

Redistributing care work for gender equality and justice – **a training curriculum**

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Introduction

► ‘What makes up an economy?’

People contribute to the economy through their work in many different ways; such as small-scale trading in the local market or as casual labourers in commercial farms. Others are factory workers, miners, teachers, and domestic workers etc. Through their work women and men contribute to the productive economy by producing goods and services that people use every day. It is this work that is counted and measured by governments.¹ Yet, the work of social reproduction – which refers to the activities needed to ensure the reproduction of the labour force – is not counted. Social reproduction includes activities such as child bearing, rearing, and caring for household members (such as children, the elderly and workers). These tasks are completed mostly by women and girls and support all the activities in the productive economy. Unpaid care work is a component of social reproduction relating specifically to all the activities that go towards caring for people within a household or community. This work is not paid, requires time and energy, and is done out of social obligation and/or love and affection.² However, this is an essential component of the economy – care work sustains all other human activity. We know that care is critical in our lives – it has a widespread, long term, positive impact on well-being and development. However, prevalent gender norms – the ways in which women and men are expected to behave – and class inequalities lead to an imbalance in care work with women and girls living in poverty taking on a far greater share of unpaid and paid care work under difficult working conditions.

There is also other unpaid work done by women, children and men that is in the productive economy. For instance, smallholder farmers harvest crops and tend to the land in order to produce food for themselves and their communities. This work may not be paid but it contributes to the productive economy.

Most governments only measure and monitor paid work, and goods and services sold in markets. Yet just counting paid work in the productive economy does not give us a complete picture, because it ignores all the work done caring for people and the environment. Much of the work that goes into caring for the environment and people is not only not counted, it is not recognised or valued. It is often characterised as ‘women’s work’, making it more invisible and undervalued. Yet, even in the paid labour market paid care work generally earns lower wages than other types of paid work. Women tend to be in the most poorly paid care work as domestic workers and childcare providers. More than half of all employed women worldwide were in informal vulnerable employment and in Sub-Saharan Africa and South Asia over 80% of all jobs for women are unregulated and precarious work.³ Gender segregation in the labour market means women often find themselves in employment that is seen as ‘women’s work’ and is therefore low paid.

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1. The productive economy refers to the market economy where goods and services are produced and exchanged. The productive economy is dependent on social reproduction; therefore, “[the] goal of making women “equal partners with men” in the development process is unlikely to be reached unless policies address women’s participation in both the productive and reproductive spheres.” See Beneria L, Sen G. *Class and Gender Inequalities and Women’s Role in Economic Development: Theoretical and Practical Implications*. Feminist Studies, Vol 8. No 1 (Spring 1982)
 2. UN Women. Progress of the World’s Women 2000: UNIFEM Biennial Report. UN Women, New York, USA, 2000
 3. International Labour Organization (2012) Global employment trends for women http://www.ilo.org/global/research/global-reports/global-employment-trends/WCMS_195447/lang--en/index.htm

Wealthier households rely on more marginalised women to do the domestic work that allows middle and upper class women and men to engage in paid work. Poorer women are marginalised into low paid care work due to discrimination based on their class, caste, age, ethnicity, and migrant status. The injustice of women's heavier workloads as they contribute both to the production of goods and services, and social reproduction, leads to chronic poverty and increasing inequality both within and between countries. Migrant domestic workers, nurses and childcare providers, for instance, from low income countries work in high income countries allowing wealthier women and men to work.

Women's labour – both paid and unpaid – is exploited and undervalued in a global system of production and social reproduction. For instance, governments across the world adopt economic policies that undermine the care for people and the environment in part because these parts of the economy are not counted or valued. Encouraged by big corporations, governments support industries that pollute the environment and destroy rural livelihoods that women and men depend on. Governments have made it easier for companies to hire women and men for low wages, long working hours and under poor working conditions by changing labour regulations. They have also made it more difficult for workers to unionise and collectively demand better working conditions and wages. Across the world, governments have adopted policies cutting back spending on public services that could provide better care for people through quality healthcare, education, childcare and social protection provisions. These policies are supported and promoted through the current economic system which privileges a free market system.

Though unpaid and paid care work is essential for our well-being, its unequal distribution across genders and classes can make this work exploitative. In situations of poverty, it is more difficult for women to access the resources and services needed to care for their households. It requires more of their time, energy and can be backbreaking work to collect water and firewood, or care for an ill household member. Though men and boys do participate in unpaid and paid care work, much of this work is done by women and girls. Even after a long day's work in agricultural fields or on the factory floor, women continue to care for their households once they return home. Around the world, women work longer hours every day than men, but are paid less for work of equal value and are therefore more likely to live in poverty.⁴

► **'What's care work got to do with the human rights?'**

Women and girls' unequal responsibility for social reproduction means that they are unable to enjoy their rights equally to men and boys, for example their rights to an education, decent working conditions, political participation and time for rest and leisure. Further, unpaid care work is often very arduous – and leads to adverse health outcomes, thereby restricting the extent to which women can enjoy a right to good health, or right to social, economic and political participation. Governments have a duty to ensure that all people can enjoy rights *equally*, otherwise this is a violation of their rights. Therefore, when governments adopt policies that do not invest enough in the infrastructure and services that facilitate care work, or ignore care for people and the environment, women's human rights are violated as the primary care providers. On the other hand, if there is not adequate care, or the care provided is not of good quality, the rights of those who require care – children, the sick, the elderly – also suffer.

4. Ibid; Budlender, Deborah. 2008. *The Statistical Evidence on Care and Non-Care Work across Six Countries*. UNRISD. Gender and Development Programme Paper Number 4 December 2008.

► **'What's care work got to do with the environment?'**

This training curriculum is intended for women and men to understand and challenge the conventional view of the economy by putting care for people and the environment at the centre. **Care for people is intimately linked to the environment.** Economic activities such as chemical-dependent agriculture and mining that can lead to **environmental degradation** also make household care work more difficult. For instance, the use of pesticides and other chemical inputs in agriculture can contaminate water sources, forcing women and girls to travel further to find safe drinking water. These types of economic activities can also have a negative impact on people's health – the heavy use of pesticides in commercial and smallholder farming has led to diseases and illness amongst local farmers. Intensive mining in poor conditions can lead miners to contract lung diseases, leaving them unable to work. In the absence of a functioning public healthcare system, it is primarily women and girls who end up looking after these workers who fall ill. Therefore a violation of a worker's right to decent work and adequate healthcare leads to a violation of women's rights to rest, access decent work and participate in politics or social life as they are the primary caregivers. This reinforces the gendered division of labour and gender inequality.

Care work is also becoming more difficult in the context of increasing climatic changes in the global South. Sudden shocks and extreme weather conditions, such as cyclones, floods and droughts are projected to increase in intensity and/or frequency and location with climate change – a trend that has been observed in recent decades.⁵ Too much or too little rainfall will lead to lower agricultural yields and threatens as much as 70 per cent of the world's extreme poor who depend on rainfall for their food and livelihoods.⁶ As women take on much of the work of food production, including farming and the collection of water and firewood, climate change is also affecting the time and energy women spend on unpaid work.

► **'What about care work and decent work?'**

Women's disproportionate share of unpaid care work undermines their rights to decent work. The time and energy spent on cooking, cleaning, the collection of water and the specific care required for young children, the elderly and the ill may not leave enough time in a day for paid work. This confines women to poverty and dependent on other household members, often men, for their livelihoods. Women living in poverty may seek out more precarious forms of employment, such as home-based work or small-scale trading, to be able to do their paid work alongside caring for children and other unpaid care work activities. The disproportionate distribution of unpaid work on women restricts their choices about the location, type and nature of paid work that they are able to engage in. The other major factor affecting women's participation in decent work, are their lifecycle stages. Largely, young, unmarried or recently married women are likely to be working in paid jobs. However, an increase in their household responsibilities, either through marriage or childbearing, leads many women to withdraw from the labour market or find more flexible, part time jobs. Women with young children, siblings or elderly parents typically work within or close to their homes. When women work long hours at low wages, their unpaid care work is shifted to younger or older women in the household who are not working. Therefore, women's engagement in paid work in these conditions only shifts their unpaid care work onto other women in a household or community.

5. IPCC. 2007. "19.3.6 Extreme Events". In M.L. Perry et al. (Eds). *Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*. Available at: http://www.ipcc.ch/publications_and_data/ar4/wg2/en/ch19s19-3-6.html. Cited in ActionAid. 2012. *Climate Resilient Sustainable Agriculture: A real alternative to false solutions*.

6. Dixon, J. et al. 2001. 'Summary. Farming Systems and Poverty: Improving Farmers' Livelihoods in a Changing World'. Rome: FAO. Available at: <ftp://ftp.fao.org/docrep/fao/004/ac349e/ac349e00.pdf>. Cited in ActionAid. 2012. *Climate Resilient Sustainable Agriculture: A real alternative to false solutions*.

On the other hand, women's unpaid care work facilitates the ability of men to seek and access paid work. Women's work at home sustains the labour force. It means that men can engage in paid work without having to contribute as much to the cooking, cleaning and taking care of others that needs to be done on a daily basis. For instance, in India, national statistics show that women spend on average five hours a day on housework, while men spend 24 minutes.⁷ Again class dimensions are important to highlight; men living in poverty are also not earning a living wage and end up working long hours. This further adds to women's and girls' responsibilities; men's low wages has led many more women to engage in paid work while they continue doing all of their unpaid care work.⁸ We see that the current economic system that pushes wages down entrenches a gendered division labour and increases the demands on women's time and labour as more women join the labour force without support for their care needs or unpaid care work.

► **'How does a lack of public services affect care?'**

The corresponding cost on people, primarily women, of flexible labour policies and environmental degradation is never measured and rarely considered by governments.⁹ This is one reason why not enough is spent on **public services** to deal with the care needs that households living in poverty face. Dominant economic policies do not encourage governments to raise the revenue needed and spend enough on public services such as community healthcare centres, early childcare centres, education and basic amenities such as water and electricity.¹⁰ Many services charge fees and are not free, making it harder for those households living in poverty to access the care that they most need when they do not have the desire, skills, resources, time and energy to provide this care themselves.

As we have seen, the current economic system is adding to the care work that the poorest women, girls, men and boys have to shoulder, leading to growing inequalities within and between countries. This concentrated and unequal distribution of care leads to rights violations.

The training curriculum proposes that a collective sharing of the responsibility, costs and work of care amongst institutions (public, private, communities and households) and amongst women and men leads to the realisation of rights for all. Poverty and inequality between women and men, within and between countries can be challenged by advocating that care for people and the environment be at the core of economic and social policies. This training curriculum unpacks how power can be challenged at the household, community and state levels to recognise, reduce and redistribute women's unpaid care work.

By challenging social norms and economic policies in order to make care work more visible, this training curriculum also aims to strengthen women and their organisations to define and represent their own demands for change and participate in community and national level planning and budgeting processes. In thinking about alternatives to the current system, there must be hope that men and boys can also play a

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7. Budlender, Deborah. 2008. *The Statistical Evidence on Care and Non-Care Work across Six Countries*. UNRISD. Gender and Development Programme Paper Number 4 December 2008.
 8. Kabeer, Naila. 2007. *Marriage, Motherhood and Masculinity in the Global Economy: Reconfiguration of Personal and Economic Life*. IDS: Working Paper 290 <http://www.ids.ac.uk/go/idsperson/naila-kabeer>
 9. Waring, Marilyn. 1988. *If Women Counted: A New Feminist Economics*. London: Macmillan; Eyben, Rosalind. 2013. *Getting Unpaid Care on Development Agendas*. IDS in Focus: Policy Briefing, Issue 31, January 2013. <http://www.ids.ac.uk/files/dmfile/IFPB31.pdf>
 10. Institute of Development Studies. 2009. *Agenda for Change: Women's Empowerment Needs a People-centred Economy*. http://www.pathwaysofempowerment.org/IDS_agenda_for_change.pdf

greater role in providing care, alongside support from the state to provide care and relieve women and girls of this work. Social change will only happen if women are able to raise their political voice, greater value is placed on care work by the state, and men are able to act in solidarity with women's demands.

► ***How to use the training curriculum***

This training curriculum uses the Reflection-Action methodology¹¹ and is designed for community facilitators working with illiterate or semi-literate groups. The curriculum takes participants through the patterns of providing care to people in their households, communities and society, patterns shaped by economic and budget policies of governments and companies, as well as by social and cultural norms. Participants will discuss the impacts of these patterns and policies drawing from their own experiences. Not all of the issues presented here will be relevant for all groups. The facilitators can assess the critical issues that need to be included with women and their organisations and use the curriculum to generate ideas about how to discuss issues with different groups. We recommend that these tools first be used in women-only spaces led by women facilitators who are familiar to the community. The intention is for women to reflect on gender inequality and injustice in their own lives, to encourage mobilisation and action around the unequal distribution of unpaid care work. This will be best achieved in women-only spaces where women can freely discuss, debate and analyse unequal power relations and how this affects them. It is also a way to build up the capacity of women facilitators to lead discussions on human rights, state accountability and economic policies.

This curriculum draws on more detailed resources already developed by different organisations. Where these resources are used a reference and link to the resource is provided where possible for further information. Each module can be completed in a few hours to accommodate for the other activities that participants have to do in a day. The training can therefore be rolled out over a series of days or weeks during regular group meetings. The separate modules outlined below build on each other.

11. <http://www.reflect-action.org>

How is the training curriculum organised?

Module 1 maps out the way care work is related to all the parts of an economy and how, without care provision, the economy would not function.

Module 2 looks at the context in which care work happens and how in certain contexts, the care workload can be placed disproportionately on women, diminishing their capacity for autonomous livelihoods and wellbeing.

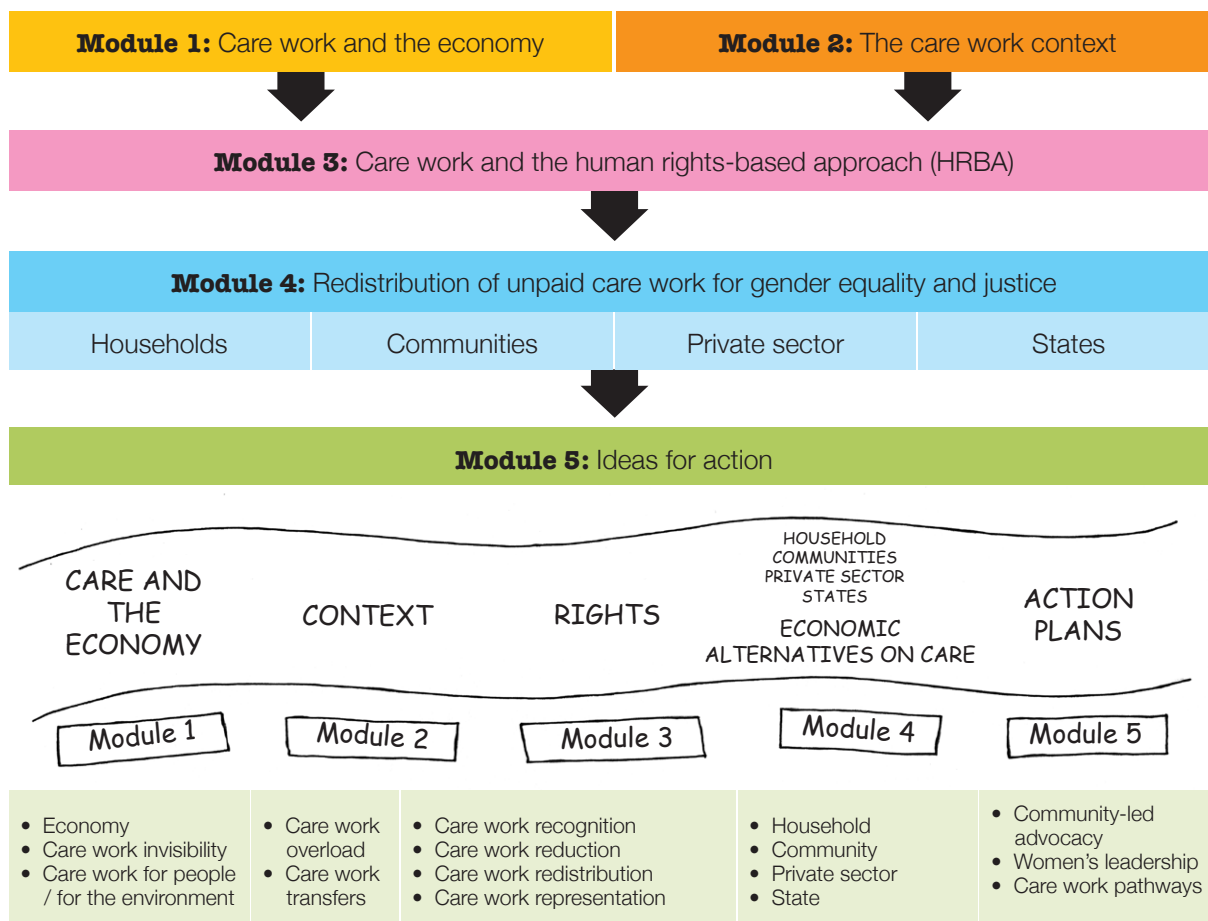
Module 3 presents the human rights-based approach as a framework for participants to understand the impact of unequal care work on their rights.

Module 4 explores economic policies on care work by first explaining what the current situation is and then giving ideas about how things could be different at the household, community, private sector and state levels.

Module 5 encourages participants to assess the next steps they want to take forward following on from the analysis developed in the previous modules.

The reader will find that tools for the first three modules focus on analysis and reflection, modules 4 and 5 provide action tools.

Below is an outline of the curriculum with a short description of each module.



Module 1: Care work and the economy

Objective: To explore the idea that care work is an essential element of any economy.

The economy relates to all the goods and services that are produced, distributed and consumed for our wellbeing. Care work is an essential part of the economy that is often forgotten. **Care work** includes those activities that sustain and protect **people** and the **environment**. **Care work** enables the productive economy to function. A **just economy** is one in which care work does not hinder a caregiver's livelihood, wellbeing and human rights. The starting point for this training is for people to describe how they contribute to the economy through their paid work, such as selling goods in a market, and their unpaid work caring for other people and the environment. A second idea is that no paid work would be possible without the care work that sustains people and the environment. For instance, a farmer is able to work long hours because there is a caregiver who collects water and firewood to cook the meal at home.

Module 2: The care work context

Objective: To explore how in many contexts an excessive care workload is put on a few caregivers, primarily women and girls, negatively affecting their livelihoods and wellbeing.

Based on participants' experiences, this module draws out the ways in which unpaid care work in households is affected either positively by sharing our care work responsibilities, or negatively by concentrating and intensifying care work responsibilities. Unpaid care work can be affected by changes in the environment, public service provision, labour regulations, health conditions and family structures. For instance, how does sickness (i.e. HIV/AIDS, malaria, tuberculosis) and a lack of healthcare services affect the amount of care needed in a household? Or how does migration of family members for paid work affect who does care work in a household? What are the impacts of climatic changes that lead to floods or droughts on care work within households and communities?

The section also introduces the idea of **care work overload**, described as the situation in which care work becomes excessive and the primary responsibility of a few caregivers, generally women living in poverty. Care work overload happens as a result of multiple **transfers of care work responsibilities** (from the rich to the poor, from men to women, from the private sector and the states to households and communities). Paid care work, such as domestic workers, is undervalued and underpaid and those with excessive care responsibilities can seldom do other (paid or better paid) economic activities. This leads to economic injustice locking women in a cycle of poverty and inequality. Care work overload also hinders a caregiver's wellbeing. Module 2 provides tools to analyse whether a given context is leading to care work overload.

Module 3: Care work and human rights

Objective: To reflect on how care work can prevent women from enjoying their human rights.

In modules 1 and 2, we explored the relationship between social reproduction and the economy, and how unequal power relations determine who does care work and how much of it. We also saw that care work overload is a result of transfer of care work responsibilities from the rich to the poor, men to women, and the state and private sector to households. In this module, we go one step further to consider how an unequal distribution of care work also leads to a **violation of human rights** recognised in national and international law.

To address the care work overload, **'the 4Rs'** – recognition, reduction, redistribution and representation – are introduced. These four action points will help us achieve our objectives to redefine the economy so that it supports care for people and the environment (see module 4). A human rights approach reminds us that care work redistribution, or the collective sharing of care, needs to happen not only within households but also across institutions such as communities, the private sector and states. **Sharing care work** will bring about a more just economy and the realisation of women's rights.

Module 4: Redistribution of unpaid care work for gender equality and justice

Objective: To reflect on how redefining the economy based on human rights requires the recognition, reduction and redistribution of unpaid care work. To explore examples of what the different actors in the household, community, private sector and states can do to share the responsibilities, costs, time and work required for high quality care of people for a more equal and just society.

Module 4 suggests ways in which households, communities, the private sector and states can recognise, reduce and redistribute unpaid care work. The four sections of this module explore how these four institutions can change roles, policies and practices regarding care, to enable the realisation of women's rights and tackle gender inequality.

Some of the changes in social norms and economic policies suggested relate to redistributing care work in the home (section 4.1), social and environmental community care initiatives (section 4.2), sharing responsibilities for care work with employers, in producers' collectives and in sustainable agriculture (section 4.3) and finally, care work and public services, budgets and taxation (section 4.4).

Module 5: Ideas for action

Objective: To identify actions led by women and their communities to make care work a more collective responsibility that can fulfil human rights and lead to greater equality between women and men, within countries and between countries.

