the UN Special Rapporteur on Extreme Poverty and Human Rights reported that 'heavy and unequal care responsibilities are a major barrier to gender equality and to women's equal enjoyment of human rights' (Carmona 2013).

Why should market actors care?

Research shows that unpaid care work affects markets through its impacts on (Markel et al. 2015; Chan n.d.; Glinski et al. 2015): (i) product quality and productivity; (ii) supply chain reliability; (iii) workforce stability; and (iv) customer attraction. In the horticultural sector, for example, women's roles are linked to harvesting, packing, storage and processing, which directly affect the quantity and quality of supply, and related post-harvest waste (Christian et al. 2012; Bamber and Fernandez-Starck 2013). Women may be hired for these positions specifically because employers perceive them to have better skills for these tasks. Case studies on coffee in Uganda and tea in Kenya show that women are doing the majority of the work on the farm, while men own the land (Chan n.d.). Enabling women as well as men to receive technical training or access information through direct interactions with buyers can have a positive impact on crop productivity and suitability for market requirements.

⁸ Argentina, Nicaragua, India, the Republic of Korea, South Africa and Tanzania.

Addressing unpaid care issues can also affect other sectors seeking to attract and retain female employees. For example, TexLynx, a textile company in Pakistan, recognised this issue and set up employee day-care centres to support workers to balance productive and care work (Markel et al. 2015). Infosys, a major Indian company, implements flexible schedules, part-time work or telecommuting to support women working in its call centres. As a result, the proportion of female employees returning to work after maternity leave increased from 59 per cent to 83 per cent in three years (Ahmed 2013). Casmyn Mine in Zimbabwe offers recycled water storage tanks and equipment, which reduces the intensity of household water collection and facilitates access to clean water, supporting a healthier and more stable workforce⁹.

Other factors that make unpaid care work relevant to market actors relate to security and stability of supply, and brand positioning (Chan 2012). For instance, The Body Shop is working with the Juan Francisco Paz Silva Cooperative in Nicaragua to pilot a pricing model that recognises unpaid work of women as an important production input. An initial calculation in 2008 found that women’s unpaid labour contributed to 22 per cent of the total input in sesame produced by the cooperative (Butler 2013). Through implementation of a Fair Trade premium that also covers this productive and care work, The Body Shop is aiming to increase supply security by building more resilient households, as well as enhancing customer connection with the product. Through this premium, women have experienced both economic (increases in income) and social (greater status and bargaining power, increased self-esteem) benefits (Butler 2014). Other cooperatives in Nicaragua have also started replicating the model.

2.2. Is unpaid care work relevant to market systems approaches?

The ultimate goals of market systems programmes are poverty reduction and not discriminate against women.

Box 3: What are ‘market systems approaches’?

Market systems approaches aim to reduce poverty by transforming an economic system (market system) in which poor households could or do participate by buying or selling goods, services or labour. A market system includes:

- a core market where goods or services are exchanged – often through a value chain;
- supporting services, resources and infrastructure (e.g., roads, inputs, transport, credit); and
- formal and informal rules that influence how market exchanges take place.

How the market system functions determines the impact of that market on poor women and men. Market systems programmes facilitate changes to make markets more financially rewarding or accessible for marginalised communities by:

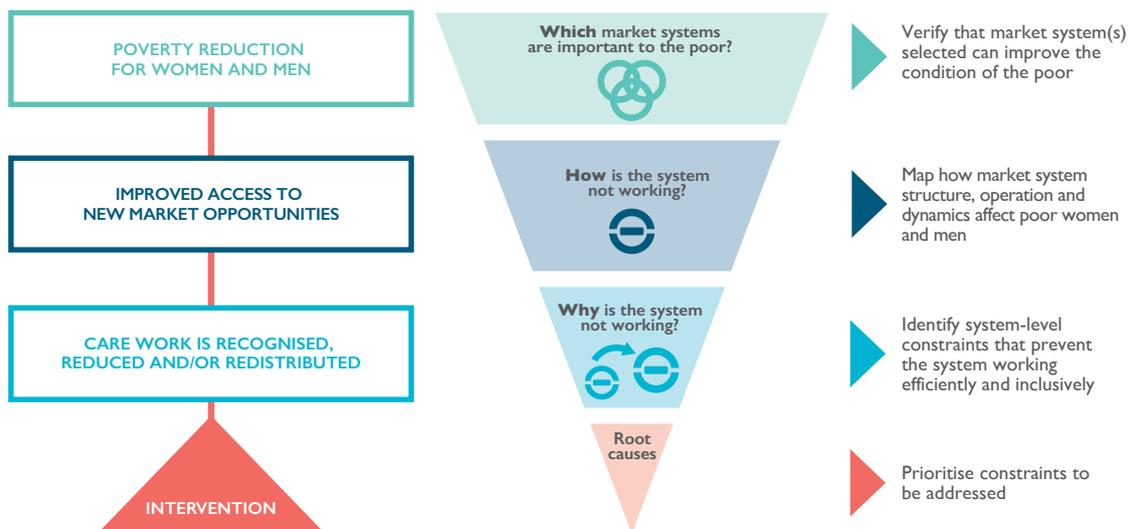
- tackling root causes of market failures, rather than the immediate symptoms;
- leveraging the incentives and capabilities of system actors to achieve long-term change; and
- using systems thinking to guide implementation of interventions, acknowledging that markets involve interrelationships between many stakeholders, with system and power dynamics emerging from the interaction between these stakeholders.

Source: BEAM Exchange website (www.beamexchange.org) and The Springfield Centre (2014)

Achieving this goal means that both women and men need the time, information, mobility and agency to benefit from new market opportunities. Yet if programmes understand the market system to only include activities directly associated with market exchange, then one of the key insights of the systems approach – that services, infrastructure, norms and institutions outside

⁹ Personal communications with Oxfam GB and its team in Zimbabwe

Figure 2: Adapted theory of change to address and understand care



Source: Author’s own creation, adapted from Springfield Centre (2014)

the core value chain transactions also affect how markets function – is lost.

On the other hand, by implementing a systems approach, programmes will identify where excessive household care responsibilities affect women’s participation in economic opportunities, as well as potential changes in system structure, operation and dynamics to address constraints (see Figure 2). The key is in understanding how care intersects with the way the market system and its sub-systems currently work. The programme can then facilitate system changes to support the reduction or redistribution of care work within households or between household, community, State and market. How programmes can facilitate change is the subject of the rest of this report.

Box 4: Facilitating change to support the redistribution of care work

Private Enterprise Programme Ethiopia (PEPE), working on the garments value chain in the country, identified a lack of skilled workers, a high turnover of employees and the lack of relevant training programmes as sectoral constraints. It also learned that the factories value women workers. These constraints could therefore represent opportunities, if women had access to appropriate training and job opportunities.

- PEPE identified an entry point – training providers – in a sector that has the potential to impact women – garments factories.
- The programme identified partners with capabilities and incentives from among training providers, and designed with them a programme tailored to women’s needs and time available. The training providers are also coordinating with factories to ensure employment for their graduates.
- PEPE is now designing a scale-up intervention to enable 30,000 women to be employed in the Hawassa industrial zone (a newly developed trade zone for manufacturing).
- In the long term, the programme aims to support factories to establish a human resources function to address issues related to unpaid care (e.g., flexible working hours, subsidised childcare facilities). This will help factories retain already trained and skilled women, particularly after maternity leave.

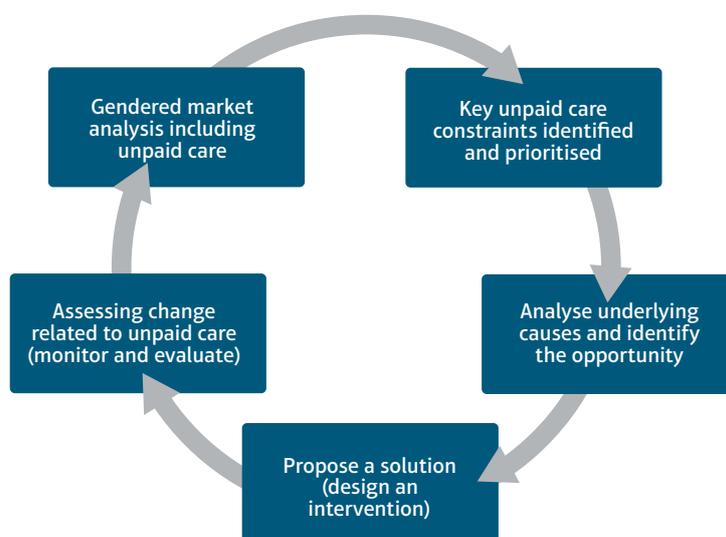
At the end of the programme PEPE will have supported the training and garments sectors to build a stable and growing business model (training providers with new customers and factories with a stable and healthy workforce), with benefits for women.

3. Integrating unpaid care into market systems programme design

Source: Personal communications with PEPE

For programmes that have a women’s empowerment objective, problematic aspects of care are likely to be a system-level constraint. These programmes therefore need to understand patterns of unpaid care work in relation to the target market system, and integrate this analysis throughout the project cycle, as set out in Figure 3. It is also important at this stage for programmes to build systems and gender capacity within the whole team. Everyone should

Figure 3: Integrating care in the project cycle

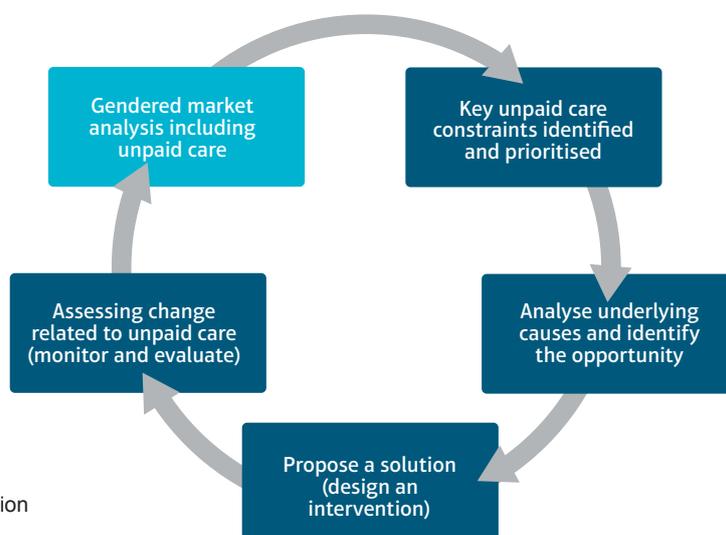


Source: Author’s own creation

attend gender training, alongside having more in-depth gender specialists. This section provides guidance on the first two steps in the project cycle: gendered market analysis and identification and prioritisation of key constraints. The aim is to support programmes to understand gendered patterns of unpaid care work and the key factors (time, mobility and agency) affected by unpaid care responsibilities, and to prioritise constraints that affect women’s economic empowerment. It draws on tools from both the market systems and gender fields, and is informed by practical programme examples and an in-depth case study in Oromia, Ethiopia (highlighted in boxes).

3.1. Market analysis to understand unpaid care work and implications for market systems

Figure 4: The project cycle - gendered market analysis



Source: Author's own creation

The first step in any programme is to carry out a gendered market analysis and collect sex-disaggregated data, to identify gendered roles and responsibilities, household dynamics and community or other social group dynamics (e.g., within a cooperative). It will build an understanding of women's and men's time use and their access to and control over resources. This allows programmes to question gender assumptions behind the results chain, and to develop a strategy tailored to the context. Baseline studies and analysis will include but go beyond productive or income-generating activities to assess patterns of unpaid care work, incorporating questions about care provision, and how it relates to market participation in the main sector(s) in which the programme is working. The analysis should also identify potential benefits or negative impacts of the market system for women. The basic elements related to unpaid care within a gendered market analysis are listed below.

Core market system

- **Gendered division of roles and responsibilities** of productive and reproductive activities: for example, in horticulture, men may be considered responsible for growing vegetables, yet women also go to the field, and prepare seeds or carry out post-harvest activities at home. Women also often prepare meals for men and take meals to the field, fetch water and fuel and take care of the children. The quality of inputs or of post-harvest activities may be impacted by excessive care workloads.
- **Time use patterns** for men and women: this will provide an understanding of how women and men spend their day, the overlap between paid and unpaid activities, and how this varies over time (e.g., peak seasons or times of day). It should consider primary, secondary and supervision¹⁰ activities, and both productive and reproductive work.