In previous modules, we analysed how unpaid care work can be recognised, reduced and redistributed by households, communities, private sector and the state. Sharing the responsibilities, costs and time of care work across these different institutions prevents care work from being transferred and concentrated in the hands of women within poor households and communities.

In this module, several **action pathways** are suggested towards sharing care work and the fulfilment of human rights that will lead to gender and economic justice. All the pathways are oriented towards structural change. To do this: a) they link advocacy efforts across at least two institutions and b) they always include the institution of the state, the ultimate duty bearer and regulatory body for other institutions.

The module also puts special attention on **women's leadership** and organising to represent their issues (see the 4Rs in modules 3 and 4). This means that the action pathways at household, community, private and state levels are led, in solidarity with others, by women who are most affected by an unfair distribution of unpaid care work.

Finally, the module gives some guidance for trainers on how to conduct a training based on this curriculum. The presentation in modules facilitates taking a particular section, i.e. module 1, module 4.4, and having a **tailored training** according to needs. Alternatively, several **mini-toolkits** of 5-10 tools each are suggested for trainers to relate care work to varied thematic areas such as sustainable agriculture and tax justice.

Training Modules

<p>Module 1: Care and the economy</p>	<p>Session 1.1: Making care work visible in the economy Tool 01: Activity mapping – “what did you do yesterday?” Tool 02: Role play – “what would happen if...” Tool 03: Role play – the power line</p>
<p>Module 2: The care context</p>	<p>Session 2.1: The past and present of care work provision – how has it changed? Tool 04: The spider web tool – tracking care across generations Tool 05: The care work calendar – when in the year do you have more care work?</p> <p>Session 2.2: Care work overload and effects on livelihoods and wellbeing Tool 06: The care work matrix – impact of care work overload on livelihoods and wellbeing Tool 07: Body map – What is the effect of care work on your body? Tool 08: The care work roots/care tree – causes (and effects) of care work overload</p>
<p>Module 3: Care work and the human rights-based approach</p>	<p>Session 3.1: Connecting care work, rights and responsibilities Tool 09: What is a right for you? Tool 10: The basket of care work and rights Tool 11: The care work share square – how can care work be shared?</p>
<p>Module 4: Redistribution of unpaid care work for gender equality and justice</p>	<p>Session 4.1: The household and alternatives on care work [Tool 1]: Activity mapping (recap) – redistribution of tasks Tool 12: Case studies – redistribution of tasks Tool 13: The care wallet – redistribution of resources Tool 14: Venn diagram – family power relations</p> <p>Session 4.2: The community and alternatives on care work Tool 15: Sharing unpaid care work – a community discussion Tool 16: The environment care work map</p> <p>Session 4.3: The private sector and alternatives on care work Tool 17: The private care work marbles Tool 18: The working hours pathway Tool 19: Care work in collectives Tool 20: Care work in sustainable agriculture</p> <p>Session 4.4: The state and alternatives on care work Tool 21: The pebbles – what are ‘public’ services? Tool 22: Community mapping of public services Tool 23: The seller, the teacher and the housewife – who pays tax? Tool 24: What is ‘VAT’? Tool 25: The tax justice scale – big companies and unpaid care workers Tool 26: The caring budget - introduction to the budget cycle</p>
<p>Module 5: Ideas for action</p>	<p>Tool 27: Care work advocacy pathways</p>

The mini-toolkit

This curriculum can be used by many different people with varied interests and entry points to start understanding how care work is fundamental and must be considered by decision-makers. The table below highlights some of the tools that will be most useful and relevant for different focus areas. The suggested tools create a ‘mini-toolkit’ that facilitators can adapt based on their interest areas and the demands of the groups.

We recommend that, regardless of the mix of tools chosen, all facilitators include the following four tools as these are central to understanding care work and gender inequality:

Tool 1: Activity mapping – *to reflect on the different work women and men do to care for people and the environment as the foundation of any economy*

Tool 3: The power line – *to understand how unequal power relations determine how care for people and the environment is distributed and valued*

Tool 10: The basket of care work and rights – *to demonstrate how an overload of care work leads to a violation of rights*

Tool 28: Care work advocacy pathways – *to develop a way forward that links different actors so that care work is shared more equally.*

Area of focus	Your 5 key tools may be...	But you may also like...
Women’s rights Women’s economic rights (empowerment/girls’ education/ gender budgets)	<ul style="list-style-type: none"> • The basket of care work and rights (10) • Body map (7) • The care work share square (11) • Care work wallet (13) • Care work budget (27) 	<ul style="list-style-type: none"> • The private care work marbles (17) • The pebbles (21) • The seller, teacher and housewife (23)
Environmental / Sustainable agriculture	<ul style="list-style-type: none"> • The spider web (4) • Care work calendar (5) • The environment care work map (16) • Care work in collectives (19) • Care work in sustainable agriculture (20) 	<ul style="list-style-type: none"> • The pebbles (21) • Care work wallet (13) • Care work budget (27)
Governance / Tax	All tools in module 4.4.	<ul style="list-style-type: none"> • The care work share square (11) • Care work wallet (13) • The environment care work map (16) • The private care work marbles (17)

Module 1

Care work and the economy

Objective: *To introduce participants to the idea that an economy requires care work to support it*

The **economy** is the way in which goods (i.e. food) and services (i.e. education) are produced, distributed and consumed to fulfil our needs and sustain our wellbeing. No economic system, be it market, mixed or state-based, can function without social reproduction and unpaid care work. Social reproduction refers to the work needed to sustain and reproduce the labour force. Social reproduction includes activities such as child bearing, rearing and caring for household members (such as children, the elderly and workers). These tasks are completed mostly by women and girls and support all the activities in the productive economy. Unpaid care work is a component of social reproduction relating specifically to all the activities that go towards **caring for people** within a household or community. This work is not paid, requires time and energy, and is done out of social obligation and/or love and affection. **Care for the environment** involves activities such as recycling, reforestation and sustainable agriculture.

Without care for people and for the environment, the economy would collapse. The production–distribution or consumption of goods and services would not function. Yet this link is seldom made visible because this work is associated with women and is not valued or counted. The gendered division of labour is based on the unequal responsibility for care work borne mostly by women living in poverty. This has negative effects on their livelihoods, wellbeing and human rights. In a **just economy**, care work does not hinder caregivers' livelihoods, wellbeing and rights.

Another assumed idea is to equate the economy only to the productive economy and ignore social reproduction. Within the productive economy there is the formal sector alongside the informal sector. Across the world we are seeing the increasing informalisation of the formal sector through contractual workers whose rights at work are undermined. The **subsistence sector** is also a part of the economy where goods and services are produced, distributed and consumed without money transactions, for instance, through self-production and bartering.

Women work in all three of these sectors. In the formal sector, we may find women factory workers for instance. In the informal sector, we may find informal market traders and domestic workers. Finally people such as smallholder farmers, pastoralists, hunters and gatherers may live in the subsistence sector with varied degrees of connection (or none) to the monetised economy.

All three productive sectors depend on care work, and again this link between production and care work is gendered. Women are not only factory workers, smallholder farmers or small-scale traders but also fulltime unpaid caregivers in their homes, while many more men do not do unpaid care work and therefore have better conditions (i.e. more time) to engage in paid productive work.

Module 1 covers one session only with three tools. These aim to make care work visible in the economy:

Session 1.1: Making care work visible in the economy		
Time	Facilitation process	Materials
30 min	Introductions and background to the training	
2.5 hrs	Tool 1: Activity mapping – “what did you do yesterday?” Describing the economic activities that people do in a day and understanding how they contribute to the economy through their paid work, their unpaid work and their (paid and unpaid) care work.	
30 min	Tool 2: Activity mapping – “what would happen if...” Understanding how the entire economy would collapse if it was not for activities that care for people and the environment and exploring how paid work, unpaid work and unpaid care work need each other and connect.	
30 min	Tool 3: Role play – the power line Understanding the concept of power and how it relates to an economy that values care work.	
3.5 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 1: Activity mapping – what did you do yesterday?

Description

This session looks at the different activities that women and men do each day and how this contributes to the local economy.

Objective

Participants see that care for people and the environment is a critical part of the economy even if this is not paid work. Participants also begin to discuss the division of labour between women and men and why some activities are more often done by women rather than men and vice versa.

This tool asks participants to think about all the activities they did the day before and map this out on cards for participants to categorise. This includes activities such as cooking breakfast, collecting water, resting, working in the fields, selling goods at the market, or participating in a community meeting.

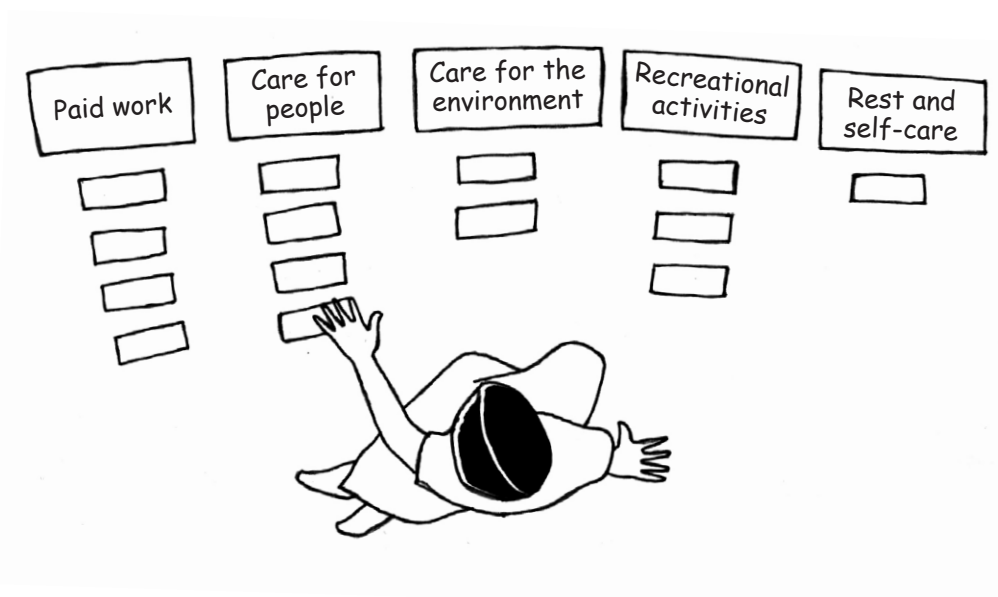


Table 1 provides an overview of the different activities that can be included:

TABLE 1: ACTIVITY CATEGORIES

Paid Work
<ul style="list-style-type: none"> • Doing wage or salary work • Working in own/family small business • Small-scale trading • Producing products for sale/market • Domestic worker
Care for the environment
<ul style="list-style-type: none"> • Subsistence agriculture • Livestock rearing • Recycling • Water board committee member
Care for people (unpaid care work)
<p>Collection of fuel or water</p> <ul style="list-style-type: none"> • Collecting firewood • Collecting water
<p>Housework</p> <ul style="list-style-type: none"> • Preparing food/cooking • Cleaning the house • Washing clothes • Shopping for food and household products
<p>Care of children</p> <ul style="list-style-type: none"> • Feeding a child • Bathing and dressing a child • Playing with a child • Helping a child with school work • Accompanying a child to school or clinic • Being in charge of a child
<p>Care of adults</p> <ul style="list-style-type: none"> • Feeding a disabled, old or sick adult • Bathing a disabled, old or sick adult • Accompanying an adult to health clinic or any other public service • Moral support • Community work
Recreational activities
<p>Learning</p> <ul style="list-style-type: none"> • Attending adult education class • Doing homework
<p>Social and cultural</p> <ul style="list-style-type: none"> • Socialising with friends and family • Praying • Attending a ceremony (e.g. funeral) • Attending a sports event
<p>Mass media use</p> <ul style="list-style-type: none"> • Watching television • Listening to radio • Using the internet • Reading newspapers • Using mobile phones
Rest and self-care
<p>Sleeping</p> <ul style="list-style-type: none"> • Sleeping • Resting in bed
<p>Other self-care</p> <ul style="list-style-type: none"> • Eating or drinking • Dressing oneself • Washing oneself • Receiving healthcare

Steps for using the tool:

Step 1: In a group discussion participants list out ALL of the activities that they did yesterday.

Step 2: Participants draw, or write if they can, one activity per card. Men and women will be given different coloured cards – for instance, men may receive green cards while women receive yellow cards. If it is a women-only group ask them to also write down or draw activities that men do normally on different coloured cards.

Step 3: The facilitator then asks ‘Which of these activities helped you to take care of your family and friends?’

Step 4: The participants then group these activities together including the four categories –housework, collection of water and firewood, care of children, care of adults (see Table 1). The facilitator places a card above these activities titled ‘Care for people’

Step 5: The facilitator then asks, ‘Which of these activities helped you to take care of the natural resources that are around you?’

Step 6: Participants then group these activities together and the facilitator places a card above these activities titled ‘Care for the environment’.

Tip for the facilitator: Did you do know that what is called ‘indirect care’ includes housework and collection of water and firewood? In many households indirect care takes up more of women’s time than ‘direct care’ (or care of children and adults). Indirect care work is also less visible than direct care.

Step 7: The facilitator then asks, 'Which of these activities are paid or generate income?'

Step 8: Participants then group these activities together and the facilitator places a card above these titled '*Paid work*'.

Step 9: 'Which activities do you do in your leisure time?'

Step 10: Participants then group these activities together and the facilitator places a card above these titled '*Recreational activities*'.

Step 11: 'Which activities relate to resting and taking care of yourself?'

Step 12: Participants then group these activities together and the facilitator places a card above these titled '*Rest and self-care*'.

Critical questions:

- Is there anything missing from this activities mapping?
- Does this activity mapping capture the main activities that you see in your community?
- Identify those activities that take up the most time for you.
- As women's cards and men's cards will be different colours it will be visually clear which activities men and women spend more time doing.
 - What activities do men and women do that are the same? What activities do men and women do that are different, and why?
 - What activities do girls and boys participate in?
 - How much time do women and men spend on different activities?
 - Can both men and women do the care activities listed here?
 - Are there activities that are done more by younger women?
 - Are there activities that are done more by older women?
- How does the quantity of money you have affect how much time you spend on care work activities?
- Which of these activities do you do at the same time?

Feedback stresses the importance of analysing by age (2) and disability (1)

Power issues to consider

Gender: Having different colour cards for women and men will immediately show the similarities and differences between their activities.

In most cases women and girls will be more involved in care work activities than men and boys. You will likely find that men have more time for paid work either as agricultural labourers, factory workers, traders etc. Many women will be involved in paid work and in unpaid work such as subsistence agriculture. Here facilitators want to show that women are involved in paid and unpaid work alongside unpaid care work.

To deepen the analysis facilitators can ask:

- What is the value of the unpaid and care activities?
- How does that impact on how we see women's and girls' contribution to the economy/community?

Age: Children and youth may have different activities than women and men as they may be in school rather than working. However, for some girls and young women their age may mean that they have to carry a heavier workload because of their low status in the household. For instance, young wives may not be able to ask their husbands to support them with their housework. Young women are also more likely to have younger children that require more care. Older women may also have to take on more care work, particularly in countries badly affected by HIV and AIDS.

Status: Widows and single women will often have more work to do than other women unless they have support at home. Widows and single women are likely to be involved in paid work or subsistence agriculture to meet their basic needs while also having to do most, if not all, of the care work at home.

Disability: People who are disabled or challenged physically and mentally and those who may be sick (due to old age or a disease) are often care responsibilities for other members of the household. This would imply increased unpaid care work for other household members and they may need to access community care and support.

Class: Some people in the community will also be able to pay for care services and goods while others will not. For instance, richer community members might be able to pay for electricity or hire domestic workers in their households to help with the cooking and taking care of children. This will mean they spend less time on care work than poorer households.

EXPANDING THE DISCUSSION: Paid work and care for people and the environment

To build on the discussion from the activity mapping you can raise a few questions to start people thinking about the value placed on paid care work and unpaid care work:

Care for people and for the environment – can it be paid for?

- Yes – care work can be paid for such as hiring a domestic worker or paying for a childcare centre. Cooking in a restaurant or nursing for patients in a hospital are all examples of paid care work. Recycling or collecting rubbish can also be paid care activities that help to care for the environment.

How do salaries for paid care work compare to the salary of an engineer or a politician?

- Salaries for care-related work are often much lower as they are assumed to require low levels of skill even though they have many benefits for the community. This can show that paid care work is often under-valued and underpaid despite its contribution to the economy as seen in module 1.

Should all work related to the care for people or the environment be paid for?

- Not all unpaid care work should be paid for – i.e. care of one's own children, taking care of an elderly parent, protecting a community's river and forests.

A note on the monetisation of care – This curriculum does not suggest that all unpaid care work should be paid for. The strategy in this curriculum is to recognise care work, reduce it and most especially redistribute it so that care work is not concentrated on women and girls alone (see module 3). It is also important to consider that even when care work is paid it is underpaid because it is considered women's work and is less valued. Therefore in the case of paid care workers, such as domestic workers, nurses or childcare providers, we want to see them earn a living wage because the care provided benefits individuals and society as a whole (see module 4.3).

References: *Tool adapted from:*

ActionAid 2013. *Making Care Visible: Women's Unpaid Care Work in Nepal, Nigeria, Uganda and Kenya*. http://www.actionaid.org/sites/files/actionaid/making_care_visible.pdf

Tool 2: Role play – ‘what would happen if...?’**Description**

This tool focuses on what happens to individuals and communities when care for people or for the environment is not provided. Participants act out scenarios where care is not available – i.e. ‘*What would happen to your belly if your caregiver cannot cook because she is sick today?*’ The scenarios start with unpaid care work only and move towards connecting unpaid care work with the more visible parts of the economy, paid work.

Objective

To analyse the centrality of care work in the economy and how without care work, the economy would collapse. To analyse how paid work and unpaid care work need each other to function.

Steps for using the tool:

Step 1: Ask for two or three volunteers. Tell them in a low voice so others cannot hear this sentence below:

- What would happen to your **belly** if your caregiver (i.e. mother, wife) cannot **cook** because she is sick today?’

They now have to act out the sentence in silence. Tell the rest of participants only this incomplete sentence without the two words in bold:

- ‘What would happen to your _____ if your caregiver cannot _____ because she is sick today?’



The participants now have to guess the two words in bold that are missing out of the role play.

Step 2: Do the same for these four other examples:

- ‘What would happen to your **child** if your caregiver cannot **watch over** her because she is sick today?’
- ‘What would happen to your **grandmother** if your caregiver cannot go to **collect water** because she is sick today?’
- ‘What would happen to your **livestock** if your caregiver cannot **collect water** because she is sick today?’
- ‘What would happen to your **family member selling in the market** if your caregiver cannot **do the housework** because she is sick today?’

Step 3: After the role plays have a discussion based on the questions below

Critical questions:

- In what ways does care work sustain you every day?
- How does your environment sustain you every day?
- What would happen to your community | your country if this care for people and the environment was not provided?

Critical questions:

- In what ways does care work sustain you every day?
- How does your environment sustain you every day?
- What would happen to your community / your country if this care for people and the environment was not provided?

Adding literacy and numeracy:

Ask participants to collectively draw an image that has impacted on them from the sketch (i.e. a thirsty person). The facilitator then takes a key word (i.e. water) and develops literacy skills.

Power issues to consider:

Use this tool to reiterate the power issues discussed in Tool 1: activity mapping – ‘what did you do yesterday?’

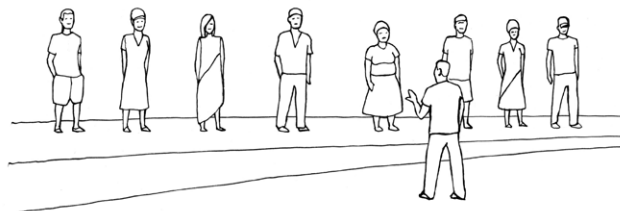
Tool 3: Role play – the power line

Description

This tool helps participants to visualise and experience how power is not equally distributed between people. It can evoke many negative emotions among participants such as anger, discouragement and sadness and must be used carefully in any community where people experience these power inequalities every day.

Objective

To explore how people’s multiple identities as a result of their gender, age, class, race, ethnicity, sexual orientation and religion determine how much power they have to make their own choices. In particular, this tool will highlight how gender intersects with other identities to determine the amount and intensity of care work a person is expected to provide.



Tip for the facilitator: This tool is easier to manage in a homogenous group where there are not many power inequalities within the group itself. It may cause conflict in a group with people of a different gender, age, race, disability, ethnicity, class, sexual orientation and religion and must be carefully facilitated to be effective and empowering.

Steps for using the tool:

Step 1: The facilitator writes on a piece of paper the character each participant is expected to be in this role play. If participants have limited literacy skills then the facilitator can draw each character or whisper to each participant their character for this role play. The participants must not tell anyone else the character they were given. Below is a list of suggested characters, but the facilitator will have to adapt these so that they are relevant for the group.

Step 2: All the participants line up on in the middle of the field/hall. The facilitator explains that participants must take steps forwards or backwards depending upon what they think their character is able to do or not do in response to each of the statements that will be read out (see below).

Step 3: The facilitator reads out one statement at a time from the instruction sheet (see below) giving the participants enough time to step forward or backward. If the participants think that their character can do what that statement says then they take one step forward. If the participants think that their character cannot do what the statement says then they take one step backward.

Step 4: After all the statements have been read out ask the persons who have moved forward the most to reveal their characters and say how they feel. Then ask the others who have taken the most steps backwards to reveal their characters and ask them how they feel.

Step 5: Ask the participants at the back of the line what would need to change to move them forward?

Step 6: Ask the participants at the front of the line how their characters could support those at the back of the line to move forward.

Step 7: Ask participants to leave their positions and gather together in a circle to discuss the tool.

Possible characters for the role play:

- 16-year-old girl who is just married and is pregnant with her first child
- Grandmother who looks after her five grandchildren
- Male local government official who is responsible for the community's budget
- Married woman with three children who has an ill parent living with her
- Married man who has an ill parent living with him
- Farmer who owns the farm he works on and has four children at home
- Woman smallholder farmer who works on the family farm and has four children at home
- Male member of the water board committee
- Female member of the water board committee
- Female domestic worker who has not completed primary school and is a widow with three children
- Woman who has two children and her husband is a migrant labourer who works abroad
- Elected leader of the women's group
- Religious leader from the minority religious group in the area
- Male migrant labourer who works as a factory worker in the capital city

The facilitator can adapt and add or remove roles based on the context and number of participants.

Possible situations:

- If you have studied up to class VII (7), please take two steps forward, if you have not then take a step back.
- You need 10 dollars for some personal work, and you do not want to ask your partner for it. If you can arrange a loan from a bank take one step forward. If you cannot, take one step backward.
- You do not want a child. If you can convince your partner to use a contraceptive take one step forward, otherwise take one step back.
- You are tired after a long day working. If you can sit down and relax for one hour take one step forward, otherwise take one step back.
- There is a party/cultural programme at a friend's house tomorrow night. If you can go, take one step forward otherwise take one step back.
- The water in the area is polluted by the factory. If you can participate in a protest demanding that the factory stops polluting the water take one step forward, if you cannot take one step backward.
- You are working in a factory and your child is sick at home. If you will have to take care of your child and not go to work take one step backwards, if you can still go to work because someone else can take of your child take one step forward.
- You do not like washing dishes, there is a pile of dishes to be washed. If you do not need to wash these dishes take one step forward, otherwise take one step back.
- The local authorities have called a meeting to discuss how much to spend on the new road. If you can speak at this meeting take one step forward, if you cannot speak then take one step back.
- You had to go out of town/village on some work and the work has taken longer than you thought. If you think that you can stay out of the house at night take one step forward, otherwise take one step back.
- If you ride a cycle/or any vehicle to work, or for daily errands take one step forward, if you do not, then take one step backwards.
- Nearby, there is a new textile factory. They are hiring personnel. If you think you can get a job, take one step forward, if not take one step backward.
- Your parents have died. If you think you are able to get a share in their property take a step forward, if not take one step back.
- The water board committee has called an urgent community meeting just before meal time because there is a water shortage. If you can participate in this meeting take one step forward, if you cannot take one step back.

Critical questions:

- Why did the participants get distributed in this way even though they had started at the same place in the role play?
- What are the various bases of differences in the role play? How do these differences affect each character?
- Explain how each individual may be at an advantage on one account but at a disadvantage on another and how advantages along a particular basis – caste, class, religion, age etc. – is also a source of power.
- Discuss how care work responsibilities affect people differently based on their gender, class, religion, age, caste and disability.
 - Who had the most care work responsibilities of the different characters and why?
 - How did care work responsibilities prevent some characters from moving forward?
 - Why were care work responsibilities more of a challenge for some characters and not for others?
- Discuss how individuals are discriminated against on the basis of their class, caste, race, age, sex, sexual orientation, gender identity, work (sex worker/domestic worker), health/HIV status, educational levels, physical abilities and so on. Power structures operate to keep discrimination in place.
- Establish the basic value of equality and how power inequalities can be made more equal. Leave participants with a feeling that these power structures are not fixed and can be changed.

References: *Tool adapted from:* Mukhia, Neelanjana and Kachingwe, Nancy. 2013. *Women's Rights and HRBA Training Curriculum*. ActionAid International, October 2013.

▶ Key ideas from module 1

1. There is **NO economy without care** – ALL economic systems depend on care for people and care for the environment. So it is not a matter of 'adding' care to the economy, as it is always a part of the economy for it to function. It is about 'making care work visible' in the economy.
2. The **economy is NOT only about the productive economy**. In reality, most national economies are a mixture of different economic sectors – i.e. a blend of market and subsistence economy. As such, paid work and unpaid care work are all essential parts of the economy (not just paid work). Second, each is needed for the functioning of the other. Paid work and unpaid work are closely connected, i.e. women's unpaid care work makes it possible for men to engage in paid work.
3. **Power determines how unpaid care work is distributed**. A person's gender, class, age, ethnicity, caste, disability, religion, sexual orientation and migrant status determine the kind of power they have to make their own decisions. Inequalities between women and men and across different social classes are based on these different levels of power and status between groups. A woman or girl living in poverty is more likely to take on a larger share of unpaid care work and not be able to challenge this division of labour because she does not have much power and status in the household and the community. Her lack of power to challenge the status quo may mean that she cannot complete her education, participate in community meetings, find a job or rest due to her unpaid care work responsibilities.

Module 2

The care work context

Objective: *To explore how an excessive care workload is put on a few caregivers, primarily women and girls from the poorest households, negatively affecting their livelihoods and wellbeing.*

Introduction: In module 1, we have explored how care is an essential element of the economy. In module 2, we will see how the economy is part of a global social, environmental and political system that is putting greater responsibility for care provision on the poorest and most marginalised women and girls.

Based on participants' experiences, this module draws out the ways in which care work in households is affected either positively, by sharing care work responsibilities, or negatively by concentrating and intensifying care work responsibilities. Care work can be affected by changes in the environment, public service provision, labour regulations, health conditions and family structures. For instance, how do diseases (i.e. HIV/AIDS, malaria, tuberculosis) and a lack of quality public healthcare services affect the amount of care work needed in a household? Or how does migration of family members for paid work affect the care provided in households? What are the impacts of climatic changes that lead to floods or droughts on care work within households and communities?

We can feel **good** when we care for others but care work can also be **negative** when it becomes too much. This section introduces the idea of **care overload**, described as the situation in which care work becomes excessive and the primary responsibility of a few caregivers, generally women living in poverty. Care work overload happens as a result of multiple **transfers of care work responsibilities** (from the rich to the poor, from men to women, from the private sector and the states to households and communities) that deepen gender and class inequalities. Care work is undervalued and underpaid because it is seen as women's work. Women living in poverty are disproportionately responsible for both unpaid and paid care work because it is undervalued and underpaid. Therefore transfers of care work responsibilities happen in a broader system of social and economic relations that is unjust. Women with excessive care responsibilities can seldom do other (paid or better paid) economic activities. This keeps women living in poverty poor and makes societies more unequal. Care work overload also hinders a caregiver's wellbeing.

It is thus important to understand why unpaid care work is most difficult and concentrated amongst the poorest and most marginalised women and girls in order to address this. Some factors that concentrate unpaid care work amongst the poorest women are:

- **Economic**
 - Work-related migration may concentrate care work on those who stay behind.
 - A decrease in income and the value of assets may make it more difficult to buy care products and services and these now have to be produced at home or not used at all (i.e. buying clothes or cooked food).
 - Low wages, poor working conditions, and long working hours make it difficult for women and men to find time or energy to provide care.
 - Not enough regulations on businesses mean they do not provide healthcare benefits or childcare services for their employees, and this work is transferred to households.
 - The lack of quality public services transfers more care work to households (i.e. if a public childcare centre does not exist, someone in the household has to look after the children).
- **Political** such as war, conflict, crime and violence against women also increase the need for care work services while also adding to caregivers' responsibilities.
- **Social** such as family structure changes (i.e. pregnancy, migration, widowhood, sicknesses and disability), women's mobility and access to goods, services and employment outside of the home, social acceptability of women in the labour force.
- **Sexual and reproductive health** such as women's and girls' ability to choose their partners and determine if they want to have children, how many and the spacing of their children.
- **Violence against women** in private and public spaces can be used to confine women to their roles as primary caregivers.
- **Cultural and religious beliefs** such as certain religions and cultures stating that women should do all the unpaid care work.
- **Environmental** pollution such as when a river becomes contaminated, households have to find other sources of water to meet their basic needs.
- **Technological** innovation may reduce care work (i.e. tapped water).

All these factors affect and are affected by the economy and the political system. For instance, the deregulation of labour policies and lack of employment opportunities allows employers to pay low wages and not provide any social security benefits. As a result, the search for better paying jobs may bring about the migration of family members and a higher burden of care work on the women and girls in the household.

The lack of regulation to protect the environment may allow the private sector to engage in harmful activities such as chemical dependent agriculture or mining that can pollute drinking water in rivers, which in turn increases the time spent on water collection by women and girls.

Rapid industrialisation and the demand for large scale farming result in land grabs, which in turn lead to displacement of women and men living in rural areas. This deprives them of a livelihood and access to the land, forests and water women previously depended on for their household production and care work. These processes cause an intensification of unpaid care work for women and girls in a context of increasing poverty and marginalisation. Environmental pollution and degradation as a result of rapid industrialisation also brings on floods and droughts that make it more difficult to find clean drinking water and can lead to the spread of disease. This again increases unpaid care work and the demands on women and girls' time. Module 2 has two sessions. Session 2.1 is about 'the past and present of care work provision' and

looks at how care work provision has changed in a place over a period of time. For example, who did care work and what were the care needs in your area a few decades ago and how has it changed now? Session 2.1 then uses the care work calendar to explore how care work provision may vary throughout the year. While the first tool is more adapted to analyse long-term unexpected changes, the care work calendar is used to look at regular, year-round changes.

Session 2.2 focuses on ‘care work overload’ and the effects on livelihoods and wellbeing. While unpaid care work in itself is essential, an excessive care workload on a few caregivers, mainly women in the poorest households, has negative effects on their livelihoods and wellbeing.

These political, economic, environmental, social and cultural factors can be changed and this is what we explore in modules 3, 4 and 5. Module 3 introduces the idea of sharing care work and module 4 builds on this by looking at ways to redistribute care work more equally.

Session 2.1: The past and present of care provision – how has it changed?		
Time	Facilitation process	Materials
1 hr	Tool 04: Spider web – Tracking care work across generations	
1 hr	Tool 05: The care work calendar – which time of the year do you have more care work?	
2 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 4: Spider web

Description

This session analyses generational, long-term changes in care provision.

Objective

To explore whether care work is more or less concentrated on women and girls now as compared to in the past. The tool will also highlight any changes in who does care work across generations.

Steps for using the tool:

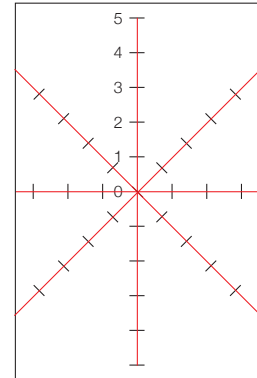
Step 1: Go back to the Activity Mapping in module 1 and identify at least eight key activities that take up the most time. Be sure to include a mix of activities that relate to the care for people, care for the environment, paid work (including paid care work) and rest and leisure.

Step 2: Draw four lines that intersect in the middle on the ground or on a piece of flipchart paper and on each line, mark out five levels (see diagram below). At the top of each line mark down one of the eight activities.

Step 4: Go through each of the activities one by one and ask participants how much time their **grand-mothers** spent doing these activities. Mark their answers on a scale of 0-5, 0 meaning no time was spent on an activity, and 5 meaning that a lot of time was spent on an activity. Once the group has reviewed all of the activities connect the points on each line creating the first ring of a spider web.

Step 5: Repeat the steps again but this time ask participants how much time their **mothers** spent on these eight activities. Mark their answers on a scale of 0-5 for each activity and connect the dots across each. This is the second ring of the spider web.

Step 6: Repeat the steps again but this time ask participants how much time **they** spend on these eight activities. Mark their answers on a scale of 0-5 for each activity and connect the dots across each. This is the third ring of the spider web.



Step 7: At this point you will have three rings of the spider web that can lead into a discussion about how the time spent on different activities has changed and why this has come about.

Critical questions:

- What are the activities that your grandmother spent more time on than your mother? What are the activities that she spent less time on?
- What are some of the external factors that can explain these differences between your grandmother and mother (i.e. access to borehole, girls' education, a new healthcare clinic, drought/floods etc.)?
- What are the activities that your mother spent more time on than you? What are the activities that she spent less time on?
- What are some of the external factors that can explain these differences between your mother and you (i.e. access to borehole, girls' education, a new healthcare clinic, drought/floods etc.)?
- Are there any activities that all three generations still spend a lot of time on? Why is this?
- Are there any activities that you spend time doing, but that your grandmother or mother did not? Why is this?
- How would this spider web look like if it was done with your grandfather, father and your brother?

Tip for the facilitator: Participants may first explain these changes due to a change in family circumstances – i.e. a male family member passed away so a woman in the household had to start working etc. The facilitator will have to unpack these explanations to connect them to changes in the external context. Refer to the introduction to give you some ideas of the kind of **economic, political, social and environmental** factors that can affect family circumstances and also increase or decrease the time women spend on unpaid care work.

Tool 5: The care work calendar

Description

This session analyses the time of the year in which there is more care work.

Objective

Participants explore the overall work load throughout the year (by women and men) and how this changes. This helps facilitators to plan when to schedule meetings with the groups and to know what type of interventions to use to reduce and redistribute unpaid care work.

Option 1	Season 1			Season 3			Season 4			Season 4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fuel collection	•••											
Water collection	•											
Food production or provision	••											
Taking care of the ill	••											
Childcare	•											
Housework	••											
Tending to forests	•											
Paid work	••											

Tip for the facilitator: This can be a good tool to compare women and men’s workloads throughout the year. In separate groups women and men can be asked to fill out their care work calendars and then compare them during a community discussion.

Steps for using the tool:

Step 1: A line from left to right is drawn to represent a year. Ask participants how they want to divide the year. For example, this can be done by following agricultural periods (pre-harvest, harvest, monsoon, rainy season, dry season, etc.) or with the months of a calendar year.

Step 2: The facilitator asks participants to refer back to the activity mapping in module 1 and identify those activities that take up a lot of their time. This can include unpaid care work activities as well as paid work. This is written or represented in the left column.

Step 3: Ranking each activity one, two or three stones, participants analyse the degree to which this work is done in any given month or period. One stone means that the work demands only a little bit of time, while three stones means that the work demands a lot of time.

Critical questions:

- How do people in your area **prepare** for the moments in the year where care work is most needed, or providing care is most difficult?
- What are the reasons why unpaid care work increases during some periods and increases during others?
- How do people **recover** from periods where they have too much work?
- The facilitator can also discuss with the group other types of seasonal care work such as cooking and making/mending clothing for religious festivals, helping with health vaccination campaigns and other community activities, ‘extra cleaning’ from either dust/mud, difficulty of drying clothes during rainy weather, etc.

Tip for the facilitator: Tools can be adapted for the most relevant activities in the community – i.e. subsistence agriculture, care of adults etc.

Session 2.2: Care work overload and effects on livelihoods and wellbeing		
Time	Facilitation process	Materials
1 hr	Tool 06: The care work matrix – when does care become too much?	<i>Paper, markers, pebbles. Activity mapping cards from Tool 1</i>
1 hr	Tool 07: Body map – what is the effect of care work on your body?	<i>Paper, markers, coloured cards</i>
1 hr	Tool 08: The care roots / care tree – what are the causes (and effects) of care work overload?	<i>Paper, markers, coloured cards</i>
3 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 6: The care work matrix – assessing how care work can be unsustainable and unjust

Description

Identify the care work activities that are most problematic for people’s livelihoods and wellbeing.

Objective

Participants reflect on the impact of excessive care provision on caregivers, in terms of economic, physical or emotional strain, and how this impacts on their livelihoods, wellbeing and life choices.

Care activities	Time/charge	Restriction on mobility	Adverse impact on health	TOTAL activities
Preparing meals (includes fuelwood collection)	•••	••	•••	8
Providing moral support	•	•	•	3
Keeping the house clean	••	•	•	4
Taking care of sick people	•••	•••	•	7
TOTAL impact	9	7	6	

Steps for using the tool:

Note: If the group is mixed and it is possible, separate women and men into two different groups. The two groups can come together at the end of the exercise. If men complete it quicker than women you could ask them to complete a similar matrix thinking about the impact of care activities on their wife, mother or daughter. It might be quite powerful to ask them to think about this on their own and then listen to the women's opinions.

Step 1: Go back to your list of care work activities under Tool 1 and identify 3-4 **activities** that participants do a lot of. Draw up a matrix with these on the **vertical axis**. You can use symbols for each activity.

Step 2: Write or symbolise issues that are affected by care work on the horizontal axis such as:

- **Time** used to do care work
- Restriction on **mobility**
- Adverse impact on **health**
- Risk of **violence**

Step 3: Ask participants to do the **ranking**, that is, ask them to put down one pebble on the matrix if an activity does not have much impact on women's time, restriction of mobility and adverse health impacts. Put down 2 pebbles if has some impact and 3 pebbles if it has a significant impact. This will give a detailed picture of what participants see as problematic in their care roles.

Step 4: Start a discussion on the **difficulties** that participants face as a result of the care work they do using the following prompting questions:

- What activity takes the most of your time in the matrix?
- What activity most limits your movements in the matrix?
- What activity has the worst effects on your health in the matrix?
- What activity can put you at risk of violence in the matrix?

Step 5: [Optional] To deepen analysis, the facilitator can also ask:

- What care work activity is most difficult for you to manage daily (see the highest score on the final column on the right)?
- Altogether, what is the main impact related to care work that affects you: the amount of time spent doing care work, the lack of mobility or the effects on your health or experience of violence (see the highest score on the lower horizontal axis)?

Critical questions:

Discuss how these time, mobility and health restrictions, affect, in turn:

- Access to **paid work** and capacity to earn a living (livelihood)
- Psychological/**mental pressure** and stress

Ask **a lot of 'why' questions** (from it is a problem to why it is a problem):

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

- Is the restriction on mobility associated with specific tasks (like caring for sick people or the elderly)?
- Is the inability to attend community meetings related to care work (i.e. these are held when women are busy with care work)?
- Is the degradation of environment affecting women's unpaid care work, paid work and causing psychological stress?

Adding literacy and numeracy:

If you have used symbols in the matrix, you can build up literacy by writing down the words of each symbol.

Tip for the facilitator: Bear in mind that issues with particular care work activities may arise not from the primary activity, but from the simultaneous/secondary activity. For instance, doing waged agriculture work may not truly limit a woman's movement, but it is the secondary/simultaneous activity, like taking care of a very young child while doing waged agriculture, that restricts mobility, and makes 'doing waged work' very burdensome.

Power issues to consider:

Class: Poverty and the associated lack of access to quality public services such as running water, electricity, public hospitals or childcare centres makes unpaid care work much harder for women. Wealthier women are able to buy these services if they are not provided by the state. Wealthier women can also buy the services privately, even if provided by the state.

Caste/religion: In communities with a caste and religious divide, access to care services may be affected both by virtue of these social constructs and distance, as their homes may be further away from the available resources or services. Women from these communities are often worse off due to discrimination based on their gender, class, caste and religious affiliation.

Social exclusion: For whom in communities is this care work more difficult and why? This question can lead people to think about people living with disabilities or who are ill but are still expected to carry out these different care responsibilities.

References: *Tool adapted from:* [Oxfam Rapid Care Analysis Toolkit](#)

Tool 7: The body map

Description

The body map asks women to draw out their bodies and discuss how they feel, both physically and emotionally, as a result of their responsibility for unpaid care work. The outline of a woman's body is used to help participants visualise and discuss this together.

Objective

Identify the impact, both positive and negative, of unpaid care work on women's bodies and wellbeing,

Tip for the facilitator: This exercise may raise issues around violence – either physical, verbal, emotional or sexual – that women experience as a result of their daily activities. Women may experience violence in public spaces while doing their unpaid care work or paid work, such as when they have to travel long distances to collect water or firewood. They may also experience violence in their home as a result of tensions about what men or other household members expect of women’s unpaid care work – such as disputes over the quality of the meal prepared, or the time spent on paid work instead of unpaid care work. Be prepared to indicate to participants where they can either report their experience of violence, and/or seek medical treatment and psycho-social support.

Step 1: Find a safe space to do the body map exercise with a **women-only group**. For women to feel comfortable to share freely find a space where no men or boys are present or can listen into the discussion.

Step 2: Draw the outline of a woman on the ground or on a large sheet of paper. A quick way to do this is to ask one of the participants to volunteer to lie down on the floor and draw around them. However, this may not be appropriate in some contexts and so the body can be drawn freehand.

Step 3: Ask participants: “How do your daily activities impact on your body and your health?” Participants then indicate on the body map the positive and negative impacts that they have experienced. For example, headaches as a result of carrying heavy water containers for long distances. They can be drawn onto the map using symbols/colours to indicate these different physical effects.

Step 4: The body map can also be used to discuss abstract notions such as qualities, skills or emotions. These can also be drawn onto the map using symbols/colours to indicate different emotions. The participants will need to discuss as there will be lots of different perspectives.