¹⁰ Care of people is often done at the same time as other activities. For example, a woman may be feeding animals or washing clothes (primary activity) and cooking at the same time (secondary activity) – an activity that requires ten minutes every half an hour. Simultaneously, a woman may be responsible for looking after children while she is feeding animals (productive work) or washing clothes (care work). It is important to capture simultaneous activities to avoid underestimating the time spent providing care, as this has an impact on women's time (the activity will take longer if multitasked) and energy. Supervision refers to the responsibility for looking after dependents, which may only require a few minutes per hour but limits the carer's mobility, choice of work activities and productivity.

Supporting functions

- **Gendered access and control (decision-making) over resources**, including inputs, infrastructure and information: for example, often, men will have access to the market to sell produce or buy inputs, which women lack due to constrained mobility. As a result, women may lack control over income earned from sales, affecting their agency within the household; or women may lack access to information regarding the choice and use of inputs, negatively affecting their farming activities.
- **Mapping the services/infrastructure available**, including those that facilitate care work: these include public infrastructure for household use such as electricity, water, laundry and milling facilities, and services for caring for people – childcare, eldercare and health services for chronically ill people.

Enabling environment

Oromia case study: enabling environment

The Government of Ethiopia has a supportive policy framework towards gender equality. Over the last 20 years, it has formulated pro-women and gender equality policies, created the Women's and Children Affairs Office and supported development programmes that target women's empowerment and gender equality. Despite these positive reforms, gender inequalities are still entrenched in Ethiopian society. Oxfam's HCS and RCA highlighted that social and cultural norms still influence women's and men's distribution of unpaid care work within families and communities.

- **Women-specific policies, norms or standards**, including those that affect care such as labour, water or energy policies: for example, a country may have a supportive legal framework for childcare policies, such as maternity leave, although employers may not enforce these. Childcare schemes and schools provide services to support care but may also require substantial additional 'volunteer' work from local women. The country may have water or energy laws that promote infrastructure that can reduce arduous care tasks, but the infrastructure may be missing.
- **Attitudes, values and norms with respect to gender**, as well as differences in power or decision-making authority: social norms can deeply affect the way a market system works and potential programme interventions. For example, men may be sanctioned in the community if they help with care activities, such as cooking or caring for the children.

Table 2: Areas of research to identify and diagnose unpaid care during market analysis

Level	Areas of research	Common questions
National/ Macro	<ul style="list-style-type: none"> - National macroeconomic data (e.g., macro time-use surveys) - National policies (e.g., labour market or SIGI) - OECD Social Institutions & Gender Index that enable (or not) women's economic empowerment - Internationally comparable indices (e.g., Women, Business and Law Dataset or Women's Empowerment in Agriculture Index) 	<ul style="list-style-type: none"> - What roles do men and women have (paid or unpaid, in the household or the community)? - How do different roles (paid, unpaid work, reproductive, productive and community roles) interact with those that directly relate to the core market system? (Do women have free time to go and buy inputs or attend trainings?)
Market	<ul style="list-style-type: none"> - Provision of equipment, products, services (e.g., time- and labour-saving equipment, childcare) - Employment/labour benefits 	<ul style="list-style-type: none"> - Who has access to and control over resources, services, infrastructure and information (including time use in paid/unpaid activities)? Who decides how resources are deployed?
Community	<ul style="list-style-type: none"> - Existing community infrastructure (water, electricity, childcare), distance to water sources, schools, hospitals, transportation and shopping facilities - Community groups – roles and responsibilities (e.g., if there is a communal water pump, who is the decision-maker, who manages it) - Leadership in the community - Norms and perceptions around care tasks 	<ul style="list-style-type: none"> - How do attitudes, values and norms affect gender distribution of roles, responsibilities or access to services or resources? - Who cares? (Are carers primarily women, because they are mothers; parents; workers?) - Where does care take place (within households; in public institutions such as schools, hospitals, day-care centres; or in community institutions)?
Household	<ul style="list-style-type: none"> - Time-use studies of men and women, including secondary activities and supervision - Household dynamics: structure, roles and responsibilities of family members, gender roles and perceptions - Control over and access to income, savings and property - Distance to infrastructure (water, fuel) and services (healthcare, transport, school) - Time and labour-saving equipment for care work (food mills, improved cooking stoves, water storage, cribs, wheelchairs etc.) 	<ul style="list-style-type: none"> - What services or infrastructure are available to support care (water, energy, childcare, health services, provision of labour-saving equipment)? - Who pays for the costs of providing care (households – through labour, primarily that of women; the State – through cash transfers to women or provision of free care services; families who can afford private services)? - When is care required (any specific times of the day or seasonality issues where there is more care work required – e.g., around meal preparation, school vacations)?

Source: Authors' own creation, adapted from Jones (2012) and Coffey (2013)

3.2. Unpaid care work factors

The initial gendered analysis will give programmes an understanding of patterns of care work, and will allow them to identify how unpaid care affects women's participation in and ability to benefit from markets, through impacts on time, mobility and agency.

- **Time:** Women's daily activities involve a mixture of tasks pertaining to care work, subsistence, productive work and rest. The more that women increase or decrease time spent in one sphere directly affects the time availability in the others.
- **Mobility:** Social norms strongly influence women's responsibilities, which often include expectations for women to perform a specific role at a set time and place, such as looking after dependents or preparing meals at specific times of the day. These responsibilities in turn limit women's mobility and their ability to engage in some economic activities or to find more stable employment.
- **Agency:** In some contexts,¹¹ unpaid work is not seen as contributing to the household economy, which can justify women's low level of control over household income and resources and undermine women's self-esteem. Low decision-making power then affects their ability, for example, to buy labour-saving equipment to facilitate care work.

These factors are interrelated. For example, women's time poverty affects their ability to participate in community or cooperative decision-making bodies. Where women are unable to leave their house and participate in marketing crops, they may lose control over the money that is earned from farming.

Enabling and dis-enabling functions and institutions

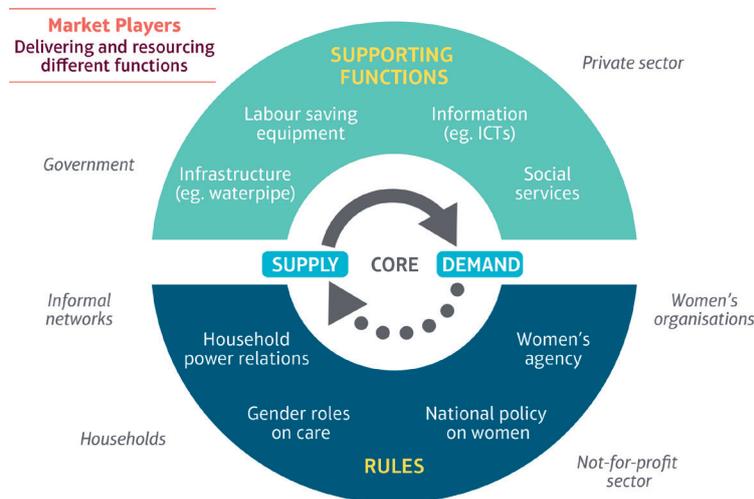
Women's time, mobility and agency are influenced by functions and institutions in the market system that act as enablers or disablers of women's economic empowerment. These include:

- **Power relationships** within the household or within the community, which influence agency, such as choices about investment in community or public infrastructure, or control over how time is used and how income is spent;
- Access to **social networks** or other organisations that support collective action and, for example, the ability to challenge or change formal and informal rules. These networks can build women's confidence and their ability to control aspects of their lives;
- Access to **information**, which has a substantive impact on access to markets, services, inputs and public goods. Women's relative lack of or reduced access to information arises because of low mobility, time poverty and weak social networks. It undermines women's ability to know about and defend their rights, and to engage effectively in the market;
- **Geographic accessibility** – of markets, training and collective organisations, for example;
- Availability of **social support services** such as health care and childcare, or **technology, goods equipment and infrastructure** that facilitate and increase the productivity of care or make it easier to combine productive and reproductive work (e.g., mobile telephones can overcome the constraint of reduced mobility). Insufficient provision of goods, equipment and services may arise from low prioritisation or 'low demand' (perceived or real), or lack of

¹¹ The perception of the value of unpaid care work varies considerably between contexts. In some cases, it enhances women's sense of empowerment, agency and self-esteem. In other cases, the core issue is not that men do not recognise unpaid care as work but, rather, that women are only valued by the amount of work they do and the number of children they have.

- information about the availability of alternative infrastructure or services and their costs and benefits;
- **Social norms** that govern women's and men's behaviour, strongly influencing traditional roles carried out by women or which are considered inappropriate for men. These norms often result in the unequal distribution of care responsibility, as well as informal sanctions for women and men who challenge the norms. They also influence the perception of unpaid care work as requiring low skills and contributing little value, linked to women having lower self-confidence, and lower status and negotiating power in families; and
- **Formal rules or policies** which maintain structures that, for example, obstruct women's access to land, restrict investment in care-related infrastructure or hinder women's representation in leadership positions (e.g. in cooperatives). These can also create unequal distributions of responsibilities between the household and the State.

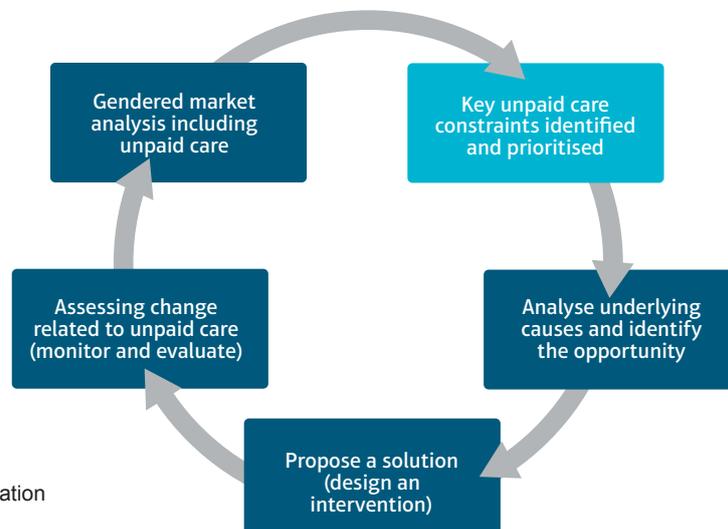
Figure 5: Factors related to unpaid care within market systems



Source: Authors own adapted from the The Springfield Centre (2014)

3.3. Identifying system-level constraints rooted in heavy and unequal care work

Figure 6: The project cycle - identifying constraints



Source: Author's own creation

There are different ways to frame the relationship between unpaid care and market systems, representing a spectrum of approaches (see Figure 3), depending on the degree of programme gender integration.¹² These approaches range from working around aspects of unpaid care work to approaches that seek equal benefit for women and men from programme activities to approaches that address these problematic aspects of care provision as a system-level constraint. The guidance in this report is primarily concerned with the last approach – addressing systemic market constraints based on unpaid care work. (see Table 3)

Table 3: Relating unpaid care work to market systems approaches

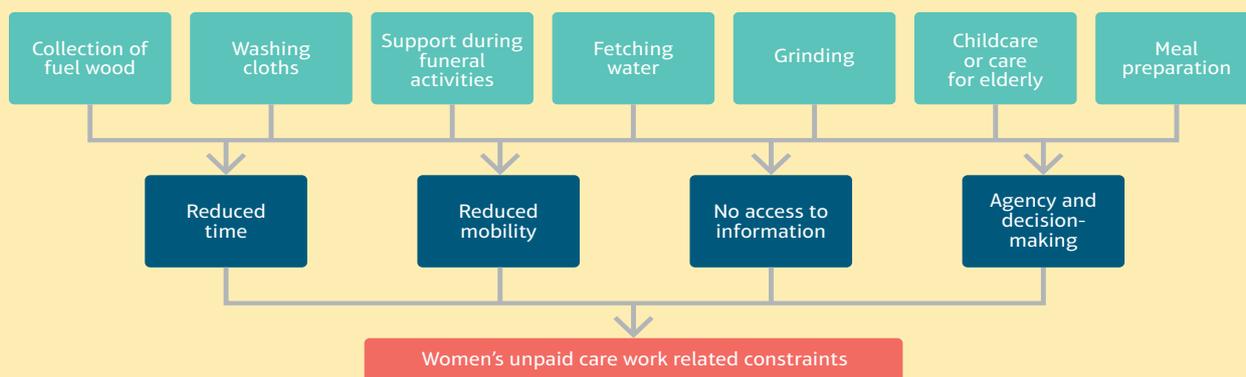
	No analysis of unpaid care	Working around unpaid care	Mainstreaming unpaid care	Targeting unpaid care
Degree of integration of unpaid care	Ignores unpaid care in all programme phases (analysis, intervention design, results measurement)	Includes an initial analysis of unpaid care Incorporates do no harm and awareness practices, taking into account aspects of unpaid care work Acknowledges unpaid care and works around it, adapting activities to reflect existing constraints, such as making markets more accessible to women by changing location of activities	Integrates an analysis of unpaid care work across the market system (core system, norms and rules and supporting functions) and throughout the entire programme cycle Designs activities across the market system to ensure both men and women benefit equally	Addresses unpaid care as system-level constraints to actively achieve gender equity objectives Designs interventions that target the underlying causes of the unpaid care constraints identified
Implications	Risks creating negative unintended impacts for women Programme unlikely to achieve full poverty-reduction objectives or realise full potential of market	In the short term, it may result in positive impacts for men and women, but women may not benefit equally with men In the long term, it does not facilitate systemic change, and the constraints remain	In the short term, it may result in equal participation of men and women in market activities and positive impacts for both In the long term, it does not facilitate systemic change, and the constraints may remain	Creates positive system change for men and women Addresses unpaid care by developing long-term solutions Employs systems thinking and facilitation approaches to generate sustainable changes

Source: author’s own creation, adapted from Markel (2014) and IGWG (n.d.)