Critical questions:

- What are the unpaid care work activities that bring you pleasure? Why?
- What are the unpaid care work activities that affect you negatively? Why?
- How do the effects of unpaid care work on your body affect your ability to do other things (i.e. access paid work, participate in community discussions, listen to the radio or watch tv, have pleasurable sex, and sleep)?

References: *Tool adapted from:* Reflection Action Toolkit, 2013

Mukhia, Neelanjana and Kachingwe, Nancy. 2013. *Women’s Rights and HRBA Training Curriculum*. ActionAid International, October 2013.

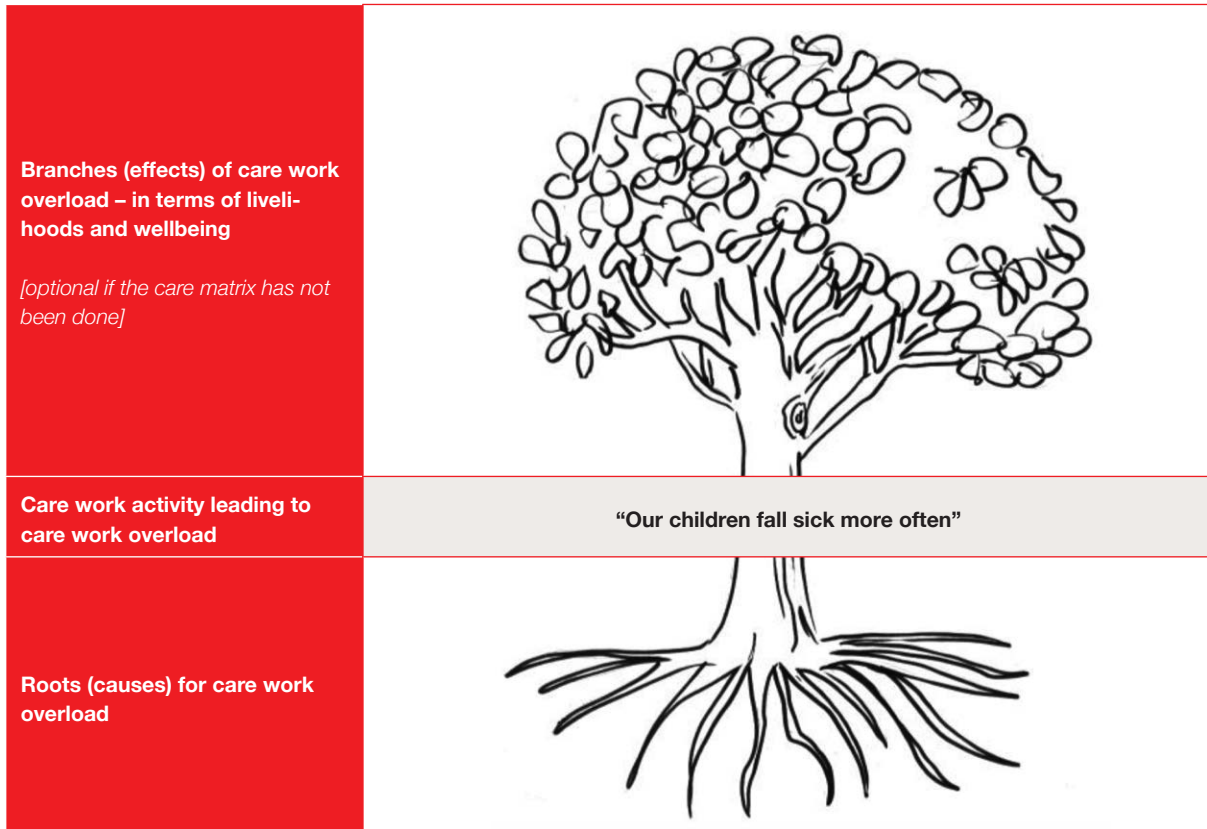
Tool 8: The care roots / care tree

Description

Through the image of a tree with roots and branches, the causes and effects of care work overload for a particular care activity (i.e. fetching water) are analysed.

Objective

To explore the causes and effects of care work overload.



Steps for using the tool:

Step 1: Participants select the **care activity that most leads to care work overload**. Results from either the care work matrix or the body map can be used. Care work activities that create work overload could be: more caring for sick people, more time used to find drinking water, etc.

Step 2: A tree is drawn. The selected care work activity is located in the **tree trunk**, i.e. we now spend more time caring for sick children.

Step 3: The facilitator asks how this affects the caregivers’ lives? These are symbolised and/or written in the **branches** of the tree. If participants have done the care work matrix or the body map this should not take long to complete.

Step 4: The facilitator now asks: what are the causes for this activity being so burdensome? These are symbolised and/or written in the **roots** of the tree. Here the facilitator can refer to the following economic, political, environmental and social changes:

- Lack of public services
- Low wages and long working hours
- Work-related migration
- Conflict and violence
- Pollution
- Changes in rainfall
- Changes in cultural or religious beliefs about care work and women’s roles

Not all of these will be applicable for every care-related activity, but it is important that the facilitator is aware of these possible reasons for why care work is more concentrated on certain caregivers than others.

References: *Tool adapted from:* Reflection Action Toolkit, 2013

▶ Key ideas from module 2

1. Across generations and locations care work is most often concentrated on the poorest and most marginalised women and girls, deepening gender inequalities and injustice. This leads to a **care work overload** where care work is transferred from the rich to the poor, from men to women, from the private sector and the states to households and communities.
2. **Government policies** that cut back on quality public services, encourage low wages, or allow for environmental pollution and land grabs transfer care work from the state and the private sector to the poorest women. **Social and cultural practices** can transfer care work from men to women. Care is transferred to these women because they have less power and are discriminated against because they are women (refer to module 1, tool 3).
3. The concentration of care work on women has a negative impact on their physical health and emotional wellbeing.

Module 3

Unpaid care work and the human rights-based approach

Objective: *To reflect on how care work can prevent women from enjoying their human rights.*

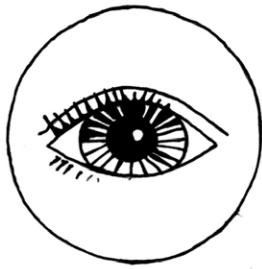
Introduction: In module 1, we have explored how care work is an essential element of the economy and how the unequal distribution of power determines who does care work and how much of it. In module 2, we have seen how care work overload happens and the negative impact this has on mostly women caregivers living in poverty. This limits the capacity of these caregivers to escape poverty, take up decent work opportunities and participate in political processes.

In module 3, we go one step forward in relating care work (and care work overload) not only to livelihoods and wellbeing but also to human rights. As we will see, care work overload not only leads to inequality and poor health outcomes for women but also to rights violations.

Taken from a human rights approach (see the 'what is a right' tool), the negative care effects on livelihoods and wellbeing can also be seen as **rights violations**. For instance, the inability to develop an autonomous livelihood relates to the violation of the right to work (art. 23 of the [Universal Declaration of Human Rights](#)). Equally, feeling sick and tired as a result of being overworked relates to the violation of the right to free time and to rest (art. 24) or the right to a dignified standard of living (art. 25). A rights-based perspective also allows us to analyse how care work overload impacts on **other** individual and collective **rights** such as the right to health, to education or to political participation, since the overworked caregiver has no time, mobility, health, energy or capacity to enjoy them (see the basket tool). Those people who require care, such as people living with disability, the ill and the elderly, also have the right to health and an adequate standard of living. In households living in poverty often these rights cannot be fulfilled because caregivers have limited time, energy, money and access to services to ensure good quality care. The state, as the primary duty bearer, does not fulfil its responsibility to people requiring care by not providing adequate quality public health services that could support them.

Another reason for using a human rights approach to care is that it helps us see that care-related problems and solutions are not individual, but structural. States have ratified and signed up to numerous human rights treaties such as the Universal Declaration of Human Rights, [International Covenant on Civil and Political Rights](#), [International Covenant on Economic, Social and Cultural Rights](#) and the [Convention to End all Forms of Discrimination Against Women \(CEDAW\)](#). Therefore, the state as the primary duty bearer is accountable and must respect, protect and fulfil human rights for all. If care work is today being taken up primarily by women and girls from the poorest families, this is because the private sector and the state are not taking up their responsibility for care work. They are transferring their care responsibilities to households through processes such as the lack of workplace care services and the lack of public services.

To develop solutions in all these spaces, four analytical tools are presented. The enjoyment of rights for all can be reached by: a) **recognising** that care work exists and is important; b) **reducing** care work through policies (i.e. free water) and environmental and technical advances (i.e. water purification systems, water harvesting technologies); c) **redistributing** or sharing care work; and d) **representing** demands for care work to be valued, reduced and redistributed. We call these the '4Rs' – recognise, reduce, redistribute and represent.



Recognition



Reduction



Redistribution



Representation

The application of the 4Rs to reverse the care work overload that leads to rights violations must be applied within an institution and between the four institutions – **households, communities, the private sector and the state** – (see module 4). First, there must be redistribution of care work overload within an institution, i.e. in the household from women to men. Second, there must be redistribution of care work overload between institutions, i.e. from the household to the state in the form of public services (see the care share tool).

The 4Rs help us organise and do advocacy with men, community leaders, employers and states (see module 5). The **state** is **ultimately responsible** and the duty bearer to ensure that care is reduced and shared so that rights are respected, protected and fulfilled. It is the states that have the power and obligation to undertake care-related policy reforms on the public sector and other institutions.

Module 3 covers one session using three tools. The first tool introduces us to the idea of rights, rights holders, and duty-bearers. The basket of care work and rights exposes the problem of care overload from a human rights perspective. The last tool moves to the exploration of **solutions** in the face of rights violations created by care work overload – the 4Rs and especially redistribution to share care work more equally.

We focus more on redistribution because not all care work should be reduced, such as the time spent caring for a child. Also, reducing the drudgery of care work by building a road or providing a water tap can help free up time and energy to do other activities, but does not necessarily change who does care work, nor does it make care work more valued or appreciated. It does not bring about the structural changes we are seeking.

Session 3.1: Connecting care, rights and responsibilities		
Time	Facilitation process	Materials
30 min	Tool 9: What is right for you?	Universal Declaration of Human Rights, National Constitution, CEDAW
1 hr	Tool 10: The basket of care work and rights	Idem
30 min	Tool 11: The care work share square – how can care work be shared?	Idem
2 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 9: What is a right for you?

Description

The human rights-based approach (HRBA) is introduced through discussion.

Objective

To introduce the human rights approach and explore how rights and care work connect.

Steps for using the tool:

Step 1: Group discussion – What is a right for you?

- Ask this group the question and see what they respond. If a group is sufficiently familiar with the idea of human rights, then start compiling a list of the rights they mention. If the group is not aware of what rights are, then the facilitator will have to provide an explanation before starting this discussion.



Step 2: The facilitator asks:

- What does a right mean to you? Discuss.
- Who has the authority to stop you from enjoying your rights?

Critical questions:

- The facilitator can **introduce the concept of ‘right holder’ and ‘duty bearer’**. We can add the Reflection Action scenarios here if we want to deepen the analysis:
 - An unemployed youth trying to find a job
 - A woman farmer losing her crop due to drought
 - A girl taking care of her younger siblings instead of going to school
 - An elderly malaria patient with no access to medicines in the village
 - A woman thrown out of her house by her abusive husband.

The critical questions would be: who are the rights holders/duty bearers in each of the above scenarios?

- The facilitator can further ask if participants are aware of their national constitution, which grants them rights from birth and protects the natural resources that are everyone's. She can add the rights that have not been said by participants. The facilitator will need to prepare herself for this and study the constitution.

References: *Tool adapted from:* UN. 2013. *Report of the Special Rapporteur on Extreme Poverty and Human Rights, Ms. Maria Magdalena Sepúlveda Carmona on Unpaid Care Work and Women's Human Rights*. 68th Session of the UN General Assembly, 9 August 2013.

ActionAid. 2012. *People's Action in Practice*. <http://www.actionaid.org/peoplesaction>

ActionAid. 2013. *Making Care Visible: Women's Unpaid Care Work in Nepal, Nigeria, Uganda and Kenya*. http://www.actionaid.org/sites/files/actionaid/making_care_visible.pdf

Tool 10: The basket of care and rights

Description

Like a day only has 24 hours, so a basket can only contain so many things. This tool uses the image of a basket that can only contain a certain number of objects representing care work and rights. Participants discuss the need for a balanced care load (rather than care overload) to enjoy rights.

Objective

To explore human rights from a care perspective. To understand that an excessive amount of care work deprives the enjoyment of one's rights. To introduce the concept of 'sharing/redistributing' care work.



Step 1: The facilitator presents a **basket** that can only **contain five things**. If there is no basket, one can be drawn on the floor. Also, the two hands of a volunteer put together or a bag can be used as a basket.

Step 2: The facilitator asks participants to cite **four rights** that are important to them and to represent them with symbols (i.e. education can be a pencil). The symbols can be drawn on the floor or put in the volunteer's hands/basket.

Step 4: The facilitator asks a volunteer what **care activities** she does and asks her to choose the **three care activities** that take most of the time and give a symbol to it (i.e. cleaning can be a broom).

Step 5: The three care symbols are put in the basket. The facilitator agrees with the participants that the basket is too full (seven things for a basket that can only contain five things). She asks the volunteer to think about which of her rights are violated because there are too many unpaid care work activities in the basket. The volunteer decides with the other participants and then takes out two rights symbols from the basket so that all the unpaid care work activities that have to be done can remain.

Step 6: The facilitator asks the volunteer why she took the decision she took and how she felt when her rights were violated. The advisors in the group can also be asked about their feelings and thoughts.

Step 7: The facilitator now introduces the role of a **care helper** for the volunteer. This can be, to start with,

someone from the household (i.e. the woman's husband, the girl's parents) or from the community (i.e. a neighbour, an NGO). The helper will take on one care activity so that the volunteer can bring back one of her/his rights. This introduces the idea that if care work is shared more equally then the rights of caregivers do not need to be taken away.

Step 8: The facilitator can introduce another **care helper**. Yet, it is important that this helper is not from the family or the community but from the state (i.e. a local school teacher).

Step 9 [optional]: The facilitator introduces a **girl or young woman** as the **care helper**. Let's remember the basket had five spaces. The volunteer had four rights and three care activities. What the volunteer does now, as she wants to do paid work, is to give two care activities to the girl or young woman in her household. Now the volunteer has all her rights, including the right to do paid work, and only one care activity. But:

- What has happened to the girl? Do you think she may have too much to carry now and that this may affect her own rights (i.e. the right to go to school)? The facilitator can comment that the transfer of care onto another caregiver can violate the other person's rights (i.e. the girl's right to school or rest).
- Another thing that can happen when the volunteer gives away some of her care activities, is that more care activities come in rather than rights!! For instance, care help by the state via access to tap water gives the caregiver more time, but if this time is just used to do more care work then it has not changed the care workload overall. The facilitator can introduce the difference between *care reduction* (a water tap reduces care workload but does not share) and *care redistribution* (whatever care activities exist, these will be shared by all).

Critical/broadening questions:

Other **rights examples** that have not been cited by the group can be posed by the facilitator such as:

- Can a woman go to a literacy class (**right to education**) if she has lots of care work to do?
- Can a woman who is ill go to the clinic (**right to health**) if she has lots of care work to do?
- Can a woman do paid work (**right to work** and earn a living) when she has so much unpaid care work to do at home?
- What rights are violated when a person does too much care work without being helped? What can be done about it? Can care be shared with other people? Can the state take on some responsibility for care work?

What does an overloaded basket show us in terms of care activities and rights?

What about the rights of people who require care? How are their rights being violated here?

To **conclude**, the facilitator can highlight that if unpaid care work is done by one person, that person will find it hard to fully enjoy her/his rights. If unpaid care work is shared, then everyone is more likely to enjoy rights. It is important to stress that anything that stops you from being able to secure the rights you are entitled to by birth represents a violation of human rights.

Ideas for action:

What **ideas for action** can be drawn from this exercise?

Power issues to consider:

Gender: This exercise should highlight the specific rights violations women and girls primarily face as they are more likely to be involved in unpaid care work than men and boys. Discuss how rights violations in the group lead to and perpetuate inequalities between women and men, girls and boys.

Class: Though it may not arise in the group discussion, care work can also be paid for when a household has enough money. For middle-class households care work can be shared by paying a domestic worker to help, or paying for a crèche for young children so that parents can continue working. Therefore, money can also determine who does care work and how much of it.

Tip for the facilitator: If the group is interested in learning more about how care is included in human rights documents consider sharing this brief summary with them:

187 out of 194 countries have ratified the *Convention on the Elimination of All forms of Discrimination Against Women* (CEDAW). CEDAW explicitly recognises women’s disproportionate responsibility for some aspects of care and the impact this has on their human rights:

“The responsibilities that women have to bear and raise children will affect their right to access education, employment and other activities related to their personal development. They also impose inequitable burdens of work on women... Relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities. Women’s economic dependence on men often prevents them from making important political decisions and from participating actively in public life.”

Governments are therefore responsible for ensuring that the responsibility for care does not encroach on fulfilling women’s rights, while also guaranteeing those in need of care can access good quality care provision. Many other internationally agreed human rights obligations are also relevant. For instance, governments have an obligation to respect, protect and fulfil all the human rights contained in the International Covenant on Civil and Political Rights and *International Covenant on Economic Social and Cultural Rights* **‘without discrimination of any kind’**. This means that governments must ensure that women are able to fully enjoy rights such as the right to work, the right to political participation, the right to social security, the right to freedom of expression, the right to an adequate standard of living on **an equal basis with men**.

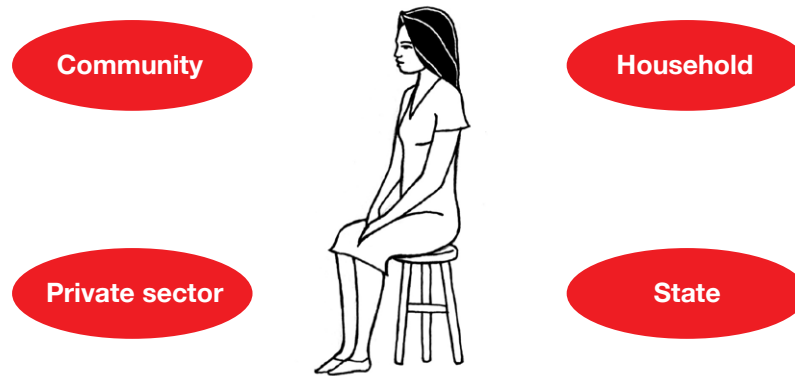
Tool 11: The basket of care and rights

Description

The idea of collective responsibility is depicted by distributing personified roles (i.e. husband, daughter, civil servant, etc.) amongst participants for the person sitting in the middle, the caregiver, to list the number of actors that can support and share her care work towards the achievement of her rights.

Objective

To introduce the idea that care is a collective responsibility that involves not only households, but also communities/NGOs, the private sector and, especially, the state. To introduce the state as the key duty bearer responsible for addressing the unequal distribution of care work and systemic gender inequality and injustice.



Care work activity selected: *child care*

Steps for using the tool:

Step 1 [Optional]: The facilitator recaps on the previous tool (the basket of care and rights) where the volunteer had to choose between her rights and her many care responsibilities. For these, an agreed solution was to share care work with a care helper so that the volunteer's rights would not be violated.

Step 2: Participants choose the **care work activity** that they most want to be distributed, for instance, child care, caring for ill people, cooking or water collection. The facilitator asks: who are the people doing this task now? (i.e. mother, eldest daughter). The **caregiver** named is situated in the middle of the square (see drawing). The selected care activity is represented with a symbol and located in the caregiver's hands. A real case, a participant from the circle, can be used.

Step 3: Around the person four areas are drawn (see drawing). The facilitator now presents the first two areas. One is the **household** (i.e. family) and another one the **community** (i.e. neighbours, friends, NGOs, religious organisations, elders' council). Participants choose symbols for the two spaces.

Step 4: Participants are then asked to think of people from the household and community that are helping the person in the middle to do the selected care activity (i.e. child care) besides the person in the middle.

Step 5: The facilitator now presents the other two areas around the person sitting in the middle, one is the **state** (i.e. local government/municipality) and another one the **private sector** (i.e. employer, markets, shops). Participants are then asked to think of people from the state and the private sector that are helping the person in the middle with the selected care activity. For instance, in the case of the state, this could be a school teacher, a nurse, a local councillor who has brought a childcare facility to the area. For the case of the private sector, this could be an employer who has included a childcare facility in the work place or a local business providing paid childcare services (in this case, the facilitator can remind that paid services should not substitute state free public services when it comes to care, especially in poor areas).

Critical questions:

Ask the person in the middle about the **real situation**:

- Do you have few or many people sharing your caring task?
- The people around you, do they also do lots of other care work and have no time for other non-care activities (i.e. eldest daughter, nurse in the local clinic)? Or could they do more?

Ask the person in the middle about the **ideal situation**:

- *An ideal care work share square* can be drawn by adding more people so that care work can be better shared and distributed. Who else could do this task in the four different squares? This would allow those presently doing the task to take less time/physical strain/money to complete the caring task.
- Is there someone missing in the family and community that could do more care work (i.e. men and community groups)? And in the state (i.e. more nurses) and private sector? The facilitator should make sure that the state square is filled up with ideas since the state is a key actor for redistributing care work, especially in areas where people cannot afford to pay for care services.

The facilitator can close with the key idea that care is everybody's responsibility and we cannot leave one or several people to do it all, as this is unfair and leads to violations of their human rights.