Systemic market constraints are those that negatively affect a group of people engaged in the programme’s core sector – e.g., women farmers whose market access is constrained by limited mobility, or women factory workers who miss work due to care responsibilities and inflexible working hours. Box 3 provides some guidance to help programmes establish where unpaid care work is acting as a systemic constraint, and prioritise the type of interventions to address it, while tools and examples of how to analyse underlying causes of unpaid care related constraints and design gender-sensitive or targeted interventions are provided in Sections 4 and 5.

¹² In the conceptual framing developed at the beginning of this research (Thorpe, Maestre and Kidder 2016), these approaches were framed slightly differently as: (i) adapting programme delivery to take account of unpaid care work; (ii) designing interventions to address specific systemic constraints; (iii) focusing on unpaid care as a strategic market sector; and (iv) creating change in the overall economic and social paradigm so that care is recognised, remunerated or formally valued in other ways and better distributed. In the original framing as well as the one set out in this document, the main focus is primarily on designing interventions to address specific systemic constraints.

Oromia case study: identifying and prioritising constraints

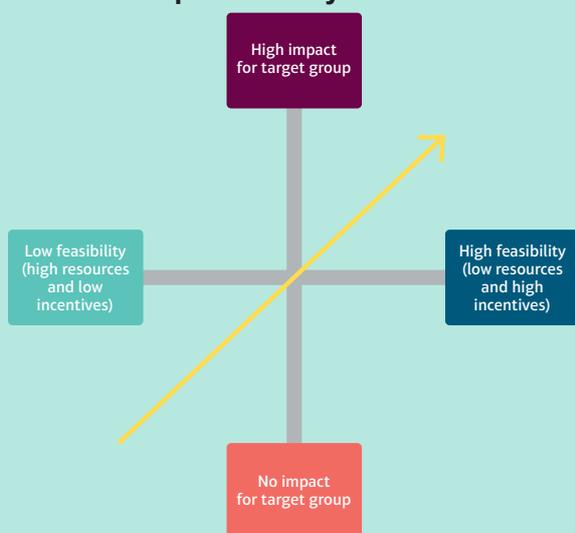


In Oromia, focus group discussions explored the root causes of constraints identified through a RCA (above). From the many activities that women were expected to carry out, the communities identified fuel collection and childcare as having the most significant impact. These priorities will be further validated as more information comes to light on the opportunity to generate systemic impacts and the feasibility of achieving change.

Although programmes may not be able to address all the identified constraints, a gendered market analysis will reveal patterns of care work and allow programmes to prioritise constraints that are systemic, have a significant impact on the target group and are feasible to address. Feasibility refers to the programme's judgement around the potential to achieve change, and the programme's capacity (The Springfield Centre 2014). The initial prioritisation should be reassessed as the programme gathers further data.

Although it is important to assess feasibility, programmes should not quickly assume that there are no incentives for actors to make changes in relation to unpaid care (see Section 2.2), or that social norms cannot change. Interventions that are inclusive and participatory, where men are involved and women are supported to speak up about their priorities, have been successful (Kidder et al 2014; Apila et al. n.d.). Further work in this area would support the development of better knowledge of how changes in norms happen, and how family and societal choices about the provision of care are made.

Box 5: How to prioritise system-level constraints of unpaid care work



Asking the following questions can help a programme identify where unpaid care work functions as a key constraint for the market system (Coffey 2013):

- What is the impact if the unpaid care work constraint is not addressed? (For example, would women be able to benefit from new economic opportunities?)
- Which constraints are most feasible to address (in terms of resources available and incentives identified)? What is the opportunity?

Source: adapted from Fowler and Kessler(2013)

Market systems programmes are already integrating elements of unpaid care in their analysis and diagnosis of system-level constraints. The Market Development Facility (MDF), for example, follows a sequential approach, starting with a gendered market analysis that helped them identify sectors and roles where women have potential to contribute to and benefit from. This analysis includes a section that analyses women's current work (paid and unpaid) patterns (Jones 2013). After, MDF completed gender-focused research to identify women's current care related constraints, and to define partnership strategies to address those (Carter et al. 2015).

The Alliances Lesser Caucasus Programme (ALCP) believes that understanding gender roles is key for the success of the programme, since 'among all social factors in the programme area, gender is the most significant' (Bradbury 2015). Earlier phases of the programme started with a fully integrated gendered market analysis that illustrated the need to gather more in-depth information to be able to target both women and men. The organisation then commissioned a separate gender analysis where it used focus groups and seasonal calendars to assess in detail the relationship between productive activities and care activities (Bradbury et al. 2009).

The programme Pastoralist Areas Resilience Improvement through Market Expansion (PRIME) started with a series of key value chain analyses with sex-disaggregated questions, and an explicit strategy to ensure all interventions integrated gender. During the analysis, the programme identified opportunities for pastoralist women in the dairy sector, since women have a high level of control over processing and profits of dairy sales, and social norms in pastoralist communities hold that men should not be involved in the sale of milk. However, the programme also noticed that women's household care roles (childcare, fetching water and fuel) were impacting their mobility, affecting their ability to access the market and sell their milk on time, and therefore compromising quality. This analysis also points to potential incentives for market actors to address the constraints and to improve quality, reliability and trust in their final product (PRIME 2013).

Oromia Case study: a market systems approach to unpaid care work¹³

In Oromia, Ethiopia, Oxfam is implementing the Gendered Enterprise Development for Horticultural Producers (GEM) programme, which aims to benefit women and men small-scale producers. The initial research Oxfam carried out (RCA and a HCS) found that women do the majority of unpaid care work in Oromia, spending an average of 8 (primary activity) to 14 hours (including secondary and supervision activities) per day on unpaid care activities, while men spend less than 2. Unless these responsibilities are redistributed or reduced, women will be unable to access new opportunities in the horticultural value chain facilitated by the programme. IDS and Oxfam, together with Praxis, piloted a process as a first step towards addressing the unpaid care related constraints identified, facilitating sustainable and systemic change. It involved prioritising the constraints, identifying their root causes and assessing the potential entry points for interventions.

Diagnosing and prioritising key constraints affecting the market system

Focus group discussions (FGDs) in two kebeles (communities) identified childcare and fuel collection as the most significant constraints. They also highlighted increased access to improved cooking stoves (ICSSs) as a way to reduce time spent collecting fuel and cooking, while prevailing social norms around childcare roles and family planning emerged as key. After the FGDs, relevant market actors – such as private producers of stoves, finance organisations, government offices at district level, cooperatives and NGOs – were engaged to map the sub-systems related to these constraints and to identify the root causes and potential entry points for interventions.

Identifying the root causes of the system-level constraints

Childcare and family planning practices: In Oromia the average household has seven members. Birth rates remain high despite significant national government promotion of family planning practices. Furthermore, there are no services to support childcare outside the household; at home, caring for children is considered a woman's responsibility, and men are criticised if they help their wives.

Fuel collection: Women and girls spend long hours collecting large amounts of fuel that is not used efficiently. Still, labour-saving equipment, such as ICSSs, is not perceived as a valuable household asset, partly because of the low value placed on women's time, and decisions about household equipment purchases are usually made by men. In addition, the ICSS value chain is strongly supply-driven, based on government policy commitments at national level; consumers receive little information about the differences between stoves in terms of quality, producers, prices or subsidies; and producers lack knowledge of consumers' requirements.

Planning your vision

Having identified the root causes, the market actors explored their (potential) roles and mapped each sub-system to identify the key barriers and potential opportunities for interventions. The process created awareness and started to build a common vision among the actors.

Conclusion

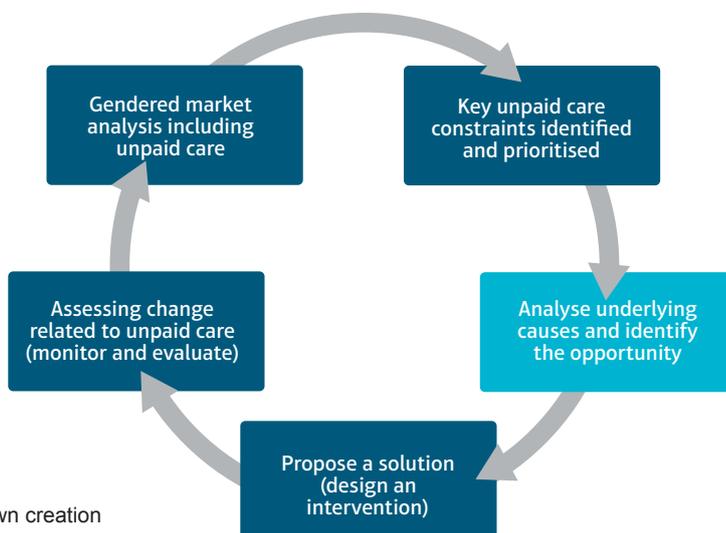
This case study highlights the potential to use a participatory market systems process to address unpaid care with targeted interventions, though further steps are needed to analyse the capabilities and incentives of the actors that can deliver solutions, and to develop interventions to facilitate the desired changes. The policy environment in Ethiopia supports change in key areas, though enforcement is a challenge. In addition, social practices and norms affect childcare practices and family planning, as well as the uptake of ICSSs. Additionally, information failure affects both supply and demand – which can be addressed by improving coordination and connections between actors.

¹³ See Annex A for a detailed version of the case study

4. An assessment of unpaid care work

4.1. Adapted tools to identify root causes of unpaid care related constraints

Figure 7: How to prioritise system-level constraints of unpaid care work



Source: Author's own creation

The initial gendered market analysis allows programmes to understand how care intersects with the way the market system and its sub-systems currently work. Programmes that identify women's economic empowerment as an objective are likely to find factors related to unpaid care among the constraints to the market system and/or women's participation in the market. Programmes will therefore seek to identify root causes and entry points for interventions. While there is no distinct tool to diagnose root causes, the M4P Operational Guide (The Springfield Centre 2014) suggests multiple approaches using qualitative, quantitative, participatory, action-oriented and visual methodologies to obtain different levels of information. For unpaid care, these may include:

Oromia case study: Tools and process

In Oromia, a diverse set of tools was used to identify constraints and analyse root causes. Oxfam's gendered market analysis, RCA and HCS, together with FGDs led to an initial prioritisation of constraints and identification of relevant market actors. A participatory workshop and key informant interviews supported the research to understand root causes, map sub-systems related to constraints and identify potential entry points for interventions.

Through the analysis of root causes, the common constraints identified were social norms, which affect childcare practices, as much as the uptake of new technology such as ICSs; and information failure, on both the supply and demand sides.

- Quantitative time-use surveys, such as Action Aid's Diary, which analyse how men and women use their time; or Oxfam's Household Care Survey (HCS);
- Participatory methodologies, such as Oxfam's Rapid Care Analysis (RCA) or the Gender Action Learning System (GALS), for assessing care work in rural and urban communities, and for discussing options to reduce care responsibilities and redistribute them more equitably; and
- The 'care diamond framework' (Razavi 2007), which maps how the provision of care is divided between households, the State, the private sector/market and the civil sector (community, NGOs).

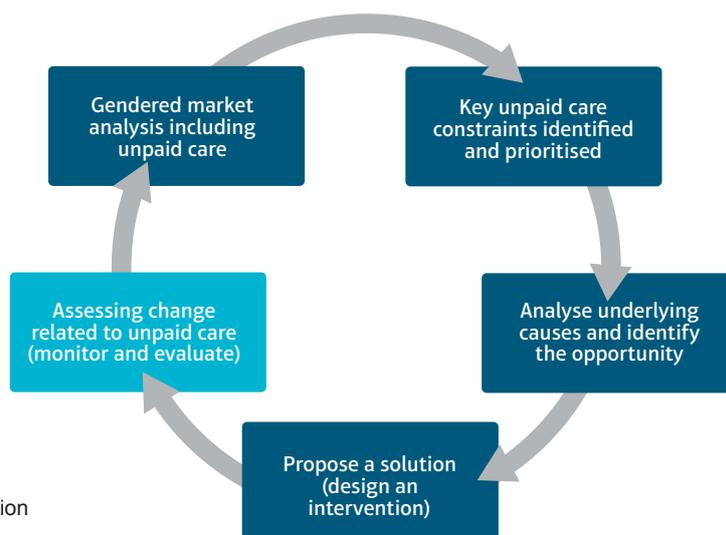
Table 4: Summary of gender-specific tools that can be adapted to market systems approaches

Tool	Description	Methodology	Value/Uses	Limitations
Rapid Care Analysis (RCA)	A set of exercises for the rapid assessment of unpaid care work in households and communities	<u>Qualitative</u> Participatory Action Research 1-day focus group discussions with women and men in a community	<ul style="list-style-type: none"> Assess and show how women's involvement in care work interacts with their participation in programmes, creating context-specific, practical proposals to address care, leading to tangible changes in the short term Generate awareness and recognition in the communities where they take place and build local ownership 	Data is only qualitative – time-use estimates are not rigorous evidence for policy advocacy Sample size is small It is a static assessment, not an ongoing intervention for change
Gender Action Learning System (GALS)	Community-led empowerment methodology to inspire women and men to take action	<u>Qualitative</u> Participatory Action Learning Research Visual Methods	<ul style="list-style-type: none"> Give women as well as men more control over their lives Data based on communities' priorities and visions Address social norms and gendered roles in care 	Long-term approach that allows you to work with a small group of people
Care Diamond	Shows categories of actors that can provide care support, infrastructure and services	<u>Qualitative</u> Community map of care services and infrastructure and its service provider	<ul style="list-style-type: none"> Broaden the scope of the discussion on care beyond the household Discuss available services and infrastructure and identify options to reduce and redistribute care work 	Static map Not useful for intra-household dynamics
Household Care Survey (HCS)	Survey to measure and monitor time use by gender and age, access to infrastructure and services, attitudes and norms on care	<u>Quantitative</u> Household questionnaire	<ul style="list-style-type: none"> Baseline data to monitor changes from interventions Statistical evidence for high-level advocacy on government and business to provide care services Monitor changes in patterns of care provision or unintended negative outcomes from development programmes 	Requires a few months to be completed Requires professional consultants It is relatively expensive
Time-Use Surveys (e.g., Action Aid Diary)	Measures the way different categories of people (women and men, rich and poor, rural and urban) use their time	<u>Quantitative</u> Includes different ways of asking questions about time use: participatory and visual, which can be adapted easily	<ul style="list-style-type: none"> Measure differences in time spent on paid and unpaid activities, and differences in time spent on non-work and leisure Diagnose the most time-consuming tasks or those that may overlap with productive activities 	Time-consuming and complicated to administer Does not usually account for multi-tasking Categories vary
Time-Use Visualisation Instrument (TUVI)	A participatory visual instrument to stimulate discussion and capture time use	<u>Quantitative and Qualitative</u> Participatory visual method that can be used with individuals, households or groups	<ul style="list-style-type: none"> Allow participants to recall recent activities, to record time spent on paid and unpaid work, and visualise simultaneous activities and emotions related to these activities Recommended for use as part of an individual interview or plenary discussion, if used in a workshop space 	Time-consuming and requires facilitation support Data capture can be limited Discussions that are part of the facilitation of the tool are not recorded on TUVI

The data gathered will provide further information on women’s time and how it interacts with the market; women’s mobility or lack of mobility; women’s ability to participate in decision-making and social networking; and the institutional environment of policies and social norms. A mix of quantitative data together with qualitative analysis to reveal the processes behind patterns identified can provide the most complete understanding. Table 4 provides a summary of a mix of qualitative and quantitative unpaid care assessment tools adapted for use by market systems programmes. The annex includes a deeper look at these tools and links to further information.

4.2. Measuring changes related to unpaid care work

Figure 8: How to prioritise system-level constraints of unpaid care work



Source: Author’s own creation

Markets are dynamic and constantly evolving. Managing change in market systems requires experimentation and the ability to change strategies, plans and activities rapidly, supported by a continual flow of information (BEAM n.d.). The Donor Committee for Enterprise Development (DCED) has guidelines for the monitoring and evaluation of women’s economic empowerment in market systems programmes (Markel 2014), which includes specific guidance for measuring household dynamics, emphasising sex-disaggregated data collection, questions and indicators. It can be complemented with some of the diagnostic tools described above, to measure changes specific to unpaid care.

Gender-sensitive or targeted interventions (further guidance on designing interventions is explored in Section 5) will monitor changes in unpaid care through the results chain and indicators developed. A good strategy is to use aspects of the tools to inform monitoring processes – for example, by repeating some questions from HCS or time-use surveys, and including specific questions about unpaid care work as part of qualitative monitoring processes. The data collection process may include questions such as ‘what were you doing in the last 24 hours (including all activities, primary and secondary)?’ or ‘what does your day look like in the different seasons?’

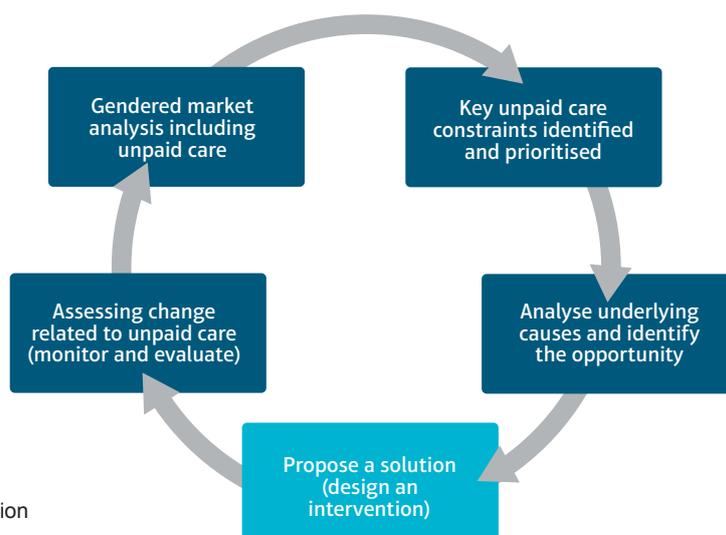
Nevertheless, changes in the initial patterns identified must be monitored too. Whichever tools are used, the monitoring and evaluation approach should: collect and disaggregate overall changes by sex; evaluate progress in specific interventions targeting unpaid care work, capturing changes in agency, access, income and dynamics at the household level; and also capture wider changes related to unpaid care (even if it is not the target of the intervention). This will allow the programme to identify and respond to any unintended consequences, either positive changes that could be amplified or, particularly, if there are negative consequences to be addressed. Programmes often observe shifts in gender roles, with women engaged more in paid activities but also reporting many more hours in their work day, since their care responsibilities remain the same¹⁴.

¹⁴ Personal communication with Mercy Corp Regional Gender Advisor for East and Southern Africa.

5. Implementing market systems approaches to address unpaid care work

The design of an intervention to address unpaid care work will depend on programme objectives and the market system involved, and should reflect an understanding of unpaid care based on the diagnosis and assessment described in Sections 3 and 4. Programmes will identify interventions based on the intended market system change and outcomes to be achieved, and facilitate changes that address unpaid care related constraints.

Figure 9: The project cycle – designing an intervention



Source: Author's own creation

5.1. What changes in market sub-systems can programmes target through interventions?

Changes to address unpaid care work are often described as the three 'Rs' of recognition, reduction and redistribution: (i) recognition of unpaid care work so that it is 'seen' and acknowledged as being 'work' and 'production'; (ii) reduction of unpaid care work so that the burden of certain tasks is reduced; and (iii) redistribution of unpaid care work so that it is more fairly distributed within households and among households, communities, the State and the private sector. A fourth 'R' of representation is often added: (iv) representation that increases women's voice in their household and community or their access to leadership positions (Fälth and Blackden 2009; Apila et al. n.d.).

As constraints often interact with and reinforce each other, different

Oromia Case Study: Rapid Care Analysis (RCA) 'quick wins'

The research phase – particularly if implemented through participatory action-oriented methodologies involving both men and women – can already start to facilitate change, as the act of asking questions about unpaid care work and the distribution of care responsibilities promotes dialogue (intra-household and within the community) and increases both men's and women's recognition of unpaid care. When care work is better recognised, it may also be valued more.

In Oromia, research showed increased recognition of unpaid care work within the communities and key stakeholders a year after implementing the RCA and HCS. During the FGDs, a woman from Dodicha kebele mentioned: 'In previous years, when a woman is late coming back home from the market place or somewhere else due to so many unforeseen reasons, her husband got angry at her. Now he is ready to understand her reason and warmly welcomes his wife.'

interventions through different entry points will often be needed to target a range of constraints at the same time to create the systemic change sought. For example, a programme may identify that lack of access to infrastructure reduces women’s mobility or contributes to the drudgery of their work; however, informal norms may dictate that technological devices that could provide a solution (e.g. motorbikes) are only to be used by men. In response, a programme would have to both increase access to technologies and address the social norms around technology use. Table 5 presents a simple mapping of changes programmes can facilitate, followed by some practical programme examples. All the examples refer to individual interventions; nevertheless, existing programme experience suggests that a combination of interventions to directly address unpaid care, and others that support changes in the market to adapt to existing care responsibilities is a more effective approach.

Table 5: Responding to unpaid care work

Change	Adapt market system to work around care responsibilities	Reduce arduous and inefficient care tasks	Redistribute some responsibility from women to men or from the household to the community/ state/ market	Improve women’s representation and agency (bottom up)	Influence norms and regulations (top down)
Examples	<p>Change location of market/ produce collection points</p> <p>Change timing/location of training, inputs or technical assistance</p> <p>Use of technology (e.g., mobile banking or information services)</p>	<p>Labour -saving equipment (e.g., grain grinding, laundry facilities, improved stoves)</p> <p>Village water source or electricity</p> <p>Prepared foods (labour-saving product)</p>	<p>Redistribution of labour within the household</p> <p>Provision of crèche or child-minder service</p> <p>Elder care</p> <p>Health services (e.g., at work or in the community)</p>	<p>Women’s social capital (e.g., support groups)</p> <p>Quotas for women in leadership</p> <p>Increases in women’s negotiating power in the household</p>	<p>Influence social norms (e.g., through media, drama)</p> <p>Support for women’s collective action to change labour laws or standards on work hours or maternity</p>

Source: Author’s own creation

A. Adapt market system to work around care responsibilities

As described in Table 3 in Section 3.3, this approach involves programmes recognising unpaid care work and designing interventions that ‘accommodate’ it without changing the nature or distribution of care responsibilities. While such interventions do not provide a ‘solution’ to problematic care tasks, they work around constraints to ensure that market system changes benefit both men and women, while avoiding unintended consequences. For example, a programme can support the development of crops that are less labour-intensive, and so facilitate more participation by women, and/or change the location of a collection point so that both women and men can access it. Programmes may use this type of intervention as a short-term approach, which also allows them to better understand the implications of unpaid care work in the relevant market systems, along with the ‘business case’ to address these constraints further.