What **ideas for action** can be drawn from this exercise?

References: *Tool adapted from / further references:*

Razavi, Shahra. 2007. *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*. UNRISD, Programme Paper 3, 2007.

UNRISD. 2010. *Why Care Matters for Social Development*, Research and Policy Brief 9 http://www.wide-network.ch/pdf/Publi-Hinweise/UNRISD_RPB9_2010.pdf; see Annex 1

▶ Key ideas from module 3

1. **Everyone is born with human rights.** They cannot be taken away from you and it is the state's responsibility to respect, protect and fulfil everyone's human rights.
2. **All women are born with equal rights to men.** This is stated explicitly in international human rights treaties ratified by governments around the world.
3. An overload of care work amongst the poorest women and girls leads to the **violation of their human rights**. They do not have time, energy or money to engage in other activities that can fulfil their right to an education, decent work, political participation and rest.
4. The state is responsible for ensuring that **care work can be shared more equally between households, communities/NGOs, the private sector and the state**. Sharing care work is the only way that more people can enjoy their human rights.

Module 4

Redistribution of unpaid care work for gender equality and justice

Objective: *To reflect on how societies can promote gender equality and women's empowerment through the recognition, reduction and redistribution of unpaid care work. To explore examples of what the different actors in the household, community, private sector and states can do to share unpaid care work responsibilities for a more equal and just society.*

Introduction: Module 4 suggests ways in which households, communities, the private sector and states can recognise care work, reduce the drudgery of care tasks, and redistribute care work – from women to men, and from poor families to the state. The four sections of this module explore how these four actors and institutions can share the responsibilities, costs, time and work required for high quality care of people for a more equal and just society.

The aim is to discuss how societies can collectively reduce the difficulty, time and labour intensity of care activities and the isolation of care-givers, who are primarily women, while NOT reducing the amount of care for people and environment that is needed. The premise of this curriculum is that caring for people and the environment is fundamental, and more time, resources and support through public policies and services are needed so that this responsibility is shared and does not overburden, marginalise and subordinate women and girls. Unpaid care work should not be women and girls' responsibility alone, but rather this module asks participants to critically examine how caring for people and the environment is as much a responsibility for men and boys, communities, employers in the private sector and the state.

Today, unpaid care work is done most by women and girls. They must be at the forefront of demanding change about how the difficulty of unpaid care work can be reduced, and how care work can be shared more equally. This refers to the fourth 'R', 'Representation', discussed in modules 3 and 5. Caregivers, such as domestic workers or women caring for their own households, must speak for themselves about their experiences, interests and proposals for change. It is women living in poverty who have the highest responsibilities for unpaid care work, and are the most exploited and silenced. Therefore, the tools below are a way to start discussions with women and their organisations to redefine how care for people and the environment can be provided in our societies, so that they can advocate for the changes they want to see.

Module 4 is the most extensive module of the curriculum and covers four sessions and a total of 14 tools. Some of the solutions suggested relate to redistributing care work in the home (4.1. care by the households), social and environmental community care initiatives (4.2. care by communities), policies and practices to support and facilitate care by companies, care in collectives and care in sustainable agriculture (4.3. care by the private sector) and finally, care and quality public services, budgets and taxation (4.4. care by the states). A visual scheme is presented below:

	Current problematic situation	Solutions	Tools
Session 4.1. Households	Care work only done by adult and young women	All members of the household do care work in a similar quantity	Case study
	Money (resources) for buying time- and labour-saving equipment and care products is unequally distributed between men and women	Household resources are used to buy care products	Care wallet
	Unequal power relations in the households	Equal power relations in the households	Chapatti diagram
Session 4.2. Communities	No or little community action on social care	Community collaboration on social care	Sharing unpaid care work – a community discussion
	Damaging community practices on the environment	Communal respect and collective management of natural resources	The environment care map
Session 4.3. Private sector	Transfer of care services from companies to workers	Companies provide care services to their workers	Private care marbles
	Companies do not respect working conditions and the environment	Companies respect working conditions and the environment	The working hours pathway
	Elite-controlled private structures that don't recognise or provide services	Care aware collectives and cooperatives	Care in collectives
	Chemical-dependent and elite-controlled agriculture that damages or doesn't support care	Care aware sustainable agriculture	Care in sustainable agriculture
Session 4.4. Private sector	Paid care services by the private sector	'Free' public services	<ul style="list-style-type: none"> The pebbles – what are 'public' services? Community mapping of public services on care
	Anti-care tax systems	Caring taxes	<ul style="list-style-type: none"> The seller, the teacher & the housewife – who pays tax? What is VAT? Tax justice scale
	Careless budgets	Care budgets	The care budget

The facilitator will note that part of redefining the economy is to go beyond what is measured and counted in government statistics. This is based on our understanding of the economy (see module 1) that includes care for people and the environment, which is work that is not always paid for. Therefore, the solutions presented here are not always in the monetised economy and include different ideas for producing and redistributing goods and services that support the care of people and the environment.

Session 4.1: The household and redistribution of unpaid care work

Objective: To understand gender norms and how these can be changed to redistribute work within households more equally between women and men, girls and boys.

Introduction: This session is about challenging engrained gender norms that determine the work that women and men do. Participants will explore how time and resources for care work could be redistributed between different household members.

Session 4.1: The household and redistribution of unpaid care work		
Time	Facilitation process	Materials
30 min	<p>Introduction</p> <p>Refer back to module 1 – Tool 1: activity mapping</p> <p>Review the care work activities and the division of labour between women and men.</p>	<p>Activity cards</p> <p>participants drew/wrote in Tool 1.</p>
1 hr	<p>Tool 12: Case studies – redistribution of tasks</p> <p>Share case studies from Nigeria, where change is taking place in regards to the redistribution of unpaid care work between women and men in some households in the community.</p>	<p>Photos from case studies; printed copies of case studies for those who can read</p>
2 hrs	<p>Tool 13: The care wallet – redistribution of resources</p> <p>Explore how resources are earned and distributed within the household to support care for people and the environment.</p>	
	<p>Tool 14: The household chapatti diagram – power relations in the household.</p>	
3.5 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 12: Case studies

Description

Below is a case study collected by ActionAid Nigeria after the first year of the unpaid care work pilot programme. ActionAid Nigeria worked closely with women’s groups, and reached out to other members of the community through discussions. The programme has helped to change perspectives of some men in the community about their role in the household in undertaking unpaid care work.

Objective

To begin a discussion about how gender norms are determined, who defines them and how they can be changed.

Mohammed Aliyu is 30 years old and lives in Jiwa on the outskirts of Abuja.

He has been married to Saudatu, a teacher, for nine years. They have four children, aged eight, six, four and baby of a few months old. Mohammed said that he never thought of housework as ‘unpaid care work’ – it was just work that had to be done, usually by the women. Mohammed said that when the unpaid care work programme commenced in Jiwa, he began to consider how much time his wife spent doing daily chores, including going to the river to fetch water. He realised that he had to put in more time so his wife Saudatu could rest. He says that he wakes up before his wife; heats water to bathe the children and prepare them for school, washes the dishes and splits firewood. He has taken over the collection of water as well.



Tip for the facilitator: If participants cannot read the text above use a photo of a man doing unpaid care work.

Analysis questions:

- This is one example of redistribution of care work between women and men – can you think of other examples from your community?
- Why do you think men do not do this work normally?
- What is stopping men from doing this work?
- Which tasks do you think are feasible to ask men/boys to do? Which tasks are not?
- What is stopping women from giving more unpaid care work to men?
- Would this kind of change be possible in your community? Why, or why not?
- Is redistribution of care work to men enough? If not, what else is needed?

Tip for the facilitator: Redistribution between women and men in a household is important, but not sufficient to bring about long-lasting change. Many households are poor and lack access to the infrastructure and public services that facilitate and support care, so both women and men have to make difficult choices to be able to provide care. The low-paid and long working hours many adults and sometimes children work in poorer households makes it impossible for them to meet their own care needs and those of others. Support from the state is required to make households less vulnerable. Also, changes in the division of labour in one household does not mean that there are changes in other households.

Definitions:

Sex

Identifies the biological differences between men and women, such as women can give birth, and men provide sperm. Sex roles are universal and largely remain unchanged.

Gender

Refers to the relationship between men and women, boys and girls, and how this is socially constructed.

Gender roles

Gender roles are learned behaviours in a given society/community that condition which activities, tasks and responsibilities are perceived as male and female. Gender roles are affected by age, class, race, ethnicity, religion and by the geographical, economic and political environment. Changes in gender roles often occur in response to changing economic, natural or political circumstances, including development efforts.

Both men and women play multiple roles in society. The socially-prescribed gender roles of women can be identified as care work, paid work and community managing roles, while men’s are categorised as either paid work or community politics. Men are able to focus on particular paid work activities, and play their multiple roles sequentially. Women, in contrast to men, must play their roles simultaneously, and balance competing claims on time for each of them.

Gender roles are dynamic and change over time.

Analysis questions:

What ideas for action can be drawn from this exercise? Use the image or case study to start up a discussion during a community meeting.

References: *Tool adapted from/further references:*

ActionAid Nigeria. 2013. *Making Care Visible: Stories of Change from ActionAid Unpaid Care Work Project*. March 2013.

Mukhia, Neelanjana and Kachingwe, Nancy. 2013. *Women’s Rights and HRBA Training Curriculum*. ActionAid International, October 2013.

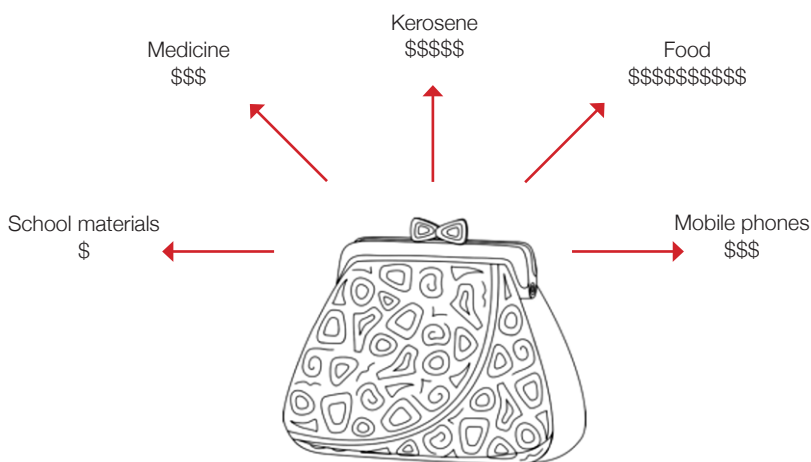
Tool 13: The care wallet

Description

This tool focuses on how households earn and spend their income on goods and services related to care for people and the environment. Where the preceding session assesses how households can redistribute **their time** to provide care, this session will analyse how households distribute **their** income to provide care.

Objective

Participants are aware of the basic principles of a household budget and can critically reflect on how control and access over resources can impact on how a household provides care and the time and labour required to complete care tasks.



Steps for using the tool:

Step 1: The facilitator draws out a wallet or asks for the wallet of any of the present participants to be used as an example.

Step 2: The facilitator then asks, ‘*What expenditures did your household have in the last month?*’

Answers may include: medicine; clothes/uniforms; food; water; energy; soap; brooms/cleaning materials; school materials; livestock; condoms; transport; mobile phones; seeds. The drawn or real purse can be left on the floor. From it, lines can be drawn from the purse to each expenditure item. Additionally, the group may decide to make the line thicker/thinner or to put a bigger/smaller amount of money on each item according to how much is spent on it.

Step 3: The facilitator then asks the following questions to categorise the different goods and services:

- Of these expenditures which ones relate to care for people?
- And which ones support you to care for the environment and livestock?
- Are there other care expenses that are not included here?

Step 4: The facilitator concludes by asking:

What expenditures and investments could the household make that would reduce the time and labour or the difficulty of providing care and household work? (e.g. related to water management, laundry, food processing and preparation, care of children/elderly, disabled).

Analysis questions:

- Who buys these goods in your household?
 - Which goods do the men in your household buy? Are they care goods?
 - What goods do you buy with your own money?
- Are there any care goods that you cannot buy?
- If you don't have money yourself, who do you ask for money to buy these goods?
- Is there any way to get these goods elsewhere without paying?
- Who decides how to spend the money on these different goods?
- Could expenditure on these care-related goods be shared more evenly in your household?
- What would you need to spend more on/less on?
- How does this wallet impact on the amount of care work that you have to do yourself? And, how does this impact on your human rights?

Tip for the facilitator: In some societies, the exchange of money may be limited. Instead there may be an exchange of food, clothes or fuel wood for work. This needs to be considered when using the care wallet.

Power issues to consider:

Gender: This is a sensitive discussion to hold with women and men together in a mixed group. Women may have limited control over how to spend money at the household level, even if they contribute to the household income. Facilitators should use this tool with women separately initially so as to have a genuine discussion as to how income is earned and spent in a household.

Class: It is likely that poorer households will spend a far larger share of their income on goods and services that relate directly to the care of people in order to meet their basic needs. In poor households in rural areas there will also be more money spent on goods or services related to care of the environment.

References: *Tool adapted from: The Income and Expenditure Tree*, developed in Archer, David and Cottingham, Sarah. *Reflect Mother Manual*. 2012. Pg. 102

Tool 14: Household chapatti diagram

Description

This tool depicts power relations in the household using different sized circles (or chapattis) to represent people, groups or organisations and the level of influence they have over others.

Objective

To explore power relations in the household and how this power can be shifted for a more equal distribution of care work. This should be done in a **women-only space**.

Tip for the facilitator: Violence against women at home or in the community may emerge through this exercise. The facilitator must be prepared to address women's experience or fear of violence with sensitivity and care in this exercise. Relevant information regarding where women can receive medical assistance, psycho-social support and access to justice should be readily available. The facilitator should leave enough time for this discussion to ensure these issues can be shared in a safe space.

Step 1: Prepare different cards of different size circles. Place a card with the member of the household that is the primary caregiver (i.e. grandmother, mother, sister, brother etc.).

Step 2: Make a list of all the people, groups or organisations that exist and have an influence on the person you are discussing.

Step 3: Decide if the people, groups or organisations in the list have a little, medium or strong influence/power over the share of care work this person does in the household.

Step 4: Choose an appropriate sized circle (small = little influence, medium = medium influence and big = strong influence) and write the people, groups or organisations onto the relevant size circle.

Step 5: Participants then discuss their perception of the relative importance or influence of the people, groups or organisations on the person being discussed. The circles are then placed at different distances from each other to show the nature of relations between them.

Step 6: The group discusses the diagram that has been constructed, the relationships, and the effects on the type and amount of care work this person is expected to do.

Step 7: Once the diagram is finished each circle is classified as 'ally', 'neutral' or 'threat' (using visual symbols placed or drawn on the circles).

Step 8: Strategies and actions are discussed and designed to transform and improve the situation so that the work and resources related to care provision can be distributed more equally.

Tip for the facilitator: The chapatti diagram can be used individually to analyse power relations within one's own family. One powerful exercise that has been used involves participants creating a chapatti diagram of their family when they were children. Once this has been completed and the power relationships discussed, they go on to create a chapatti diagram of their current family situation – looking at their own power as an adult and how much control they have over the care work that they do and household resources.

References: *Tool adapted from:* Reflection Action Toolkit, 2013

Ideas for action

What ideas for action can be drawn from this exercise?

Session 4.2: The community and redistribution of care work

Objective: To examine how care, both for people and the environment, can be provided by communities or a group in a specific area.

Introduction: This module presents examples of what communities and civil society can do to support care for people and the environment, and reduce the difficulty of care tasks.

Where the state remains the primary duty-bearer to provide public services, communities can play a role in taking care of people and the environment by supporting changes in social norms and creating community organisations and structures. Here, we want to highlight two specific ways in which communities can bring about a positive change in care provision by changing social norms and reviewing how natural resources are collectively used and cared for. The importance of access to natural resources and the commons – or community land - for subsistence-based livelihoods, and for communities to be involved in managing these resources, is critical. The tools presented here are useful in instigating a discussion about community-led structures. No specific models are proposed as these will differ between contexts. Instead, there is a collection of case studies of community-based initiatives in Annex 2 that can inspire facilitators and can be shared with the groups.

We are acutely aware that it is often women who are involved in unpaid care work at the community level (see modules 1 and 2), including the care of the environment. This work is not recognised and valued because it is seen as women's work. Therefore, community-led care provision must keep in mind the equal distribution of care work between women and men. Community-led initiatives should not perpetuate the gendered division of labour, but rather help to challenge and redistribute unpaid care work and care for the environment.

We have been careful here to differentiate community initiatives that provide **unpaid** care services, rather than community-led initiatives that are involved in **paid** work. Sustainable agriculture practices used by farmers to produce and sell their crops in the market are included in session 4.3 under the private sector. Of course these initiatives are not only about earning money, and can be used by households only for their personal production. There is therefore quite a bit of overlap between session 4.2 and 4.3 in this regard. However, we wanted to differentiate these from community-led initiatives such as water management committees, where the service is not paid for and provided by people in the community.

Session 4.2: The community and redistribution of care work		
Time	Facilitation process	Materials
1.5 hr	Tool 15: Sharing unpaid care work – a community discussion	
2.5hrs	Tool 16: The environment care map – community initiatives on environmental care	
4 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 15: Sharing unpaid care work – a community discussion

Description

This tool explores practical ways in which a community can reduce the difficulty of unpaid care work and redistribute unpaid care work with other community members, including men and boys.

Objective

To build on the tools in session 4.1 by having a broader discussion about gender norms and practical steps that can be taken to reduce the difficulty of unpaid care work through community investments in infrastructure and labour-saving technologies.

Steps for using the tool:

This is a facilitated community discussion and may require a few weeks or months to prepare for. It should only be done in consultation and through the leadership of women in the women-only groups, and once they have defined their key demands.

In women-only groups:

Step 1: Ask women in their women-only groups to prepare their key reflections from the Activity mapping exercise (1.1), the Care work matrix and the Care work calendar (2.1 and 2.2) and the Care work wallet (4.1) to share with the community. What are the key learnings they take away from these tools? What are the key changes they want to see? What resistance do they expect to face in presenting this to community leaders, and how can they prepare for this?

Step 2: In reviewing these tools, what are the ways in which women would like to see social norms change throughout the community, and not just at the household level, that will support more men and boys to take on unpaid care work? Women can also discuss what changes they want to see so that women living in poverty do not take on an excessive and unfair amount of care work – paid or unpaid – for wealthier households.

Step 3: Women review the community plans and budgets to see if their needs can be prioritised and if there are resources that could be used to reduce the difficulty of their unpaid care work – i.e. setting up a grinding mill or a water pump etc. Women in their women-only groups discuss the arguments they want to present to community members about how they would like to see resources allocated to support their unpaid care work.

In community discussions:

Step 4: Depending on the dynamics within the community, the facilitator or women from the women-only group can lead the activity mapping exercise with men and community leaders to start the discussion on the unequal division of labour between women and men.

Step 5: Women present their key reflections on how the unequal division of unpaid care work impacts on their health, well-being and rights. They can then present a few key changes that they would like to see in the community based on Steps 2 and 3 above that would allow for change. This should stimulate debate and discussion within the community meeting.

In women-only groups:

Step 6: Review the outcomes of the community discussion within the women-only groups to discuss:

- What were the positive outcomes of the discussion?
- On what issues did you see the most resistance and why?
- Who presented the most resistance to women's demands and why?
- What should be done differently next time there is a community discussion?

Step 7: Come back to any agreements and commitments

Power issues to consider:

Gender: The issue of who provides care in a community is not gender neutral. According to gender norms, women and girls are expected to do unpaid care work, while men are expected to engage in paid work activities. Therefore, in discussions about community investments to reduce and redistribute unpaid care work the facilitator should help to bring out the implications for women's rights and gender equality.

Many decisions about community investments are not always made with women, even if they are directly affected. Village or neighbourhood councils are often dominated by political, religious or cultural leaders who are mainly men. Therefore, this facilitated community discussion is a way for women to have a political voice in debates and decisions about care provision, and demand a more equitable distribution of this work between women and men, and between the rich and the poor.

Class: Community leaders with greater wealth or status may not want to invest in infrastructure to support women living in poverty to reduce the difficulty of their unpaid care work. Wealthier community members – both women and men – may try to suppress women's demands for better wages for their paid care work in the community – if they are domestic workers, for instance. The facilitator should be aware of the class and status dynamics and ensure that community discussions such as these help to constructively unearth these inequalities for positive change. This activity must interrogate power inequalities that lead women and girls from poorer backgrounds in the community to do the unpaid or low paid care work of wealthier or more affluent members of the community.

There may also be other forms of inequality based on ethnicity, religious affiliation, disability, migrant status, and sexual orientation that must be considered in this exercise.

Tool 16: The environment care map

Description

Participants draw out a map of the natural resources that they rely on to care for other people, and identify who has control and access over these resources.

Objective

To analyse who controls access to natural resources in a community and how this impacts on the resources available for care provision.

Steps for using the tool:

Step 1: The group may wish to begin the exercise by taking a walk around the area to note key features they wish to represent and analyse.

Step 2: Initially, a map should be created on a large scale on the floor or any large surface, so that all participants can actively contribute and clearly see what is going on.

Step 3: The first things to be put down should create a basic framework for the space. The community centre where the group meets could be used as a starting point, for example. Then ask participants to draw out the natural resources that are around this area.