B. Reduce and redistribute care responsibilities

Market systems interventions can aim to reduce or redistribute care responsibility. In general, these interventions facilitate markets and market actors to better deliver a supporting service (childcare) or labour-saving device (fuel-efficient stoves) to reduce the drudgery of some care

tasks or to change the distribution of responsibilities so that provision of water services, for example, falls to the community or government rather than households.

Labour-saving technologies, services and practices to reduce domestic work have received relatively significant attention within livelihoods and value chain programmes (IFAD 2014), and Table 6 offers some examples. Note, however, that ensuring that technology is available does not guarantee that households access it or that women within households use it, and it is important to engage men as well as women when designing interventions. Otherwise, social norms and power relations can mean that men do not see the need to invest in technologies when women household members do the work for free, for example, or they appropriate the technology as a sign of prestige (Grassi et al. 2015). Facilitating changes to influence norms and rules is briefly illustrated on the next section.

Table 6: Examples of interventions to reduce care work, using labour saving devices

Task Activity	Existing practice	Technologies, services and practices with labour saving potential
Water collection	Walking to fetch water from potentially unsafe water source	Improved household water sources (protected dug/ shallow well and pump - protected spring - tube well/ borehole & pump - public tap/standpipe - roof rainwater harvesting - piped water into house, plot or yard - simple water filters
Fuelwood collection	Wood collected from communally owned resources	Woodlots Agroforestry practices Improved fallow
Cooking	Cooking on traditional open fires using traditional biomass or charcoal as fuel	Fuel efficient stoves, using traditional biomass or modern bio-fuels Solar cooking Small-scale, low cost power supplies, using diesel or renewable
Carework	Looking after family while simultaneously undertaking essential domestic and productive tasks	Rehabilitation/construction of care centre infrastructure

Source: Grassi et al. 2015

Redistribution of roles can occur from women to men, or from households to the community, state or private sector. Programmes can facilitate redistribution by enabling collective action within communities leading to the development of communal water points; or identifying the incentives for the private sector to provide crèches at the workplace, or health care or transportation solutions. For example, in Fiji, MDF recently partnered with Mark One Apparel, a garments factory, to co-finance the feasibility study of a company-managed day-care centre for the workers' children at a subsidized fee. The company aims to reduce absenteeism rates and staff replacement costs and, potentially, achieve higher productivity and income (Heinrich-Fernandes 2015).

Interventions targeting redistribution within the household often seek changes in social norms (see next section) or increases in women's agency, time or mobility. TWIN has observed the effectiveness of integrating these in parallel with market-level interventions in eastern DRC and Uganda, with increases in income for women generating positive impacts on the household-level distribution of tasks and decision-making. TWIN engages women at different stages of the value chain traditionally controlled by men (e.g., washing, monitoring quality), ensuring access to resources for women, and gives them agency over these resources and other decisions that influence their businesses. Through higher quality standards and directly marketing women-produced coffee to speciality markets, women are obtaining a better price for their coffee. In

parallel to this, TWIN facilitates participatory action learning activities (GALS) that allow mixed groups of men and women to visualise and understand the roles each member plays (paid and unpaid) in the processing and production of good-quality coffee. This allows for cooperative and household members to come to a common understanding of the benefits that equal participation generates, leading to a redistribution of roles, with men sharing some unpaid care work activities at home, for examples.¹⁵

Box 6: FAO-DIMITRA Listeners' Clubs: redistributing roles

The United Nations Food and Agriculture Organization (FAO) has set up Dimitra Clubs in rural areas in sub-Saharan Africa aimed at contributing to women's empowerment. They offer a space for women and men to meet, discuss and solve their daily problems on their own, with a solar-powered radio to enable them to communicate and access information. Issues of excessive care tasks and gender roles are often discussed here, and the clubs have managed to influence existing roles and responsibilities within some households and communities. For example, in some villages in Niger, women can now rent carts to transport water containers, and in DRC an increased number of men are assuming childcare or cooking responsibilities, including taking children to school or pounding cassava. By providing a space and facilitating discussions, FAO has enabled women to have a voice in public spaces, allowing for unpaid care issues to be addressed.

Source: Grassi et al. 2015

C. Improve representation and influence norms and regulations affecting unpaid care work

Women are often less involved than men in leadership or decision-making positions, be it in the household or in cooperatives, companies, municipal councils or community structures. As a result, women's practical needs and challenges are often not reflected in decision-making. In particular, women's need for specific services or infrastructure to support care tasks or for better access to information often have low priority (SDC 2006). Interventions to support changes to women's representation and agency and to improve access to support networks will improve women's access to information and markets, strengthen social capital and enhance their agency to affect changes at different levels.

Oxfam (Kidder n.d.) summarises four factors that are associated with women's negotiating power in the household, where changes could be facilitated:

- in present or future income;
- in access to assets (e.g., equipment, finance, land);
- in knowledge and skills (e.g., ability to operate farm machinery); and
- in the perception of women's economic contribution

Measures that go beyond the household include facilitating the representation of women in decision-making structures (e.g., within community or government processes); encouraging women's leadership (e.g., as a result of buyer requirements); and supporting collective action groups that strengthen women's voice.

¹⁵ Personal communication

Box 7: ALCP in Georgia: improving representation

ALCP in Georgia is promoting women's access to decision-making fora at both community and municipal level. Through its diagnosis phase, the programme identified women's reduced mobility, together with excessive unpaid care responsibilities and a lack of access to basic infrastructure such as childcare services, pre-schooling and water. In addition, women had no voice regarding village-level budget priorities, so their needs were never addressed.

As an entry point for the intervention, ALCP decided to partner with the local municipality governments, as there were gender laws that had not been enacted since 2010. The organisation simplified the law into guidelines for action, trained key municipal-level staff members and co-financed the creation of 'Women's Rooms' within the municipal building as a resource centre and a safe space for women to raise their concerns. These rooms act as a public municipal service, run by government staff.

Since the initiative started, women have demanded eight new water points and nine day-care centres; four day-care centres are currently in operation, all financed by the municipal government.

Source: Bradbury (forthcoming)

D. Influence norms and regulations

Unpaid care related constraints are deeply rooted in social institutions which determine women's and men's opportunities and behaviours, alongside market, community or country conditions (Jütting et al. 2008). While some of the gender disparities in time use can be explained by socio-demographic and economic factors, such as levels of education and wealth, one-half to two-thirds is considered discrimination (Berniell and Sánchez-Páramo 2011). Market system change may therefore involve challenging norms around the distribution of tasks and roles that are socially defined as 'women's' or 'men's', as well as changing formal policies, such as the balance of maternity versus paternity leave.

- Facilitating change in social norms involves behaviour change and therefore builds on the concepts of incentives and capabilities familiar in market system approaches. It requires (EWB 2012):
- Role models: people model their behaviours on 'significant others'. If an individual sees someone of significance changing behaviours, they are more likely to follow. This includes both female and male role models;
- Capacity: a change initiative can only be successful if the people involved have the capability required to implement it effectively;
- Understanding and conviction: changes must be communicated in a way that creates conviction among the target audience – for example, via a 'compelling story'; and
- Reinforcing mechanisms: new behaviours are reinforced with appropriate incentives and structures. If these mechanisms do not exist or are reinforcing undesired behaviours, they need to be changed to reflect alignment with the desired behaviour.

Box 8: PRIME's behaviour change strategy

PRIME's gender strategy highlighted the interconnectedness of women's care roles with productive activities and children's nutritional status. Following these findings, to improve women's market participation and nutrition outcomes, PRIME designed a behaviour change strategy to recognise and redistribute care roles. PRIME is facilitating this change through different mechanisms, including integrated mass media communication campaigns; interpersonal communication; and community engagement, selecting different mediums to appeal to different groups of people within the same community, engaging from men to women, from adult to children:

- **Radio Soap Opera For Social Change (SOSC)** – 'edutainment' programme that is interesting and compelling to the target communities and challenges existing gender norms, roles and perceptions. The radio SOSC deals with gender disparities which are embedded in the community social norms in a way that is entertaining and yet educational.
- **Mixed community conversations** and radio soap opera listeners groups' discussions where community members discuss together common community problems and messages from the radio soap opera. PRIME targets traditional community leaders to act as role models, and ensures the conversations happen at a time when women can attend. The conversations are facilitated by a community member, creating an enabling environment for women to share their fears and through peer sharing establish collective community solutions.
- **PRIME Drama:** a local performing arts group is trained to perform educational shows with similar topics as those of the radio soap opera. A community member facilitates a dialogue to probe communities to further discuss the promoted behaviour after each performance.
- **School clubs** with workshops for children, where young people act then, as agents of change within their households.
- **Essential Nutrition Action training** for local health workers targeting maternal and child health issues and Nutrition Sensitive Agricultural for Development Agents and Agricultural Extension Officers on nutrition further solidifies the communication.

Source: Personal communications with PRIME

5.2. Facilitating change to unpaid care work related constraints

Facilitation approaches require an understanding of market actors' incentives, capabilities, social relations and agency, as well as of the existing power dynamics within the market, to ensure the change sought will be sustainable and have a positive impact for men and women (Jochnick 2012). The focus is on working with actors – government agencies, community organisations, cooperatives and businesses – to identify (and unlock) incentives for positive changes where addressing unpaid care related constraints will result in increased value. Box 9 shows the results chains for existing programmes targeting unpaid care using a facilitation approach.

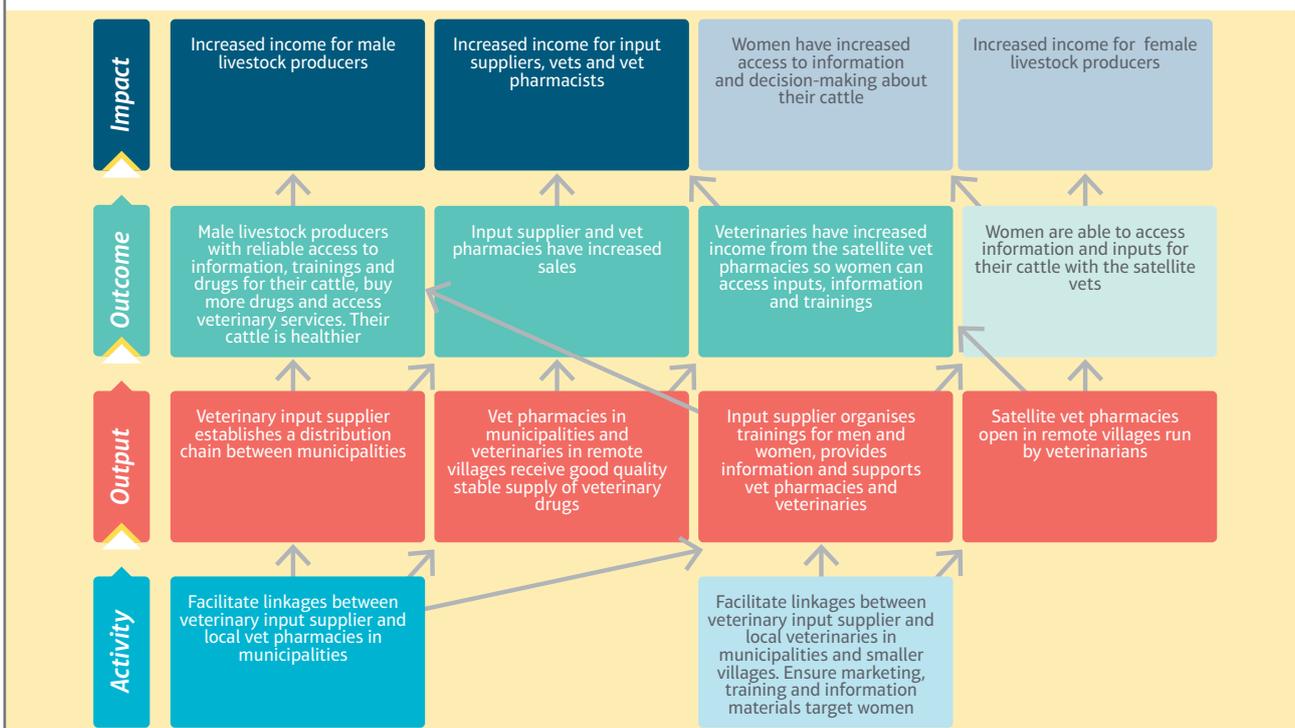
Box 9: Targeting unpaid care using facilitation approaches – two examples

Working with market actors to facilitate changes that reflect existing care responsibilities ALCP targets improvements in the market system for livestock in Georgia. After completing a gendered market analysis, the programme identified that it is primarily women in Georgia who are responsible for daily care of cattle, including detecting illness or veterinary needs. However, as veterinary pharmacies are located in municipal centres and social norms constrain women’s mobility, dictating that they stay home to care for the house and children, men were the ones travelling to buy medicines, leaving women with only indirect access to information.

The programme, together with its private-sector partner, Roki (a local supplier and producer of veterinary drugs), created a system of satellite veterinary pharmacies in the regions where they work. These are smaller village-based pharmacies, set up by a veterinarian and able to resolve basic ailments and make referrals where needed. Thanks to these satellite pharmacies, more women have direct access to drugs, training and advice. The company has also set up a hotline to answer questions related to livestock care. This new system also enables Roki to gather information and understand further the differences between their male and female clients.

Source: Personal communications with ALCP

Figure 10: Simplified example of the results chain of the above mainstream intervention



Source: Personal communications with ALCP and GTLI

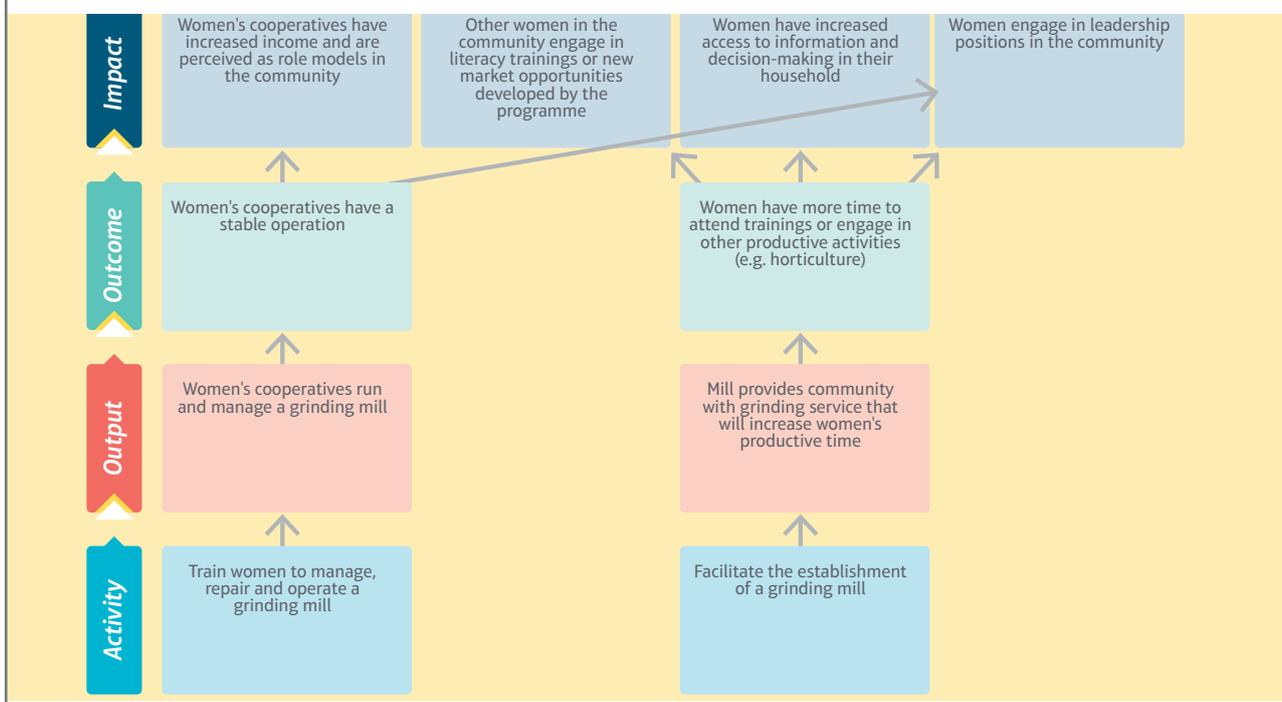
Working with communities to facilitate changes in care responsibilities

Global Team for Local Initiatives (GTLI) uses an approach called ‘Community-based Learning in Action’ (CBLA). It is a participatory, visual process that works within the context of the community to maintain traditional positive norms and change those that have negative impacts. While not a market systems programme, the approach of facilitating communities to be their own catalyst for change is transferable.

One constraint identified by the community was the lack of time that women had to engage in economic or training opportunities facilitated by the programme. GTLI supported women to set up

a cooperative, a grinding mill and a trading centre, all of which have been running for five years. The mill provides the community with the grinding service, increasing women's time available for productive activities and training. The cooperative has also increased women's voice and standing; they act as role models for other community members, creating a positive cycle of changing practices.

Figure 11: Simplified example of the results chain of the above targeted intervention



Source: Personal communications with ALCP and GTLI

Understanding the incentives or 'business case' for market actors to make changes that either accommodate unpaid care responsibilities or offer alternative solutions involves identifying:

- **Which actor has the incentives and capabilities for change:** What are the capabilities (skills) and incentives (will) of actors in the system to implement initiatives that either reflect or change unpaid care work related constraints? As the examples in Box 9 show, this may involve supporting women and communities to lead the change, or engaging other actors in the market system. Section 2.1 provides more information on the 'business case' – the impact of heavy and unequal unpaid care on outcomes that directly affect market actors.
- **The sustainability of the changes:** The sustainability analysis framework asks 'who does' and 'who pays for' the new activities. Table 7 provides an example of what this analysis could look like. In the context of care, it might also ask 'whose responsibility' care responsibilities are. For example, does the responsibility to provide water lie with the household, the community or the State? The 'care diamond framework' (Razavi 2007) can be used to map desired changes in the distribution of care responsibilities.

Table 6: Sustainability analysis framework adapted to Oromia, Ethiopia

Activity Description	Current Picture		Future Picture (after intervention)	
	Who does?	Who pays?	Who will do	Who will pay
Childcare facilities	None	None	Private actor / community members	Households
Awareness raising	NGOs/ Government	NGOs	Media (radio, newspapers)	Government Campaigns/ Users
Distribution model	None	None	Private producers	Consumers

Source: Authors' own creation, adapted from The Springfield Centre (2014) and Practical Action (2012)

Despite the ‘business case’ identified in Section 2.1, however, there will be cases where the incentives and interests of businesses are not aligned with the changes required to address unpaid care. For example, flexible working conditions may increase women’s employment in a garments factory – a change which may be desirable for the owners, given positive perceptions of women’s skills. However, if the costs are perceived to or actually do outweigh these benefits, the company will not have sufficient incentives or capabilities to act. However, programmes can use facilitation approaches to target other actors with the ‘will’ and ‘skill’ to implement changes.

Oromia case study: Facilitating change

Participatory market systems approaches can be used to identify leverage points for system change. Through these approaches, programmes may identify the actors they want to engage, including government agencies and local businesses, which can be supported in identifying the will or developing the skill needed to deliver change.

For example, in Ethiopia, there is a policy environment that supports changes to address some of the root causes of women’s time and mobility constraints. However, existing policies are poorly coordinated and implemented. These can become good entry points for interventions.

The use of participatory approaches in designing interventions can support facilitation by moving key actors from an individual to a shared understanding of the system which also reflects unpaid care work, and developing collaborative solutions which can support changes (BEAM n.d.). Participatory processes can also empower marginalised individuals (which disproportionately include women) to engage with other more powerful stakeholders in decision-making processes. Practical Action (2012) has developed a step-by-step guide on facilitation of Participatory Market Systems Development (PMSD), which is particularly relevant in the context of unpaid care work.

6. Conclusion

This report is the first attempt at integrating theoretical insights and practical experiences on unpaid care from the market systems and gender fields. It presents approaches and tools to analyse the interaction between unpaid care work and market systems approaches, developed jointly with practitioners and other experts working on gender and market systems. Good-quality care work is a social good that sustains society and on which markets depend to function. However, the invisibility, unequal distribution and extremely heavy nature of some care tasks have a negative impact on women through time poverty, poor health and well-being, limited mobility, and the perpetuation of women's unequal status in society. While market systems programmes are increasingly recognising the roles that women play in market activity, and including women's economic empowerment and gender equality objectives as part of their theory of change, constraints on women's time, mobility or agency are preventing women from accessing or benefiting from these new opportunities.

Underlying this dynamic are patterns of paid and unpaid productive and reproductive work in households and communities. For poor families, care work often represents a high proportion of this work, with the greatest share of responsibility falling on women. Women also tend to have less agency to decide whether to participate in new productive activities, how roles and responsibilities are shared, or what community or household investments are made in supporting services, equipment or infrastructure. Where programmes ignore unpaid care, it can be detrimental for both development outcomes and market activities.

This document offers detailed guidance on how a market systems approach can be used to diagnose excessive and problematic constraints related to unpaid care; provides tools that can support assessments; and outlines how programmes have designed interventions based on facilitation. It highlights the importance of addressing the problematic aspects of care provision if programmes are to generate sustainable changes that support women's economic empowerment.

Recognising care is the first step needed for change to happen. All market programmes should, at a minimum, incorporate an understanding of how care work intersects with market activities, to avoid unintended consequences and ensure that women as well as men benefit from interventions. By undertaking a gendered market analysis which considers unpaid care and how it interacts with the selected market system and sub-systems, positive changes in care recognition can be generated. The report also illustrates a series of interventions from existing programmes and companies to address care-specific related constraints, including awareness-raising and advocacy approaches to improve the recognition of unpaid care work; provision by market actors of time and labour-saving devices or services; influencing social norms; and better representation of carers in decision-making.

Finding incentives and leverage points, based on the 'skill' and 'will' of system actor at the household (including men as well as women), community, market or government levels is key. As the report explains, even for private-sector actors, there are a series of incentives to address root causes of heavy and unequal care work constraints, and programmes can support companies understand these incentives. Programmes can also find leverage points with non-market actors, such as the government, which may have existing supportive policies but gaps in implementation.

The case study in Ethiopia, and the experiences of other programmes, showed the potential of the market systems approach to identify and address the root causes of unpaid care work related constraints. One common root cause identified was information failure, on both the supply and demand side. Understanding how information flows in the system offers one entry point for interventions, which programmes may address by facilitating improved coordination and connections between actors. Social practices and norms emerged as another key root cause – throughout both the Ethiopia research and other programme examples. While changes in social norms and behaviours take time, they are an important component of long-term systemic change that supports women’s economic empowerment. The report identifies pathways to address the problematic aspects of unpaid care provision, including how to influence norms, through a combination of short- and longer-term changes that contribute to the long-term vision.

This report provides an analysis of the connections between market systems programmes and care, along with guidelines, tools and examples, though it has only explored part of the process. As more market systems programmes integrate women’s economic empowerment along with interventions that address constraints rooted in unpaid care work, further learning needs to be taken from these experiences and the outcomes achieved through interventions designed to facilitate change.

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Annex A: Case study: A market systems approach to unpaid care work in Oromia, Ethiopia.

In Oromia, Ethiopia, Oxfam is implementing the Gendered Enterprise Development for Horticultural Producers (GEM) programme, in partnership with Rift Valley Children and Women Development Organization (RCWDO). The programme aims to benefit women and men small-scale producers.

As part of this programme, Oxfam carried out a Rapid Care Analysis (RCA) and a Household Care Survey (HCS) which show that women do the majority of unpaid care work in Oromia. These studies found that women spend an average of 8 hours (primary activity) to 14 hours (including secondary and supervision activities) per day doing unpaid care activities, while men spend less than 2 hours. Women reported between 2.7 and 6.1 hours of time for leisure and personal care, while men reported 10 hours per day. Unless the heavy care responsibilities of women are redistributed or reduced, women will be unable to access new opportunities.

How can programmes such as Oxfam’s use market systems approaches to facilitate sustainable and systemic change? This case study illustrates a process piloted by IDS and Oxfam, together with Praxis,¹ as a first step towards developing sustainable solutions. It involved prioritising key constraints, identifying root causes and assessing the potential entry points for interventions.