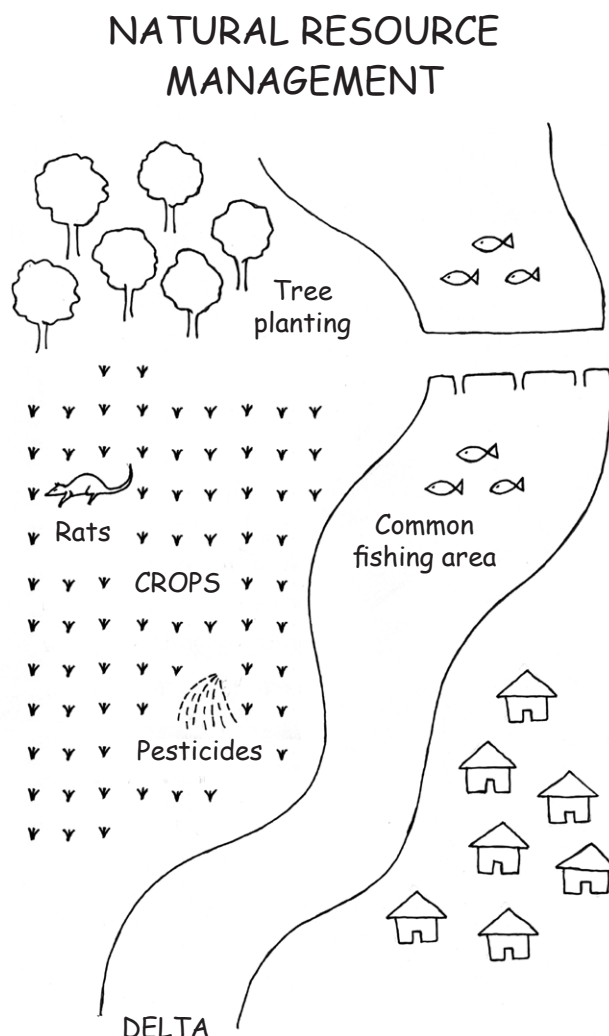
Step 4: Many different materials can be used to represent the various elements on the map. These could be anything that is easily available and easy to move, such as sticks, stones, etc. The meanings of the symbols should be selected and agreed upon by the whole group. Movable objects are crucial, as everyone needs to be able to go back, change and add elements as the map develops. Less assertive participants find this particularly helpful.

Step 5: Ask participants to identify the key natural resources that they depend on to care for their households on the map (i.e. water tap, river, forest, agricultural land). Highlight these in a different colour or put a symbol near them to identify that these resources are needed for care work.

Step 6: Once all the physical things relevant to the purpose of the map are in place, then the group can reflect on the map as a whole. Below are some questions to deepen the analysis:

Analysis questions:

- What natural resources do women care for? What natural resources do men care for? *[This response may be different from the question about control over resources]*



- Are there enough natural resources to meet your household's care needs?
- What resources are lacking, and why?
- Does anyone in the community have control over any of these natural resources? If so, who?
- Which natural resources do women have more control over? Which natural resources do men have more control over?
- How is control over these natural resources managed and how does this affect your care work?
- What would need to change for you to have more access to the natural resources that you need to provide care for your household?

References: *Tool adapted from:* Reflection Action Toolkit, 2013

Ideas for action:

What ideas for action can be drawn from this exercise?

See Annex 2: Case study 1 for an example of women organising to protect the environment

Session 4.3: The community and redistribution of care work

Objective: To share examples of the opportunities and proposals for how the private sector can increase responsibility for the costs, time and work required to support and protect people and the environment.

Introduction: Session 4.3 explores care work in the private sector. Unlike community activities, the private sector initiative aims at making a profit from the sale of a good or service. This may be through offering food processing services, or processed food products that reduce the time required for care work (oil and bread), laundries, equipment such as improved stoves or grinding mills, as well as providing care services for elderly, ill or disabled people. A community childcare centre may start as a community-led initiative that provides services for free or at very low cost, but if it starts charging higher fees and making a profit then it acts like a small business or company. There are many types of private sector initiatives – including large companies, small and medium enterprises, cooperatives and one-employee companies etc. The focus in this module is on the private sector companies that employ women, either on worksites, or through home –based work.

Employers also provide time, subsidies and services to workers to facilitate care: paid time for maternity and paternity leave, funeral leave, space and time for nursing babies at work, health or childcare facilities, and paid rest time and holidays.

The private sector covers a range of very varied actors and initiatives, from the self-employed to large companies, from individual to collective businesses, from formal to informal, and from agriculture to industry.

	Productive sector
1. Formal sector economy (registered money transaction)	Companies / Cooperatives / Sustainable agriculture
2. Informal sector economy (non-registered money transaction)	Companies / Collectives / Sustainable agriculture
3. Subsistence economy (no money transaction)	Sustainable agriculture

This session looks at: 1) the care responsibilities of companies employing workers to support their employees and protect the environment; 2) care in collectives, be they formal (cooperatives) or informal (collectives); and 3) care in sustainable agriculture vs. chemical-dependent agriculture. These three areas have been prioritised as many women and men living in poverty are concentrated in these sectors. There are no tools specifically focused on domestic workers in the informal sector, but the first two tools in the sessions could be adapted for domestic workers.

Labour rights violations which affect care work may happen through:

- a) **Poor working conditions** that increase care work (i.e. sickness)
- b) **Low wages** which mean that workers do not earn enough money to buy the goods and services they need to provide care
- c) **Long working hours** which mean there is not enough time to provide care for people or the environment
- d) **Lack of social security benefits** for staff such as maternity and sick leave, healthcare services and pensions. This means households have to take on these costs on their own.
- e) **Environmental pollution** which increases the time and cost of care work for women and men.

These rights violations result in shifting more care work onto women within households. A rights perspective puts emphasis on the state’s responsibility to respect, protect and fulfil basic workers’ rights by regulating the private sector. This could be by passing legislation to ensure private companies do not violate labour rights, enforcing environmental safeguards for industries, and prosecuting industries when they violate labour rights and destroy the environment.

The session will **not** be dealing with private care services, since many of those living in poverty cannot afford to pay for these services (i.e. private healthcare centres and childcare centres). Corporate social responsibility is not considered here because the focus is on holding states accountable for regulating the private sector in order to respect, protect and fulfil human rights. These tools will bring out the role of the state in regulating through sanctions (i.e. against environmental pollution) or through incentives (i.e. upholding labour standards) to make sure the private sector respects human rights and does not transfer more care work to the poorest and most marginalised women.

Session 4.3: The private sector and redistribution of unpaid care work		
Time	Facilitation process	Materials
1 hr	Tool 17: The private care work marbles	ILO Decent Work Agenda; National Constitutions
1 hr	Tool 18: The working hours pathway	
1 hr	Tool 19: Care work in collectives	
2 hr	Tool 20: Care work and sustainable agriculture	
5 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 17: The private care work marbles

Description

*This tool works for those who are employed by companies (i.e. factory worker). It can work for the self-employed, but then the column named ‘employer’ should change to ‘state.’ This then becomes a discussion about the kind of social protection schemes the state can provide to informal sector workers who may be self-employed or work for small-scale employers.

Description

The tool uses the imagery of a marble that moves between two columns – the employer and the worker. If the employer is the main provider of a care service, such as childcare, then the marble rolls over to the employer’s side. If childcare is primarily provided by the worker or her household then the marble rolls over to the worker’s side.

Objective

To raise participants’ awareness of their rights as workers and how the violation of workers’ rights leads to unsustainable levels of social care for the poorest households. To explore the provision of social security benefits either in a company or by the state.

Steps for using the tool:

TOOL: The private care work marbles

	Worker (family)	Private sector
Childcare	○	
Access to healthcare centre		○
Sick leave		○
Pensions	○	

Step 1: The facilitator can start by reviewing the tools under module 2 such as the Problem tree or the Spider web, where some of the issues around poor working conditions, long working hours and low pay may have emerged. Building on these tools, the participants can identify a local company that people in the community work for.

Step 2: The facilitator introduces the idea of sharing unpaid care work in the work-

place. This means that, according to international standards of labour rights, the employer has the obligation to bear some work-related care costs. Some examples could be a childcare facility for workers, funding for pensions or for costs of medical care if there are accidents, compensations for sick days, and contributions to local care initiatives such as a health centre. Here the facilitator can refer back to module 3 on human rights.

Step 3: Ask participants to write down a list with the work-related care services most important to them. Then add two more columns on the right as per the drawing. One column will be the space of workers, their families and communities. The second column will be that of the company.

Step 4: Between these two columns, workers and company, there are marbles, ‘care work’ marbles that keep moving. Ask participants to think of what is happening with each of the care services they have listed

Tip for the facilitator: As an additional step, you can discuss with the group how they can build a strong stand to negotiate these rights with the company/employer. Experience shows that knowing your rights well is a first step. Negotiation skills are also important in creating strong workers' collectives and unions that speak with one voice. The collaboration with NGOs and media and the communication with local government representatives is a plus. Women workers' voices are often not reflected in mainstream unions or women workers are often not organised. The facilitator can lead the group through a discussion on how women workers' specific concerns can be addressed through existing workers' rights groups, or by creating new ones.

at the beginning:

- Are these care services (i.e. childcare) covered by the employer? If yes, then put the care work marble for childcare in the company's column.
- Are these care services not covered by the employer and thus transferred to the workers' families and communities? Then put the care work marble in the workers' column.
- Check if the state also covers any of the costs. If so, you may leave that care work marble to one side.
- How many care work marbles are in company column as compared to the workers' column? Why do you think this is the case?

Ideas for action:

What ideas for action can be drawn from this exercise? Brainstorm what could be done to have employers or the state take on some costs of care.

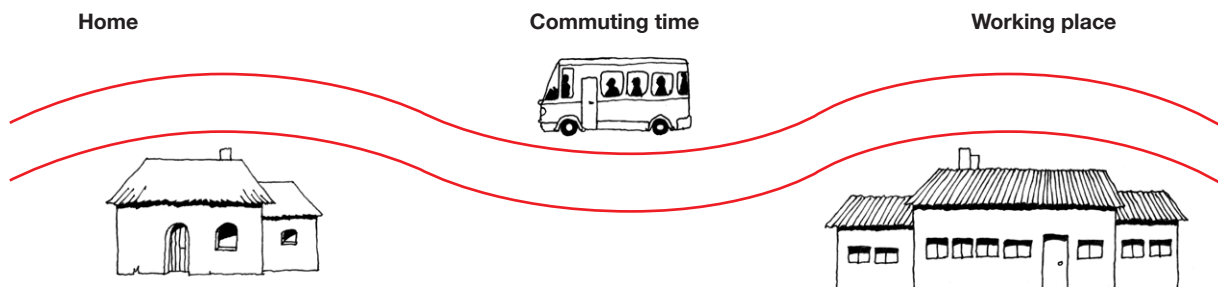
Tool 18: The working hours pathway [optional *]

Description

This tool analyses the impact that an employer's practice and working conditions (i.e. longer hours, forced overtime, temporary jobs) have on unpaid care work in a household.

Objective

To look at the impact of working conditions (as set and applied by state policies and employers) on people's unpaid care work, with a special focus on working hours.



Steps for using the tool:

Step 1: The facilitator asks the group to decide on one company or working place where many community people work. This can be a mine, a construction/manufacturing company or identify one of the domestic workers' workplace to use as an example for the group.

Step 2: Participants take the example of the daily routine of one of these workers in the community. A pathway is drawn representing the distance that the worker has to complete from home to the working place (number 1) and back from the working place to home (number 2).

Step 3: The next questions are used to see how many hours of that *worker's day* are *working hours* outside home:

1. How much time does it take the worker to go from home to work (commuting time)?
2. At the working place, how many hours a day does that worker do *paid* work?
3. How much time does it take the worker to go from work to home (commuting time)?
4. So how many hours does that worker spend at home and the local area on a working day (subtract from 24 hours the working hours, the commuting hours and the sleeping hours)?

Step 4: Now, discuss:

- On a working day, does the worker cook dinner? Wash clothes?
- Does this change during the weekly resting day (i.e. Friday, Sunday)?
- What happens when a child or elderly relative of this worker is sick?

Critical questions:

- Does this time schedule allow for the worker to do unpaid care work at home and in the community?
- At the working place, what are the normal working hours? Are these respected in reality?
- If the working hours are not respected, has any group aimed to ask for just time hours? How was this received by the management?
- The facilitator may want to add that there are companies that recognise and facilitate the workers doing both paid work and unpaid care work. For instance, a coffee processing plant may dry the coffee bean husks and make these available for improved cooking stoves (fuel) or compost for gardens. Or a bakery collective may respect working hours and have flexible hours and shifts so that women and men also have time for their unpaid care work.
 - Do you have examples of good, caring companies in your community?

The facilitator can recap that the standard practice of a long 'waged job' ignores the unpaid care work required to get that worker to work fed, rested, and with clean clothes. If a man or woman works long hours, s/he will need another woman or girl to do the unpaid care work.

Expanding the tool:

Same tool, different subject:

- In this tool we have analysed the effects that working hours have on unpaid care work through the use of the *working hours pathway*. You may also want to use the same tool to analyse other aspects of working conditions, such as health issues, natural resources or childcare facilities.
- For instance, you can use a *working health pathway* to explore health issues: what are the things during her/his working days that make a worker feel sick and tired (i.e. unclean or no drinking water, indoor air pollution, no toilets)? How does this affect those in her/his family who may have to take care of her/his sickness?
- You can also use a *working resource pathway* to explore the use of **natural resources** such as water, firewood or land at the work place. A coffee processing plant may be using all the available water while families have to work harder to wash, cook and clean. Or a local company may be polluting pond or river water. How does this affect those family members who have to take care of getting clean resources, perhaps at a longer distance?

- You can also use a working resource pathway to explore employer practices from the point of view of women (and men) over their life cycles. This will allow workers to understand how their employer can provide support throughout their lives when they face different care responsibilities
 - 18 years old (not married)
 - 25 years old (young children)
 - 30 years old (school aged children)
 - 40 years old (worker has illness or injury)
 - 50 years old (aging parents)
 - 60 years old (retirement)

Power issues to consider:

- Company practices such as long working hours may have the backing of the state. Therefore state *accountability* becomes as important as *corporate accountability*.
- The effects of company and state practices are different for individuals than for communities. It may be interesting to discuss the effects of poor working conditions on an entire community and not just an individual.

Ideas for action:

What ideas for action can be drawn from this exercise?

Tool 19: Care work in collectives

Description

This is a comparative tool that assesses the similarities and differences between collectives and private companies. Though both are engaged in the production of goods or services, the power and influence that employees have in each is different. The tool can also be used in conjunction with Tool 17: The private care work marbles to assess whether collectives provide support for women's care work.

Objective

To present collectives as an alternative business model that gives more power to employees to make decisions about how the business is run and how the income is redistributed. To challenge participants to analyse how collectives can better support women's unpaid care work and encourage their leadership.

Steps for using the tool:

Step 1: Get two separate pieces of paper – one will be titled 'Company' and the other 'Collective'. Use a 'company' and 'collective' that are familiar to the participants.

Step 2: Ask participants to answer the following question for the 'Company' and the 'Collective': 'Who works here and where are the goods sold?' Use symbols or words to show that employees work in both companies and collectives, and their goods are both sold in markets.

Step 3: Then ask participants 'How is income redistributed in a company? And how is it redistributed in a collective?' Participants here will say that part of the income is given back to employees in the company and the collective through wages and that part is reinvested in the business. Use symbols or words to show this on each piece of paper.

Step 4: Ask participants, ‘Who makes decisions about what is produced and how it is redistributed?’ in both the company and the collective. Participants will respond that companies have boards of directors that make these decisions, while in collectives it is the employees themselves who make these decisions. Use symbols or words to show this on each piece of paper.

Step 5: Ask participants about how they organise as workers within the company or collective. This should lead to a discussion about workers organising through workers’ associations or trade unions. Ask women workers to talk about their role in these organisations if they exist:

- Do these workers’ organisations represent their interests?
- Do women occupy positions of leadership within these organisations?
- How could workers’ organisations better support demands for employers to support unpaid care work?
- How does the employer engage with the workers’ organisation?
- If a workers’ organisation does not exist, why not?

Analysis questions:

- In which business, either a company or a collective, do employees have more power and why?
- In which business, either a company or a collective, do women employees have more power and why?
- Does the collective support care? Here use Tool 17: The private care work marbles to make this assessment.
- Women are primarily responsible for care work at home. How are women affected if the collective or the company does not provide care services?
- How can women have a stronger voice in the company or in the collective?

Tip for the facilitator: Collectives are membership-based organisations that produce goods and services for personal production. We understand collectives to include a large variety of production - and service-based groups such as cooperatives, farmers’ associations and self-help groups. The International Labour Organisation defines a cooperative as an “autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly owned democratically controlled enterprise.” Where cooperatives tend to be more structured and legally registered organisations, collectives include a diversity of organisations of varying sizes and levels of institutionalisation. The defining feature of these different groups is that the producers are themselves members of the collective in order to meet shared economic, social or political interests. They are directly involved in managing the production and distribution of goods and services through the collective.

Ideas for action:

What ideas for action can be drawn from this exercise?

See Annex 3: Case study 2 for an example of a women-led collective in an urban context

Tool 20: Care work and sustainable agriculture'

Description

This tool uses photographs of chemical-dependent farming practices and sustainable agriculture practices to help participants reflect on the advantages and disadvantages of each. This tool is useful to start up a discussion on sustainable agriculture and how these practices can better support care for people and the environment.

Objective

To explore the ways in which chemical-based agriculture can have negative impacts on care for people and the environment, and to introduce sustainable agriculture as an alternative.



Step 1: Use a selection of photos such as the ones above to show what sustainable agriculture looks like and what conventional chemical-dependent agriculture looks like.

Step 2: Ask participants what they see as the similarities and differences between the two different systems?

Step 3: Ask them about the kind of inputs that are required in conventional agriculture and what this requires of their 'care work wallets' (Session 4.1, Tool 14) and the impact that these chemical inputs have on the environment.

Step 4: How does chemical-dependent agriculture impact on a community's ability to provide care for people and for the environment? (i.e. polluted water may lead to illness and also force women to walk further to collect water, poor yields or less nutritious food may mean women have to look for alternative sources of food etc.).

Step 5: Use this tool in connection with Tool 16: The environmental care map, so that participants can make the connections between agricultural practices and their care work.

References: *Tool adapted from:* Chung, Youjin and Billingsley, Christina. 2012. *Climate Resilient Sustainable Agriculture: A Real Alternative to False Solutions*. ActionAid. June 13, 2012
ActionAid International. 2011. *Climate Resilient Sustainable Agriculture: Experiences from ActionAid and its Partners*, ActionAid December 1, 2011.

Ideas for action:

What ideas for action can be drawn from this exercise?

See Annex 3: Case studies 2 and 3 on sustainable agriculture initiatives**Session 4.4: The community and redistribution of care work** _____

Objective: To explore the provision and financing of quality public services through taxes and budget allocations, with which the state can improve care for people and the environment.

Introduction: States are the main duty bearers to ensure that human rights are respected, protected and fulfilled. They should do this by providing quality public services that help diminish inequalities and ensure greater provision of equal rights to all. They are also in charge of preventing rights violations from third parties (i.e. rights violations by a company) and from violating human rights themselves. All these can be summarised in two state functions, *provision and respect of rights*. They involve a series of state obligations:

- For the state to **provide for the realisation of human rights**, various elements are needed (see first flower): (a) legislation in the form of laws and policies, (b) funding for the development of these laws and policies through budgets and (c) state capacity and will to use the budget to ensure rights can be realised. Most of these laws and policies have to do with public services such as water, healthcare and childcare services.
- The state can also check that rights are respected through the **regulation of institutions** such as households (module 4.1), communities (module 4.2) and the private sector (module 4.3). The state can also regulate the delivery of public services. Regulation can be done negatively through sanctions or positively through incentives.

As seen in module 3, the achievement of rights is dependent upon the recognition, reduction and redistribution of **unpaid care work**. This means that states must be care-responsive in their role of protecting and respecting rights. Recognition of care work can include research and statistics on care while reduction and redistribution of care work needs care-related public services as well as regulations and incentives to prevent care overload.

Regulations and incentives – the role of the state

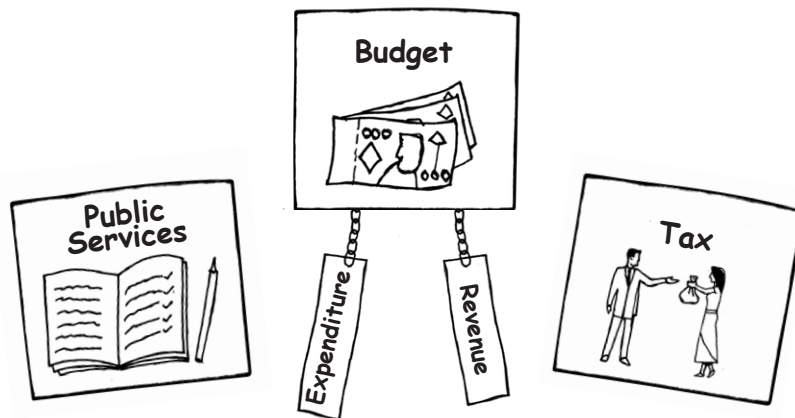
- We have seen many **initiatives**, such as care-responsive collectives and sustainable agriculture, that would better develop with state **regulation and incentives**. They tend to be small initiatives and can only become larger if they have state support. For instance, many countries previously had much stronger policies supporting cooperatives than they do today. This model has disappeared in many parts because it is not supported by states, which have now opted for promoting registered companies with shareholders disconnected from the actual work of the company, and with a primary interest in the company's profit margins.
- There are positive examples emerging from the private sector that not only support care, but also place care for people and the environment at the centre of their business model, leading to a more equitable sharing of resources. Sustainable agriculture is one such model that can be a positive alternative to chemical-dependent agriculture. These models require state support through public subsidies and training in order to become more established.