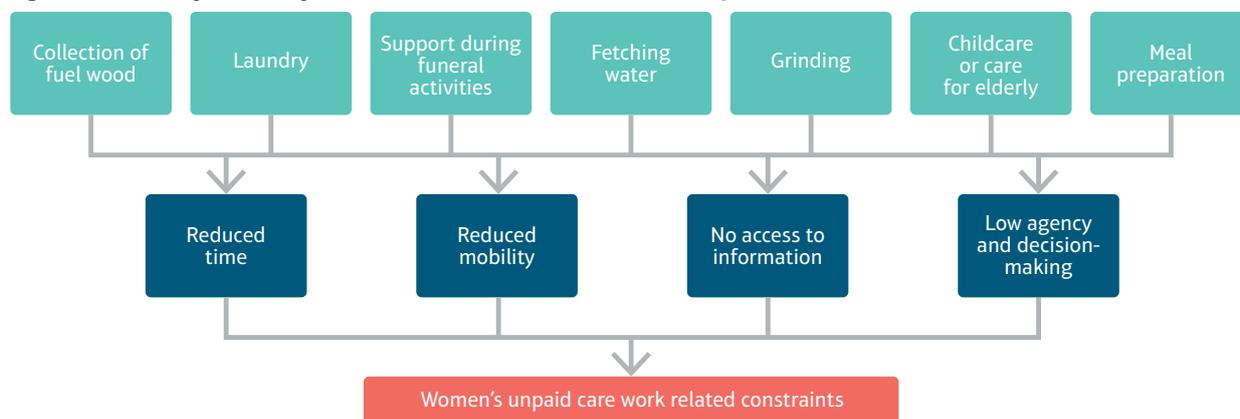
Identifying and prioritising key constraints affecting the core market system

Focus group discussions (FGDs)² prioritised the constraints initially mentioned in the RCA and discussed their root causes. These FGDs in two *kebeles* (communities) reinforced Oxfam’s overall finding that women’s time is overwhelmingly used in unpaid care work. While women reported benefiting from new opportunities in the horticultural value chain – both economically and in terms of overall empowerment – there were hidden costs to their well-being. A woman in the FGDs reflected:

‘It’s only when we give birth that we can sleep. I am a mother of 10, I do fieldwork, care work, food, coffee, everything. It’s all my burden. I feel like a stove on fire.’

‘Now we do productive work and care work. But somehow it’s helping. If I don’t do productive work he [my husband] controls everything. If I’m working we will discuss things together, at home I can control some things. Productive work is helping us, but we still have the burden.’

Figure 12: Analysis of systemic constraints related to unpaid care work



1 Local consultant hired to carry out the fieldwork with the support of IDS and the Oxfam team in Ethiopia.

2 Six FGDs were held in two *kebeles* (Dodicha and Haleku) in one district of Oromia.

During the FGDs, the communities ranked fuel collection and childcare as the most significant constraints. They identified increased access to cooking stoves as an opportunity to reduce the hours used collecting fuel and cooking, while prevailing social norms around childcare roles and family planning also emerged as key.

After the FGDs, market actors working in Oromia relevant to changing social norms on childcare and family planning and improved cooking stoves (ICSs) were identified. These actors were engaged through interviews and a participatory workshop, to further understand the root causes of constraints, map the sub-systems related to these constraints and to identify potential entry points for interventions. The workshop had a total of 18 participants, including market actors in related systems such as private producers of stoves, finance organisations, government offices at district level, cooperatives and NGOs.

What are the root causes of the system-level constraints?

Childcare and family planning practices

In Oromia the average household has seven members. High birth rates are prevalent despite significant national government promotion of family planning practices. As mentioned during the FGDs:

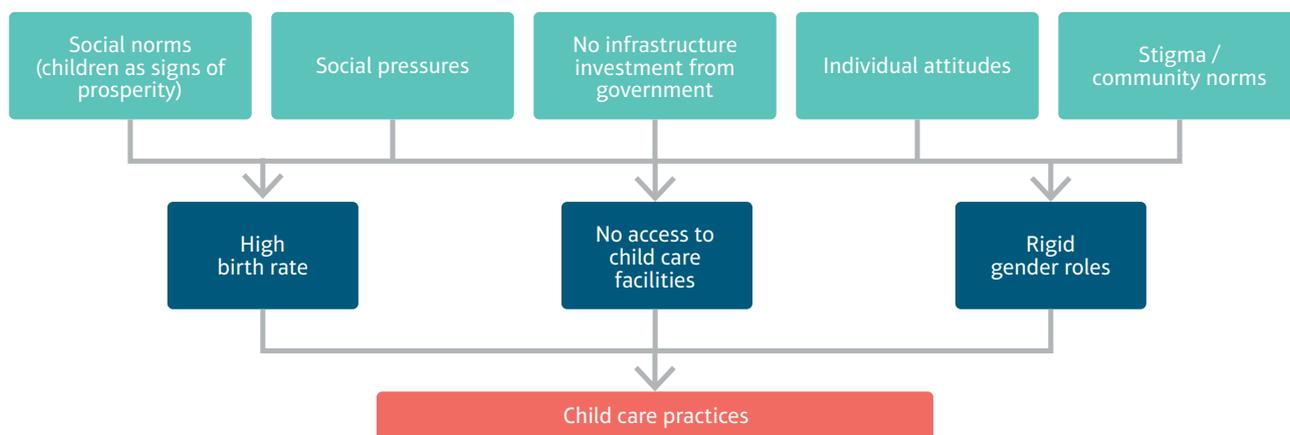
'Family planning is well-known and understood. The problem is that we don't practise it. There is no tradition. Women lack confidence on the methods, they don't want to use them. We know the issues in the community.' Man in Dodicha

'Really the men don't want us to use the implant and go to work. They are afraid they will lose control over us.' Woman in Dodicha

Furthermore, there are no services to support childcare outside the household; at home, caring for children is considered a woman's responsibility. Men are criticised if they help their wives.

'If my husband helps me everyone in the community will laugh at him. I don't want that. If I'm cooking and the child cries he will ask me to pick the child up.' Woman in Haleku

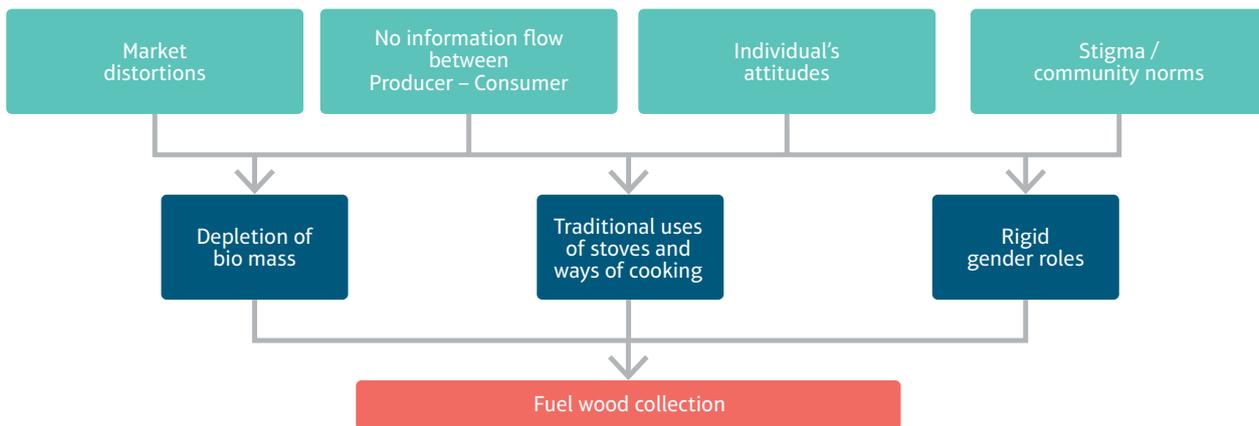
Figure 13: Analysis of root causes of childcare practices



Fuel collection

Women and girls spend long hours collecting large amounts of fuel that is not used efficiently in the household. Still, labour-saving equipment, such as ICSs, is not perceived as a valuable household asset, partly because of the low value placed on women's time. Although some stoves have been distributed for free by NGOs and government offices, there is no increased

Figure 14: Analysis of root causes of fuel wood collection



penetration rate in rural areas. In the communities visited, almost no households owned an ICS or had plans to acquire one.

'Most of the households do not consider them [ICS] as valuable as productive assets. They buy ox or water pump, investing thousands of birr. But they become mostly reluctant or resistant to invest in the likes of improved stoves. ...It is not about price.' Woreda³ energy expert.

'The problem is women. They are used to collecting wood and cooking. They don't realise they need to go to the urban areas to buy the stoves. They are the ones with the problem, they don't complain to us so we don't do anything. We, men, are also not pushing for a solution... Maybe I can be part of the solution, but in the end it's women that will change it.' Man in Dodicha

The perceptions expressed above show the low value placed on women's time, by women and by men. Yet there is an opportunity cost for households when women spend long hours collecting fuel. Similarly, the FGDs highlighted a gap between women who need the stoves, and the decision-making power for household equipment purchases, which is usually held by men – a 'principal-agent' problem, in economic terms.

Overall, the ICS value chain is strongly supply-driven, based on government policy commitments at national level. Stoves of different quality and benefits are produced centrally by large producers, and there are few small producers present in rural areas. A range of stoves is produced – some are subsidised, others at full cost – but consumers receive little information about the differences between different models, quality, producers or prices of stoves. Workshop participants saw that these inconsistencies have negative impacts on the system. The assumption that free distribution will create demand has also been proved wrong. The result has instead been to break the channel of communication between consumers and producers. Communities have heard about the stoves but lack basic knowledge about where to get them, how to install and maintain them, how to get them fixed and what value they offer. Producers lack knowledge of consumers' requirements. Promotion and distribution of ICSs by government offices and NGOs has been uncoordinated and ineffective.

Planning your vision

Having identified these root causes, the market actors explored their (potential) roles related to the two constraints identified: demand-side constraints for ICSs, and social norms related to childcare and family planning. The process also created awareness of issues related to unpaid care work and started the process of building a common vision among the actors at the workshop and to better understand different roles within the system.

³ A *woreda* is a district in Ethiopia.

The 18 participants at the workshop, including private producers of stoves, finance organisations, government offices and NGOs, mapped each sub-system and identified sub-system-level constraints and opportunities. Tables G and F represent the key barriers and potential opportunities or entry points for interventions, and the actors the programme could engage with.

Table 8: Key barriers to and potential opportunities for changing social norms – childcare practices and family planning

ENTRY POINTS FOR INTERVENTIONS		
Barriers	Opportunities	Key actors
Poor uptake by the community	Information and awareness-raising to communities through multiple channels (radio, grassroots initiatives)	- Media (radio, newspapers) - Women and Children's Affairs Office
Lack of role models	Support and encourage role models (both women and men) from community leaders (e.g., acknowledging them in public events)	- Women and Children's Affairs Office - Government agents at <i>kebele</i> level - Community leaders
Poor coordination: actors acting independently	Increase coordination between different government agencies, and between government and NGOs to create a common message	- Government agencies - NGOs
Lack of childcare facilities	Establish community childcare facilities as a medium-term strategy	- Community and cooperative members - Government agents at <i>kebele</i> level

Table 9: Key barriers to and potential opportunities for increasing use of improved cooking stoves

ENTRY POINTS FOR INTERVENTIONS		
Barriers	Opportunities	Key actors
Supply-driven value chain: information blockages between suppliers and consumers	Strengthen information and training services for consumers to increase demand; develop stronger market links (value chain) between producers and customers	- ICS producers - Water and Energy Office - Community members
Market distortions by other actors	Improve coordination between producers, government and NGOs; Ensure greater understanding by NGOs and government, and devise plans to minimise market distortions	- NGOs - Water and Energy Office - ICS producers
Informal and social norms	Target community leaders/role models to use stoves and showcase them within communities	- Water and Energy Office - ICS producers - Media (radio, newspapers) - Community members
Lack of coordination between government bodies	Leverage supportive policies such as existing quotas to deliver stoves to create demand and engage broader key stakeholders	- Water and Energy Office - Health departments - ICS producers

Conclusion

This case study highlights the potential to use a participatory market systems process to diagnose and explore entry points for interventions targeting unpaid care work constraints affecting women's time and mobility. While the policy environment in Ethiopia supports change in key areas, implementation is a problem. Social practices and norms act as one constraint affecting childcare practices and family planning, as well as the uptake of ICSs. Further work to identify the specific incentives for actors to change is still needed. Another root cause identified was information failure, on both the supply and demand sides – which can be addressed by improving coordination and facilitating connections between actors. Further steps are needed in Oromia to analyse the capabilities (skills) and incentives (will) of the actors that can deliver solutions – using tools such as the 'sustainability assessment framework' (The Springfield Centre 2014), and to develop interventions to facilitate these desired changes.

Annex B: Selected tools to analyse and diagnose unpaid care

Qualitative participatory tools

Rapid Care Analysis (RCA)

Background: The RCA is a low-cost, participatory programme design tool to assess context-specific patterns of unpaid care work and identify practical approaches to ensure women can benefit from development programmes, leading to tangible changes in the short term. RCA exercises involve a series of mixed focus groups discussions, taking from one to two days per community. It provides women, men and practitioners with a space to collaboratively develop practical solutions to address care work. The RCA enables targeted communities to articulate and understand gendered roles and responsibilities in the household, available services and infrastructure for care, and overall activities (paid and unpaid), as well as to identify problems related to care work and design strategies to address these (Kidder and Pionetti 2013).

Purpose: The RCA allows participants to identify ‘problematic tasks’ and potential solutions. This provides a starting point for the programme to design its vision and engage with market actors on discussions around their incentives and capabilities to facilitate the changes sought. The communities can produce: (i) a community map of the work, infrastructure and services currently required to care for people and dependants; (ii) identify two or three ‘main problems’ with current care work – for example, laborious time-intensive tasks, mobility restrictions or health impacts; and (iii) brainstorm possible interventions to address these problems, prioritising options by their level of impact and feasibility.

Through this exercise, in addition to collecting the information, the programme will also raise community awareness and recognition of the different care tasks and their distribution.

‘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, cited in Kidder 2014)

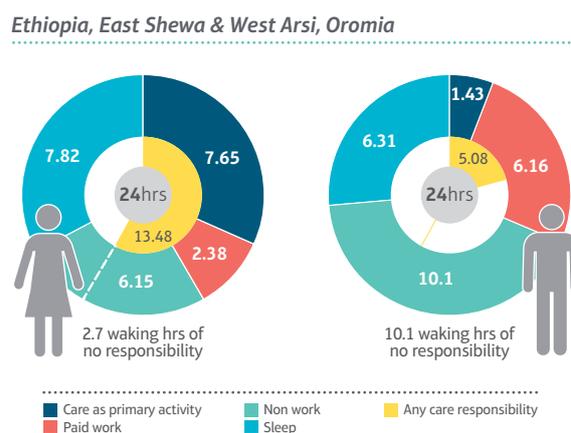
Examples: The RCA tool was used in Oxfam programme work in Oromia, Ethiopia. The RCA exercises took two days to complete in four communities in two different districts, with 73 participants in total (37 men and 36 women). Findings included:

Time-use patterns – women participants in these communities reported spending 90–105 hours a week doing unpaid care work, while men reported an average of only 9 hours a week.

Awareness and recognition – during one of the exercises, a woman called Areba and her neighbours noticed they had never considered the number of hours women spend on care work in the household and the community. Both men and women were surprised by the results.

Prioritising constraints and solutions – using a rating matrix, communities identified the most problematic care work and how it affects different age groups. They also identified potential ways to address these problematic care activities, and prioritised them.

Figure 15



Source: Kidder and Pionetti 2013

Gender Action Learning System (GALS)

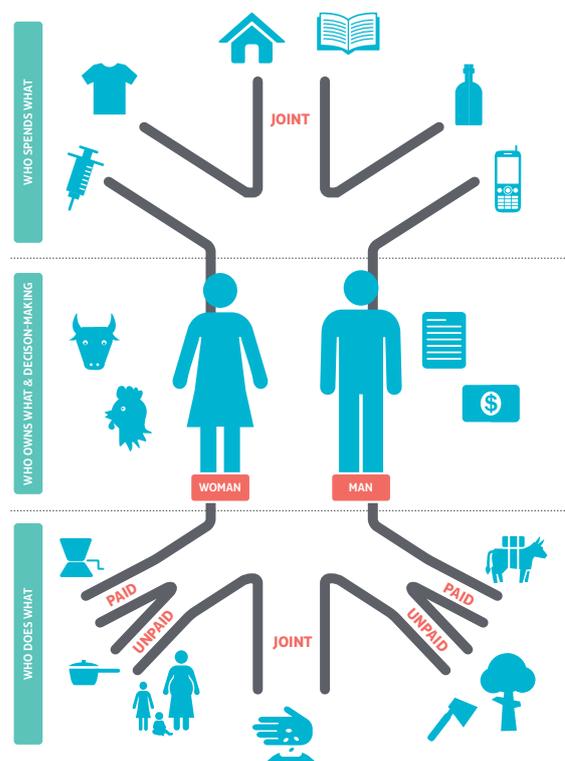
Background: GALS is a community-led empowerment methodology used to inspire women and men to take action. It uses inclusive and participatory processes aimed at ‘constructive economic, social and political transformation’. It is a long-term visual approach that allows you to work with a small group of people. It aims to give women and men more control over their lives, and, for the programme, it collects data based on communities’ priorities and visions (Mayoux 2014).

Purpose: It comprises a series of tools that enable household members to negotiate their needs and interests and find innovative, gender-equitable solutions in livelihoods planning and value chain development. GALS principally combines in-depth group discussions with the use of diagrams; working as individuals and in groups, participants draw pictures to reflect their social and economic realities, their visions of change and the roadmap to achieve these. It uses three categories: who does what (roles and responsibilities), who owns what (control, access) and who spends (decision-making) on what.

Examples: The Body Shop is supporting research in Nicaragua, using this methodology among others, to recognise and value the unpaid work of women from communities in the sesame oil value chain. The aim is to assess the extent of women’s unpaid labour, including care work that supports the paid labour of producers trading with them, to pay a premium that covers not only productive labour but reproductive work as well. Evaluation research found outcomes including direct increases in income, domestic stability and increased status in the community and agency (Butler 2014).

TWIN uses GALS to understand the gender dynamics of farming communities and inform gender initiatives implemented by producer organisations in East Africa and South America. It uses the findings to support women’s cooperatives to create a ‘women’s coffee’ brand that they trade internationally. Furthermore, integrating GALS market-level interventions leads to positive changes at household level, strengthening the links between the market and the household (Bourgeois 2016).

Figure 16



Source: TWIN 2013

Care Diamond and community mapping of services

Background: The Care Diamond is a concept developed by Razavi (2007) to show the different categories of actors that can provide care support, infrastructure and services. It links the roles and responsibilities of different actors in addressing the issues of unpaid care work through coordination and linkage. The four categories are: (i) the household, providing unpaid care work; (ii) the State, responsible for providing access to infrastructure such as water, electricity or roads to all the households; health centres; social protection; and ensuring all others actors respect human rights; (iii) the market or private sector, which must comply with the enabling environment set by the State (e.g., parental leave) and can act as a provider for care services or infrastructure to households; and (iv) civil society, which may support voluntarily certain care infrastructures, in the absence of government support, such as caring for elderly people or providing water points for poor communities. Based on this, Oxfam adapted the concept and created the tool to map the provision of care services (Kidder 2013).



Source: Kidder and Pionetti 2013

Purpose: The Care Diamond is used to broaden the scope of the discussion on care beyond the household, looking at other local and institutional actors. Mapping the provision of care services and infrastructure in the community and understanding the roles and responsibilities that different actors have, not only as providers but also as decision-makers or enablers, informs the programme about the available services and infrastructure; contributes to the diagnosis of women's mobility and access (or lack of access) to resources; and identifies options to reduce and redistribute care work.

Examples: The aim of this tool is to map the existing infrastructure or services that support care activities (water, electricity, laundry, caring for others), and determine roles and responsibilities to provide them. By presenting care as a societal issues and a 'public good', participants are able to see heavy and unequal care work as a challenge for the whole community, rather than only as a burden for women (Kidder 2014), and to facilitate changes.



Source: Kidder and Pionetti 2013

Once the mapping is complete, programmes could, for example, use the tool 'Who does and who pays/who will do and who will pay'⁴ to create a vision of how the provision of care would be distributed following programme intervention. These questions also help the programme to make realistic decisions about what is possible, taking into account the capabilities and incentives of different actors, and to avoid what will not be sustainable.

⁴ There is a distinction to be drawn between who undertakes care activities and who is responsible for them. Often even when the division of labour changes in the provision of care (e.g., from women to men), the responsibility does not (i.e., women are still seen as responsible, but men do some of 'their' work).

Quantitative methodologies

Household Care Survey (HCS)

Background: The HCS is a rigorous quantitative methodology, aimed at generating statistical evidence to assess constraints, and support programme design and high-level advocacy with government, donors and market actors around unpaid care work as a development issue. The HCS can also be used to monitor a range of outcomes and changes in patterns of care provision (Rost et al. 2015) Oxfam has adapted the HCS using CTO Survey software and Mobenzi, to facilitate data collection through tablets and mobile devices. The 2015 HCS included expanded sections on attitudes and perceptions about care work, and on gender-based violence linked to women's and men's care roles.

Purpose: A first household survey provides a baseline of current patterns of care provision in households, access and use of time- and labour-saving equipment and public services, and individual attitudes and perceptions about care. If a programme has limited time or resources, a shorter 'Care Module' of a dozen questions can be added to the baseline and subsequent quantitative questionnaires.

Programmes can then use follow-up surveys to identify changes in the provision of care and explore 'why' these changes occurred. In this case, the HCS aims to learn about what happens in households and in communities where a range of 'care change strategies' are being implemented, and to build understanding about pathways of positive change for more equitable care provision in households and communities. Generally, these are the three types of data analysis: (i) descriptive statistics; (ii) testing differences between men and women; and (iii) regression analysis.

Examples: Survey questions ask how care responsibilities are allocated between household members. The answers provide evidence on the time spent by each member on primary and secondary care activities. The questions on attitudes and social norms, labour-saving equipment and public infrastructure for care aim to gather information on the impact of these factors on the level/length of care hours, and the (in)equality of care hours between women and men. Findings from Oxfam's 2014 HCS in five countries show that in all countries women have longer total hours of work than men, men spend more time on paid work than women, and women have longer hours of care work (Rost et al. 2015). In Oromia, the HCS revealed that women spend from 8 (primary activity) to 14 hours (including secondary and supervision activities) on average doing care work, while men spend less than 2 hours on these activities. In addition, women spend between 2.7 and 6.1 hours of leisure time, while men spend 10 hours (Assefa 2015). Evidence shows that excessive unpaid care work implies that women can only dedicate 10–25 hours per week to the new market opportunities developed by the programme.

Time-use Surveys

Background: Programmes can use time-use surveys or seasonal calendars as quantitative tools. Time-use surveys reflect how unpaid care responsibilities are distributed between women and men and how that shapes the division of labour within a household (Ferrant et al. 2014). These can be adapted using visual or participatory methods. They will allow the programme to understand activities carried out by women and men relating to housework and childcare, as well as how these interact with their productive or income-generating activities.

Purpose: Time-use surveys provide a detailed definition of the roles of women and men, and quantify this work in terms of hours of labour. Documenting secondary/simultaneous activities and responsibility to look after dependents, to highlight constraints on mobility and time, is critical. These need to be designed to capture individuals' work intensity and the trade-offs they face (Blackden and Wodon 2006: 25). Programmes will be able to diagnose whether women-

targeted interventions are necessary, by generating the female-to-male work overload ratio (how much time does each spend on work, paid or unpaid, productive or reproductive). It will also show which tasks that take a long time, such as fetching water, could be addressed through a market systems approach.

Examples: There are different ways of asking questions about time use. Action Aid has developed a participatory visual methodology to collect time-use data which asks the person to think about what they did in every period of a specified day. Because of limited literacy skills, they use visual methods to depict the different activities based on agreed symbols. The grid allows members to mark more than one activity per hour, and so reflect multi-tasking activities that are otherwise omitted. For example, often women carry out different tasks at the same time, without being aware of it, such as looking after their children while cooking, or taking them with them when they fetch water. The diary allows women and men to notice the time and energy they are spending on unpaid care work and the effect this has on their well-being and their ability to participate in the market (Budlender and Moussié 2014)

As there are strong seasonal variations in workload – the rainy season, for example, may make it harder to find dry wood, or care activities may increase or decrease during school holidays – it is important to capture the impact of seasonality. Programmes do not need to run the survey during the different seasons; they can incorporate questions about time use in different seasons. By adding the seasons to the analysis, it will allow participants to see how productive work, seasonality and unpaid care work interact.