- Companies may not pay a living wage and their activities can pollute the environment. Environmental degradation and poor working conditions are increasing the care work that particularly women and girls shoulder, while low wages and long working hours leave less resources and time to provide for care. The state must ensure that the private sector plays a more positive role with **regulations on natural resource management and labour policies**, amongst others. Workers also lack information about their rights as workers.

Module 4.4 focuses on two key areas that relate to unpaid care work and state accountability:

- The **lack of quality public services** because they either never existed before or because they have been privatised. This transfers the responsibility for care of people away from the state and to women and girls in households.
- The **lack of tax revenue collection** and **care-less budget allocations**. Without correct revenue collection and budget allocation, public services and care-sensitive regulations would not be feasible.

We will ONLY FOCUS ON:



PUBLIC SERVICES and BUDGETS/TAX

Redistributing care work through public services, tax and budgets

Present situation: many state budgets concentrate unpaid care work on women in their design and application. People contribute to the economy through their work, both paid and unpaid, and through the taxes that they give to the state. The **budget** is a government's plan to spend the taxes and other resources it has collected on areas that benefit the whole country such as on health, education, roads, etc.

Today's **tax systems** designed for collecting **revenue** are often anti-poor. For instance, tax incentives are offered to large profit-making companies while small and medium-sized farmers and traders can end up paying a larger share of their profits in taxes and receive little or no incentives. Also, tax systems ignore the costs of unpaid care work, for instance, when they use more indirect taxes on consumption such as the value added tax (VAT). These taxes are paid on the goods and services that households need to provide care, and can drain even more resources from the 'Care work wallet' (see Tool 14).

On the **expenditure** side, states do not assign enough money to support quality **public services** such as education, health and water. More funds are spent on defence and not enough funds are spent on healthcare and childcare services. Likewise, energy development may not prioritise renewable sources of energy that could be more accessible and pollute less.

Even when the budget has been *designed* to benefit the majority, problems of inefficiency and corruption arise during its *application*.

Solution: a care budget, on paper and in reality. We want a state budget that is funded by the taxes of those who can afford to pay taxes. We want the budget to spend more on quality public services, with priority for those services and initiatives directly related to care of people and the environment, such as sustainable agriculture, collectives, water, health and education. To ensure states use people’s money well, people’s involvement in tracking budget revenue and expenditure is necessary. For women and their organisations this means participating in planning and budgeting cycles to ensure a greater allocation of resources towards adequate, affordable, accessible and quality care services.

Session 4.4: The state and alternatives on care

Time	Facilitation process	Materials
1 hr	Tool 21: The pebbles – what are ‘public’ services?	
1 hr	Tool 22: Community mapping of public services on care	
45 min	Tool 23: The seller, the teacher & the housewife – who pays tax?	
45 min	Tool 24: Local products analysis – what is ‘VAT’?	List of products that are VAT exempt or zero-rated
45 min	Tool 25: Tax justice scale – big companies and unpaid care workers	
1 hr	Tool 26: The caring budget	Local or national budget printed out
5.25 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 21: The pebbles – what are ‘public’ services?

Description

The concept of public services is explored through a pebbles distribution game.

Objective

To explore links between paying taxes and having services. To understand what ‘public’ means.

Steps for using the tool:

Step 1: The facilitator distributes three pebbles (or beans or sticks) to each participant, except for one. The participants with pebbles are citizens paying tax. The participant without pebbles is the local tax collector. The facilitator asks the tax collector to pick up one out of three pebbles for each participant. The tax collector now has a bunch of pebbles.

Step 2: The facilitator asks the tax collector to ask the rest of the group what they want to spend the tax money collected on. The group decides something (i.e. a better road, a school). The tax collector builds a better road/school. The facilitator explains that this exchange of *tax-for-services* is called '**public**'. Public is not something that is free, but something we all have paid beforehand (via the state) and that everyone can now make use of. So a *public* road or *public* school should have no fees or costs, because we have already paid (tax) for it. Paying fees would mean the state is making us pay twice for the same – tax first, then fees (see step 2b).

Step 2b [Optional]: The tax collector has now become corrupt. S/he takes all the money and does not use it for the road/school. When there are no public schools, people have to pay the road/school costs (i.e. fees, uniforms, teacher's salary...). The facilitator explains that, when corruption exists, people are **paying twice** – first by paying tax to the tax collector, and second by paying fees to the private school built as a result of corruption and of not having a public school. The facilitator can ask participants if this happens in their area (for instance, not having electricity services, even if tax was paid for this, means they have to buy kerosene/generators from their own pocket).

Step 3: The facilitator asks participants:

- Do **public services** exist in your area (free and for all)? Which ones?
- Are there public services in your area that **relate to care** for others/environment (i.e. clinic, sanitation)?

Tip for the facilitator: After the tool, the conversation may lead to discuss **corruption**. This is fine. Just remember to connect corruption to care. For instance, you may ask: how does corruption affect care overload?

Tip for the facilitator: Alternatively, you may want to have a discussion on **charity**. For instance, if we all pay for public education through taxes, then why do we hear people saying the state is kind when they bring the services they ought to bring? How does this affect care? That is, when it comes to asking our states for care services, what is better, a charity or a rights/tax thinking?

Ideas for action:

What ideas for action can be drawn from this exercise?

Tool 22: Community mapping of public services on care

Description

Participants use a map to analyse and prioritise the most needed care public service in their area.

Objective

To analyse and prioritise the most needed public services in the participants' area related to care.

Steps for using the tool:

Step 1: Participants draw a community map. ONE public service is selected for analysis, i.e. water provision (analysing many services at the same time may complicate the tool). The prioritisation can be based on the public service that would most help households in care provision (i.e. see tools in module 3, the basket and redistribution of care work).

Note to the facilitator: Ensure that in a mixed female-male setting, the selection of the care services does not drift to men’s services only (i.e. roads, irrigation or storage for crops) and that priorities that facilitate care work that women generally use are also heard (i.e. washing facilities, healthcare services etc).

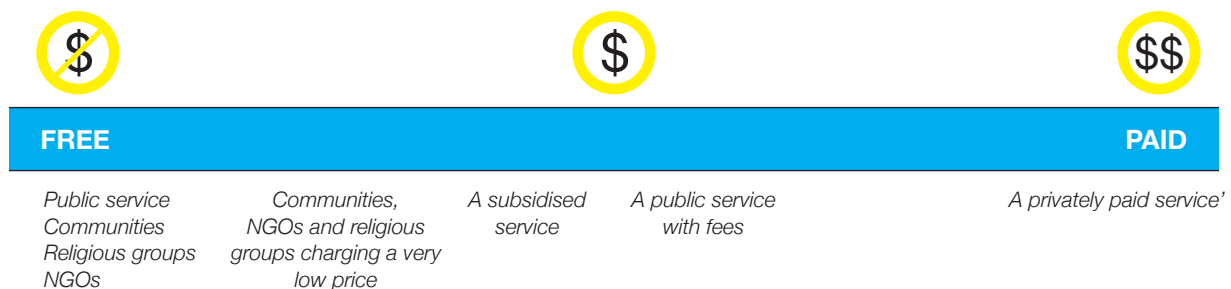
Step 2: The facilitator asks about **water**:

- Where are the places where you can get water?
- Who provides water in these places? The household, the community, the shops, the state?
- In these places, do you pay for water?

Step 3: Go back to the pebbles tool and the idea of **public**:

- Are there enough public water services (provided by the state for free) in your area?
- What other aspects of the state water service need improvement (i.e. not functional, distance...)

Step 4 [optional]: The group may want to organise the places where water provision takes place (step 2) in a line according to whether the service is fully free (left side) to the most expensive place to get water (right):



Step 5: Relate how the points in the previous discussion, i.e. paying for water services, not having a workable water point, affect **care work overload in households**, i.e. women and girls fetching water from far away. You may want to review module 4.1 with tools like the care wallet.

Tip for the facilitator: Take this opportunity to know more about what **privatisation** means and the types of privatisation that exist.

Tip for the facilitator: You may **repeat the map** for other services besides water.

Ideas for action:

What ideas for action can be drawn from this exercise?

Create an **ideal map** for water public provision. Plan advocacy on the local government about the most important change you want between the real and the ideal map.

Tool 23: The seller, the teacher and the housewife – do you pay taxes?

Description

The facilitator uses a series of questions to three different tax payer profiles (a market seller, a teacher and a housewife not doing paid work) to introduce the idea of tax payments.

Objective

To introduce the concept of taxes. To explore how people who are not in paid work also pay (indirect) taxes.

Steps for using the tool:

Step 1: The facilitator asks: what is a 'tax'? After hearing the participants' comments, s/he explains that a tax is *a transfer of money from individuals and businesses to the state*.

Step 2: The facilitator asks three volunteers, if possible real examples (or participants who know real examples first hand) of: a market seller, a teacher and a housewife. The facilitator now asks each participant: **do you pay taxes?**

- If they **say yes**, ask which ones and write them down in a list.
- If someone **says no**, ask them if they buy products in the local market and briefly introduce the idea of VAT (Value Added Tax), which is a tax paid when we buy products or services.

Step 3: The facilitator may want to conclude by reinforcing the idea that everyone ends up paying taxes even if they do not gain an income. The facilitator may want to share that there are two types of taxes:

- **Direct** - i.e. the ones you pay for earning money from your work
- **Indirect** - i.e. the ones you pay because they are included in the price of a product

Step 4: Discuss – which taxes does the group think **affect care** the most, direct (income) or indirect (consumption) taxes?

Additional questions:

You may also want to ask **men and women** if the taxes they pay are the same. This will depend on the type of activities they do and the goods they buy (see next tool, 'What is VAT?').

The facilitator may want to share that, even those who do not pay tax through income or consumption (i.e. a baby) have human rights before all and thus have the right to ask for/receive basic services (see module 3).

Ideas for action:

What ideas for action can be drawn from this exercise?

References: *A Day in the Life of A Tax Payer*, 2013, Seatini and ActionAid Uganda

Tool 24: What is 'VAT'?

Note: Before this tool the facilitator needs to review: (1) the **VAT rate** in the country and (2) the **VAT exemptions and zero-rated list** on goods and services, especially those related to care, to know whether these are charged VAT and plan for further action.

Description

The facilitator uses a series of questions to three different tax payer profiles (a market seller, a teacher and a housewife not doing paid work) to introduce the idea of tax payments.

Objective

To introduce the concept of taxes. To explore how people who are not in paid work also pay (indirect) taxes.

Steps for using the tool:

Step 1: Ask participants to bring (or name) products they and their families recently bought. Put all products together in the middle of the group (or write a list of the products). Alternatively, the care products named in the Care wallet (module 4.1., Tool 14) can be brought back.

Step 2: The facilitator asks participants to select three to five products for discussion. S/he asks how much money each of these products costs, and writes the prices down.

Step 3: The facilitator asks who the buyers gave the money to when s/he bought the products. After the participants' response (probably the seller), s/he explains that the price of a product does not only cover the money for the seller, but that some money *also goes* to the state. This is called '**VAT**' ('value-added tax') or consumption tax. VAT is a type of tax. It is the bit of money the state gets every time we buy a product (i.e. soap) or a service (i.e. dressmaker).

Step 4: Ask participants to name which ones amongst the **products are used for care work**, that is, those used to care for people and the environment. The facilitator explains that basic care products such as staple food are often free from tax. This is called '**VAT exemption**'. That helps keep food prices low. Yet, sometimes, states decide to eliminate VAT exemptions. As a result, food prices go up. The facilitator can explain the **situation of VAT exemptions for basic products in her/his country**.

[Optional for numeracy] Step 5: *The VAT rate is the part of the overall price of a product that goes to the state as set by law (i.e. 15%). Use the VAT rate and take one of the products as an example to calculate how much of the paid money goes to the state in taxes and how much to the seller. For example, if a bottle of cooking oil costs 200 in the local currency, 30 is for the state and 170 for the seller (on a 15% VAT rate). One gets this result by multiplying 200 (the total price) per 15 (VAT rate) and then by dividing this result by 100. For groups with lower levels of numeracy, participants can practice by writing, adding and subtracting the numbers of the product prices. Also, participants can use the list of products to practise literacy.*

Did you know that... *both rich and poor people pay the same VAT even if they don't earn the same amount of money? People living in poverty spend most of their income on goods and services that they need. This means they pay a larger part of their money on VAT than richer people do. VAT is an anti-poor tax unless VAT exemptions are given on basic products, broadly consumed by people living in poverty.*

Additional questions:

*You may want to ask who buys these products at home, **men or women**, to analyse who is most affected by price increases in care products – or link this Tool to the Care wallet tool (Section 4.1).*

Ideas for action:

What ideas for action can be drawn from this exercise?

Tool 25: The tax justice scale – big companies and unpaid care workers

Description

Participants explore the concept of tax incentives and tax avoidance in big companies by comparing it to the VAT tool or the tool of the seller interviewed on multiple taxation (see previous tools).

Objective

To introduce the concepts of ‘tax incentives (holidays)’ and ‘tax avoidance’ related to big companies. To compare them to the taxes paid by local people through VAT and/or multiple taxation, and to have a discussion on what is ‘fair’.

Steps for using the tool:

Step 1: The facilitator mentions the tool ‘what is VAT’ (or ‘what is multiple taxation’). S/he asks participants to share what they remember from the VAT/multiple taxation tools.

Step 2: The facilitator asks for a volunteer from the group to stand up. The facilitator then asks the group to identify two objects that are accessible to them at that moment – one that represents an individual doing care work (i.e. broom, medicine, cooking spoon etc.) and the other that represents something that is produced by a big company (i.e. washing powder, plastic bottles, steel container etc.).

Step 3: The facilitator then gives these two objects to the person to carry – one in each hand. The volunteer stretches out their arms to each side like a scale with two weights on each side.

Step 4: The facilitator then asks the group if they think it is fair that the big company pays less tax than the person doing care work. Here the facilitator moves the volunteer’s arm with the object representing the company down, and moves the other arm with the object representing the person doing care work up.

Step 5: The facilitator then asks the group if they think it is fair that the big company pays the same amount of tax as the person doing care work? Here the facilitator moves the volunteer’s arms so that they are at equal height.

Step 6: The facilitator then asks the group if they think it is fair that the big company pays more tax than the person doing care work. Here the facilitator moves the volunteer’s arm holding the object that represents the company up, and the arm that is holding the object that represents care work down.

Step 7: The facilitator explains that big companies (i.e. of oil, sugar, power) also pay tax. However, states often give big companies tax-free periods of around 5-10 years. These are called ‘**tax holidays**’. States do this to attract big companies to invest in their countries and help them with the start-up. But tax holidays are often given even when these companies are already making profits. Sometimes tax-free periods get extended beyond five years.

Step 8: The following case study can be shared:

Tax incentives that apply for a fixed period of time at the start of an investment are called ‘tax holidays’. For example, Ghana offers agricultural processing companies a five-year holiday from corporate income tax, while companies operating in free zones (for instance, subsidiaries of the food multinationals Cargill, ADM, Barry Callebaut and Nestlé) may benefit from a ten-year holiday.

Source: ActionAid. Give Us a Break, 2013, p.4

Step 9: Ask participants what they think of the fact that companies are charged no tax for 5-10 years while local people are taxed.

Ideas for action:

What ideas for action can be drawn from this exercise?

Tool 26: The caring budget – introduction to the budget cycle

Description

The budget cycle is presented showing how this can be useful to fund the priorities chosen by the local groups in the previous tool (the caring budget).

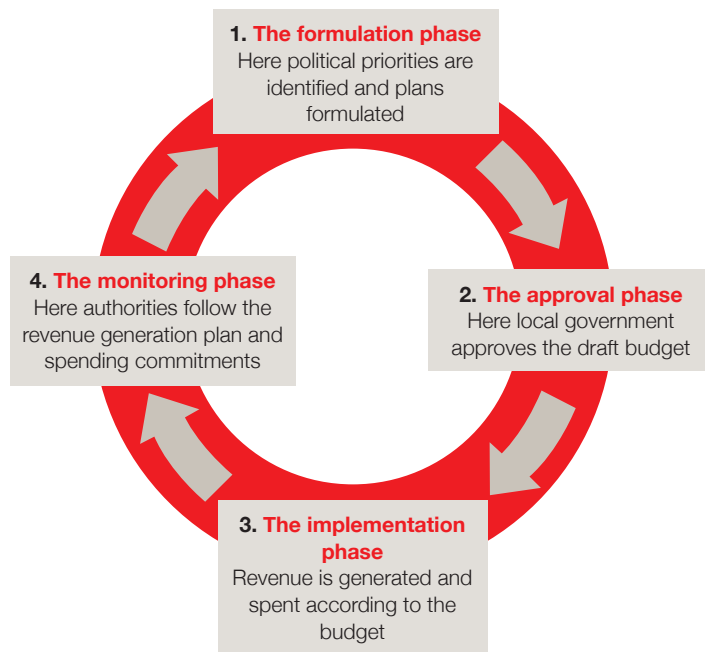
Objective

To introduce the budget cycle and the potential entry points for civil society action on advocating for a caring budget.

Finally, this module connects to module 5 (ideas for action), where advocacy pathways are presented on how to demand more public services for care provision.

Steps for using the tool:

Step 1: Participants are given a collection of sticks that represent money. They then have to decide how to spend the funds in their area. The facilitator gives an example where one stick represents a new school to introduce the concepts of ‘budget’ and ‘budget cycle’. The facilitator can guide the group through the budget cycle as they decide what to spend the budget on. For instance, the first stage is to consult and agree on the public services and investments that the community needs. This then needs to be approved by leaders in the community (i.e. local government, chiefs etc.). The budget is then implemented and it is up to the community to monitor and evaluate its implementation.



Step 2: The facilitator explains that a **budget** is a legal document in which the government says what public money is going to be spent on. Part of the money available for budget expenditure is money collected from people’s taxes.

Step 3: Next, the **four phases of the budget cycle** are explained:

Phase 1 and 2 on budget allocations: This is the moment of the year **when the government plans and decides** what to spend public money on (called 'formulation phase'), and agrees a final decision (called 'approval phase'). Your government is obliged to have consultations in your area before approving the budget and to publish the final approved budget in a clear and simplified way (i.e. citizens' budget) – although this does not always happen. You have the right to ask for your priority (i.e. school) to be included in the budget.

Phase 3 and 4 on real spending: This is the moment of the year **when the government collects revenue and spends it** (called the 'implementation phase'). Part of the money collected is through taxation. Finally, the government proves that funds are used correctly (called the 'monitoring phase'). Local people need to complement the state's self-monitoring to check that the government is spending and monitoring correctly. This then informs their demands for public services and investments in next year's budget.

Step 4: The facilitator shows a copy of the budget to the group. Participants analyse:

- What are the areas the local government is **spending on**?
- What services do you most want to see in your community? (choose one or two)
- Does the budget identify that priority service?
- What are the **sources of revenue**?
- How much revenue comes from local taxes?
- How much revenue comes from the central state?
- Think of ways to raise more revenue locally.
- What care services are not budgeted for?
- What care services are sufficiently budgeted for?
- What care services are budgeted for but not enough?

Note: If a particular area of spending interests the group, you can set an action plan tool to monitor the spending of funds along the year.

Analysis questions:

- Who makes decisions about expenditure priorities?
- In which of the four phases do you think it is easier to influence the budget?
- In which phases might infrastructure and services for care be introduced, and in which phases might these budgets be not prioritised?
- You may also want to check on revenue/expenditure that you deem wasteful or unfair.

Ideas for action:

What ideas for action can be drawn from this exercise?

References: *Tool adapted from:* Elbag Handbook on Budgets, 2012, ActionAid

Further references: To know more on how people can contribute to the budget process, see: the Elbag Budget handbook and this internet page of [IBP](#).

▶ Key ideas from module 4

1. **Session 4.1 – care and the household:** Gender norms in the household and women's lack of power to access and control resources means that they are left with a large and unequal share of unpaid care work. Changing power relations in the household is key in order to transfer care work away from the women with the lowest status in the household to other women and men who can also provide care.
2. **Session 4.2 – care and the community:** Shifts in gender norms at the individual household level are not enough. Community discussions about women's unequal share of unpaid care work can bring about broader changes by challenging prescribed gender norms. It is also an opportunity for women to be involved in planning and budgeting at the community level to prioritise and resource services and infrastructure that will go towards recognising, reducing and redistributing women's unpaid care work.
3. **Session 4.3 – care and the private sector:** The private sector covers a range of very varied actors and initiatives, from the self-employed to large companies, from individual to collective projects, from formal to informal, and from agriculture to industry. The private sector has a responsibility to not increase the transfer of care onto women living in poverty by respecting human rights and protecting the environment.
4. **Session 4.3 – care and the private sector:** Alternative production models such as collectives and sustainable agriculture already exist and can be more effective by incorporating both care for people and care for the environment in how they operate.
5. **Session 4.3 – care and the private sector:** Women living in poverty see their right to decent work violated as they find themselves in jobs with low wages, poor working conditions and long working hours, which makes it difficult for them to access the resources, time and energy to provide care, and traps them into a cycle of poverty and inequality. The private sector must ensure decent working conditions and support for women's (and men's) care responsibilities.
6. **Session 4.4 – care and the state:** The state is the ultimate duty bearer and can support care provision by providing public services for care. The state can also check that rights are respected through the **regulation of institutions** such as households (module 4.1), communities (module 4.2) and the private sector (module 4.3). The state can also regulate itself. Regulation can be done negatively through sanctions or positively through incentives.
7. **Session 4.4 – care and the state:** Public services are paid through taxes and these contribute to the budget. Women and men have to be involved in the budget process to ensure that the state spends more on public services that will support care for people and the environment.
8. **Session 4.4 – care and the state:** Women living in poverty not only contribute their time, energy and resources in providing care, but they also pay taxes through VAT and multiple taxation. However, big companies can pay fewer taxes because they receive tax holidays from governments. This takes money away from the government budget that could go towards paying for more care services that could benefit women and men living in poverty. The state must institute a progressive tax system which can correct this imbalance and thereby provide resources for care.

Module 5

Redistribution of unpaid care work for gender equality and justice

Objective: *Identify care advocacy pathways where caregivers represent themselves and demand the recognition, reduction and redistribution of care work.*

Introduction: In previous modules, we have analysed that an improved care situation is one in which care work is recognised, reduced and redistributed. This prevents care work from being concentrated in the hands of a few caregivers, leading to the violation of their human rights. In this module, we look at ideas for action against that.

Women and girls are primary caregivers across the world. This module is about working with women and girls to **represent** their own demands around care work. Representation is the fourth ‘R’ presented in module 3. Critical to each of these pathways is for women, as primary caregivers, to lead and drive the change that they want to see, so that care work is more equally and fairly distributed.

Below we explore multiple care advocacy pathways that start from different entry points, and that can lead to more structural changes. Each pathway includes a mix of activities developed to bring about both policy changes and shifts in social norms. Therefore, technological improvements through access to roads or running water, though important, will not necessarily change the fact that it is mainly women who do care work. Indeed, women may end up filling the time previously spent on collecting water with more care work.

Session 5: Care advocacy pathways		
Time	Facilitation process	Materials
3 hrs	Care advocacy pathways – discuss possible action plans at the community level	
3 hrs	TOTAL TIME REQUIRED FOR SESSION	

Tool 27: Care advocacy pathways

Description

This tool presents multiple pathways to make women’s demands for change around care work visible to policy-makers, so that it can lead to action. It presents various entry points that can lead to changes in power relations between women and men, women and their communities, women and the private sector, and women and the state.

Objective

To identify the care advocacy pathway that is most feasible for one or several groups to take forward. To highlight how a change in power relations is required to bring about lasting change around care provision.

Step 1: Review the key idea from module 4 that care work must be shared between a set of different actors including the household, community, private sector and the state in order for women and girls to enjoy their rights to an education, decent work, rest and political participation.

Step 2: Review the 4 Rs introduced in module 3 and explain how this module will focus on 'Representation'. This will be about women's collective action to recognise the value of unpaid care work, and to demand that it be reduced and redistributed more fairly.

Step 3: Discuss an initial change that women in the group want to see take place or are already involved in. See below for examples of care advocacy pathways that the facilitator can draw from and discuss with participants. In each pathway change happens across at least two or more institutions, from the household to the state, or from the community to the private sector. These pathways are about transferring the responsibility for care for people and the environment away from women and girls to other actors.

PATHWAY ONE – Technological change is not enough

Technological change, such as improved piped water or electricity in a community, can help to reduce women's unpaid care work, but it will not have a significant impact without changes in public policy and in social norms.

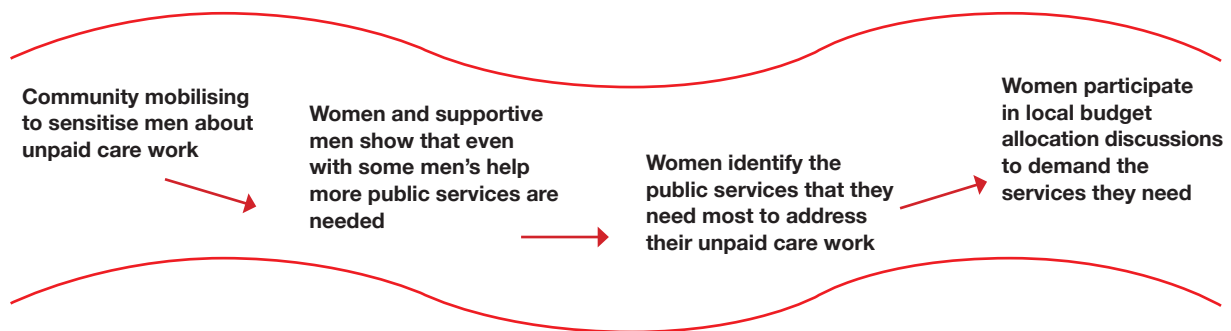


Useful tools to use in Pathway 1:

- Tool 1: Activity mapping
- Tool 6: The care matrix
- Tool 8: The care roots – causes and effects
- Tool 13: The care wallet
- Tool 14: Venn diagram
- Tool 21: The pebbles
- Tool 25: The tax justice scale
- Tool 26: The caring budget

PATHWAY TWO – ‘My husband helps with the dishes now’

Men taking up more unpaid care work will certainly help to reduce some women’s unpaid care work. However, interventions focused just on getting men to do more unpaid care work will not bring about systematic change. It will be effective for those women in households where men are receptive to this, but it will not work in those households where men are not. Men will also choose the kind of unpaid care work that they do because they still have the privilege and power to decide this for themselves, while women are always expected to do this work. Therefore, getting men to do more unpaid care work is a first step, but it needs to be complemented by women’s groups mobilising to challenge these power imbalances and demand that the state also provide public services. For poor households, the lack of time, resources and energy, mean that even if men do more unpaid care work there will still be a care deficit because more resources and services are needed. This is where the state has a role to play!

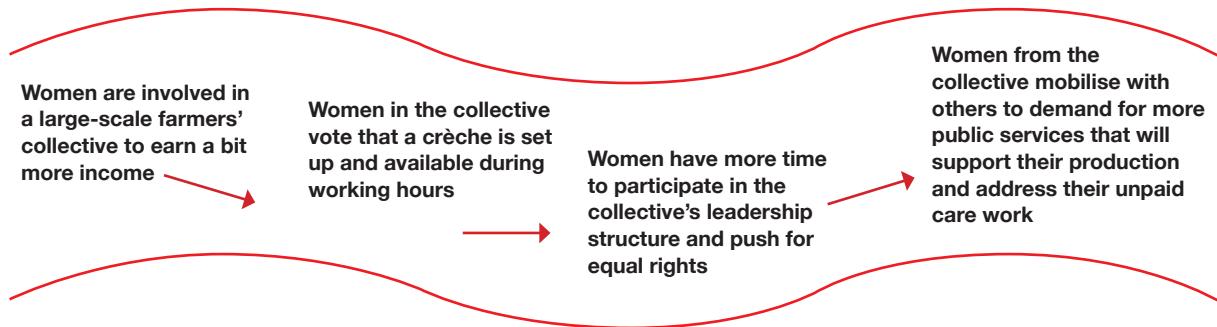


Useful tools to use in Pathway 2:

- Tool 1: Activity mapping
- Tool 7: The body map
- Tool 12: Case study
- Tool 13: The care wallet
- Tool 14: Venn diagram
- Tool 21: The pebbles
- Tool 22: Community mapping of public services
- Tool 26: The caring budget

PATHWAY THREE – ‘Livelihoods without care’

There are many livelihood projects designed for women living in poverty that completely ignore their unpaid care work. This livelihood approach does not consider women’s rights to decent work conditions such as a living wage, good working conditions and time for rest. These initiatives also do not consider strategies to move women beyond low-paying work by addressing their unpaid care work. Take the example of a women farmers’ collective below. Women could choose to spend more time engaging in the collective if the collective itself supported their unpaid care work, and if public services such as piped water or a healthcare centre were available. Therefore, this pathway that started out with improving women’s livelihoods can lead to the realisation of their rights, if it is coupled with a collective model that supports care work and advocacy for more public services.

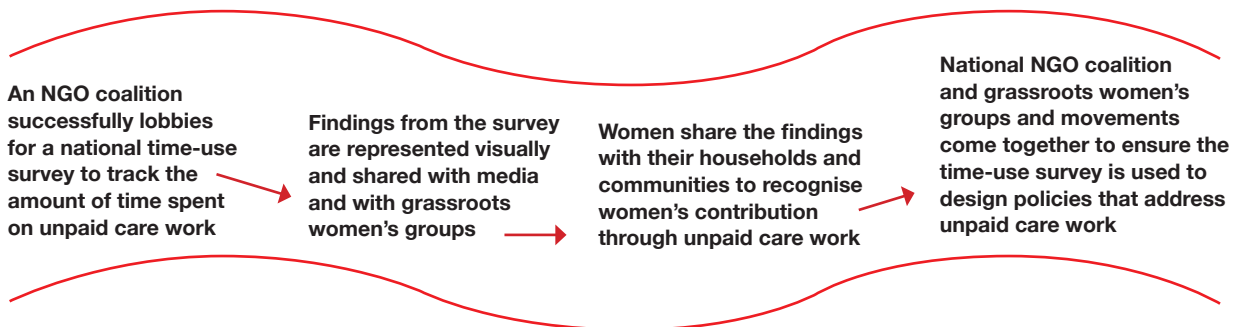


Useful tools to use in Pathway 3:

- Tool 17: The private care marbles
- Tool 18: The working hours pathway
- Tool 19: Care in collectives
- Tool 13: The care wallet
- Tool 21: The pebbles
- Tool 22: Community mapping of public services
- Tool 26: The tax justice scale
- Tool 27: The caring budget

PATHWAY FOUR – From policy to social norms

National civil society organisations might approach care for people or for the environment from the perspective of changing policies. This could be about lobbying for a national time-use survey to track how much more time women spend on unpaid care work than men. Or it could be a new environmental policy that will stop big companies from polluting the river. These policies may get approved by government without women's mobilisation, but they will lead to social change around care for people and the environment if women's groups take up the issue themselves.



Useful tools to use in Pathway 4:

- Tool 26: The caring budget
- Tool 10: The basket of care and rights
- Tool 11: The care share square – how can care be shared?
- Tool 21: The pebbles
- Tool 22: Community mapping of public services
- Tool 4: The spider web tool
- Tool 8: The care roots – causes and effects
- Tool 16: The environment care map

Annex 1

The care diamond

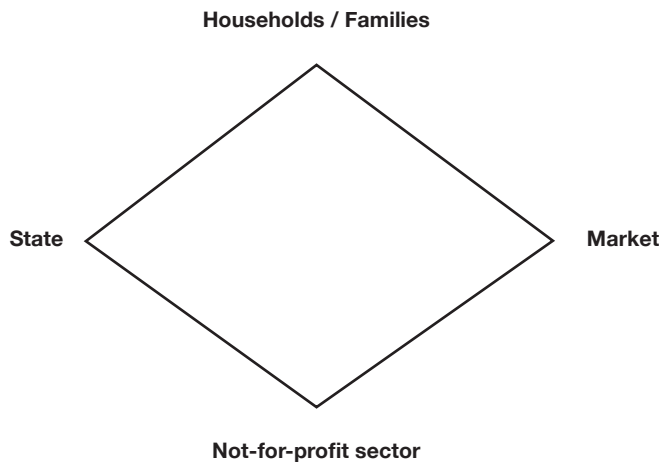
The care diamond identifies four key actors that can support care: 1) households and families, 2) community, organisations and NGOs, 3) the state, and 4) the private sector. The care diamond forms the structure that guides module 4 of this guide. These four actors can be represented as a “care diamond” (figure 1). Yet they interact in complex ways, and the boundaries between them are neither clear-cut nor static. For example, the state often funds care services that are delivered through non-profit organisations.

The role of the state is different from that of other pillars of the care diamond, because it is not just a provider of public care services, but also a decision-maker when it comes to the rights and responsibilities of the other three care providers. Whether and how the state makes use of its role is fundamental for defining who has access to quality care and who bears the costs of its provision.

When the state lacks the capacity (or political will) to provide care, families and households end up taking charge of it. In the context of economic crises in particular, as public provisioning of infrastructure and services is eroded, care responsibilities are often shifted back onto families. At the same time, purchasing basic necessities and care substitutes also becomes difficult due to the fall in earnings and the disappearance of jobs.

References: *Adapted from: Why Care Matters for Social Development, UNRISD Research and Policy Brief 9*

Figure 1: The care diamond



Annex 2

Case studies on community-led initiatives for care provision

CASE STUDY 1: Living and learning from the environment

Background: Forest encroachment. The Women of Tagasra in India have been resisting the encroachment of their forests for many years now. They have been trying hard to fend off the traders and encroachers and maintain their practices of sharing and nurturing the traditional forest produce that has sustained their livelihoods for centuries. They view the forest as their ‘mother’, since they have been nurtured from its lap; their identity as a forest dwelling community comes from their embedded lifestyles, and their cultural practices are defined by the patterns of the forest and its seasonal rhythms.

Traditional practices: *Sharing and saring.*

- All that was available was shared, and when there was not enough in nature, the scarcity would be for all. Customs were also evolved based on the bounty of nature. There was no concept of private land and property.
- If there was sickness or hunger in any household, the rest of the community would care for them, If an elder was unable to cater for their own food and had no one to tend to their needs, or were too old to cook and manage, they would find food sent to their doorstep on a daily basis by someone from the community.
- No names were taken; an unspoken code of reciprocity determined the care needs and the patterns of sharing of resources. As they received from nature and its bounty, so too did they share from its bounty with those who could no longer partake in the activities.
- The women narrated centuries of knowledge of healing and other practices learnt from their ancestors – of medicines and herbs found in their forests; of plants and foods, and when to pluck them and when to keep for a crisis; and how to pluck so that the larger plant would not be damaged. Customs of sharing of fruits and other produce were determined democratically based on the numbers in a household and its needs. Other decisions too were taken by a consensus.
- Majority was not the guiding principle in their definition of democracy, it was consensus, and the decision was only acceptable when it was acceptable to all. Even in their cultural practices, all ceremonies and occasions were shared, with contributions and labour performed collectively and the custom of ‘palta’, whereby each household would have an opportunity to return the labour received from others on occasions that were celebrated by each in turn.

Onset of crisis: *shifting ownership from women to men.* In many spheres of decision-making and distribution, the women (who were the backbone) were gradually negated, as the culture and life shifted from the dependency on the forest to a more sedentary lifestyle. The women were engaged in the care work of nature, of the forests, of their community and its needs and of life itself; and in the process men took over the spaces of decision-making and demarcation of boundaries, where they would cultivate and harness resources and the concept of ownership and surplus evolved gradually. In the process, and influenced by cultural practices from the outside world, women were allocated the tasks of caring and nurturing the environment to ensure that its bounty sustained, while the land near the homestead was cleared only to be claimed by the men as their domain. The women lamented that their care giving and nurturing roles became the very means of their subordination, as relationships developed based on ownership and proprietorship, to be established through means of domination, masculinity and violence. Property and control over these means of production – land and care work – had become a means of their alienation from the centrality of their existence within the community, to a space in the margins to serve and be subservient. It was due to this subservience in the new regimes of sedentary life that the practices of violence also increased as men began to consider women as their property, and the subordination of women became a symbol of their strength.

Raising voices: Women in Tagasra gradually questioned this process, as they formed their collective when confronted by such violence and decided to assert themselves and resist. They used the opportunity of organising around savings activity to empower themselves; they forged solidarities across villages, and used theatre to perform plays from village to village depicting their gradual subordination from their centrality as carers and nurturers to being subservient and properties of men. They portrayed their work, their joys

and the sorrow of such an existence, and challenged the emergence of a culture that could be so violent and destructive of women and of nature.

Gradually they sought to form solidarities to address the problems that had cropped up in their community – the grain bank that all households could contribute to and take from when faced with scarcity, based on collectively established norms; developing a nursery from which all could take plants based on their contribution to tend and nurture the nursery; a seed bank; and finally a justice forum where women claimed an equal space with men to resist all forms of violence and discrimination in their society and to resolve disputes based on principles of justice and equality.

Improving prospects: The struggle to resist patriarchal overtones and assertions continue, but the women have learnt how to negotiate with their communities and with the state for their rights and for justice based on the strength drawn from their collective role as care givers and producers, and recognising and negotiating their own centrality in their communities based on this collective strength.

Annex 3

Case studies on collectives and sustainable agriculture

CASE STUDY 2: Urban collective: the right to decent work model solid waste collection and handling (SWaCH, India)

SWaCH, a waste pickers' union based in Pune, India, was set up to make use of a clause in the national legislation that cited house-to-house waste collection should be reserved for traditional waste pickers. The collective is composed of over 2,500 waste pickers, and was set up as an initiative of the *Kagad Kach Patra Kashtakari* Panchayat (KKPKP) union of waste pickers, which wanted to change the negative perception of waste pickers, and establish them as legitimate workers. Waste pickers are primarily women from the Dalit community and are amongst the poorest and most marginalised in India. According to the bylaws of the collective, 80% of its members must be women.

Meeting economic and social rights: The driving force steering SWaCH is their need to ensure waste pickers are able to enjoy their rights to fair and decent work, which local/national governments are responsible for fulfilling. SWaCH has carved its identity within the Pune region as the first “wholly owned cooperative of self-employed waste pickers”. Its purpose is to redistribute roles assigned in the current waste collection scheme enforced by the Pune municipal cooperation for residents. The solid waste management tax system in place does not cover the cost of a doorstep collection service such as SWaCH. However, as a result of the SWaCH model, the municipality saves approximately £2 million through this model of waste collection as a sustainable environmental measure. SWaCH cites that without their presence, “there would be 20% more waste on the streets, 20% less material available for recycling”. Therefore, SWaCH allows women to counteract unemployment and poverty through the creation of jobs that can be recognised as formal employment, and through the cooperatives' partnership with the municipality. The waste pickers make an income through monthly fees paid by households and the profit from the sale of recyclable goods.

SWaCH's **ideology** is derived from the KKPK union's mission to unite and reinvigorate the role of “itinerant waste buyers, waste collectors and other informal recyclers” by demanding recognition for their contribution to the labour force. In addition, the collective signed a contract with the Pune municipality to ensure the role of waste pickers is not superseded by private waste management companies. Involvement from private

waste management companies, motivated by cost cutting measures, would pose a threat not only to the SWaCH waste management model but also of waste pickers' rights to access fair and decent work.

The scale and level at which SWaCH engages: The initiative prioritises working with the urban poor and has an outreach of over 30,000 households across 134 areas of Pune. In addition to the household outreach, SWaCH works closely with the municipality who then provide the waste pickers with the necessary equipment, sorting sheds and training for the waste pickers to engage in waste management.

Level of formalisation: SWaCH is a registered cooperative in India.

SWaCH is led by its members, who pay 5% of their income into the cooperative. This then grants them the right to vote in the decision-making process, where they are represented by the board of directors. The day-to-day running of the cooperative is done through paid and volunteer staff, responsible for providing management and administrative support. Due to its heavy involvement with the municipality, the collective is not entirely independent from an authoritative governing body, which means they must continuously manage their relationship with the municipality carefully, making advocacy for improved working conditions more difficult. Fortunately, this is where the SWaCH's membership to the KKPKP trade union comes in to play, to raise the concerns of the waste pickers with local authorities. In addition, members can receive health care benefits and small scale loans from the cooperative that allows them to meet the financial needs of their families, such as school fees.

Environmental responsibility underpins the identity, interest and purpose of SWaCH as "climate change agents", counteracting growing concerns over the impact of waste on environmental sustainability by the Pune municipal cooperation. SWaCH have been able to reduce landfill waste by:

- Collecting 15% - 20% of Pune's waste, sorted into 13 categories and recyclable categories.
- Reducing harmful greenhouse gases such as carbon dioxide and methane and ensuring cleaner air by recycling garbage.
- Saving 17 trees of paper gathered for every tonne.

SWaCH has also been able to extend its operations into composting through the support of private grants. The compost is then sold to the biogas plant and is an additional source of income for the waste pickers.

Collective action:

2011 saw the launch of the **Nirmalya Collection and Recycling Project, where waste pickers collected** "23 tonnes of Nirmalya (flowers, fruit, coconuts etc.) and 3.5 tonnes of dry waste (plastic, thermocol, paper)" over the course of two days. The project also encouraged local residents to recycle waste as opposed to disposing of it in the river banks. Through collective action, waste pickers have been able to hold marches across the city.

A march through Pune was held in 2012 and as a result, waste pickers were able to put forward a memorandum for change, outlining the need for state recognition of their 'environmental contributions' and policy that granted waste pickers fair and secure working conditions. SWaCH engages with the Minister for Tribal Welfare and Labour, who stated that, "the government is committed to supporting the unorganised sector and promises to work towards the establishment of a welfare board for waste pickers at the state level."

