Unpaid Care Work Tool Kit

15 participatory tools to analyse and take action on unpaid care work (UCW) inequalities

act!onaid

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This book would not have been possible without the contributions of Maria Cascant, Rachel Moussie, Gurjeet Kaur, ... and several others who have contributed various insights, experiences and suggestions for preparing this toolkit.

Source for this toolkit is *Redistributing care work for gender equality and justice – a training curriculum* (June 2015) published by ActionAid International, Institute of Development Studies and Oxfam GB

Contents

Some key ideas

What is 'unpaid care work' (UCW)? UCW includes those activities that nurture other people (our family, our community) and the environment such as cooking, cleaning, collecting water and firewood, and caring for the ill, elderly and children, when these activities are done by family members for no pay. Unpaid care work also includes voluntary community work.

Is caring for others and for the environment bad? No, it is not. It is a wonderful feeling and also necessary. Yet, care can become a problem when it is only certain people (women) that do all the care work, **'care concentration'**, because this creates ill-being, inequality and women rights' violations.

What care system do we want? We want care. And we need care. But we want it in a model in which care responsibilities are shared amongst women and men (and not only women) and amongst households, communities, private sector and the state (and not only households and communities) – or **'care sharing'**. That is, men and boys need to play a greater role in providing care, alongside greater support from the state to provide more care public policies and services and relieve women and girls of this work.

Why? Not sharing care leads to the violation of rights while sharing care leads to rights for all.

How do we work towards this? With the **'4Rs' tactics: recognition, reduction, redistribution and representation.** These tactics will help us redress care concentration and redefine a fair economy that recognises care and supports care sharing and, thus, women's rights. All the tools in this mini-toolkit are based on the 4Rs.

Recognition	Reduction	Redistribution	Representation
Make the importance of women's care work visible	Care work decreases (i.e. through technology and public services)	Some care work cannot be reduced (i.e. childcare). But it can be shared.	Women themselves take the lead in this fight for care sharing

Recognising the problem is the first step, when you look at the drawing of this Kashmir woman cleaning, do you see a problem in the same way you see it in a gender violence drawing?

Reduction strategies only are not enough, since even with reduced care work, women will still be seen as the only ones responsible for caring. Power relations are not challenged between women and men and women may probably just take up other care work that cannot be reduced instead (i.e. a water point reduces the water collection care activity but the same woman may use that same time for more childcare).

Representation is essential, it is women themselves who have to fight for care sharing, we cannot speak for them. Men's involvement is also very important.

For more theory see the 'Making Care Visible' report (p.6-11) - www.actionaid.org/ sites/files/actionaid/making_care_visible.pdf

Participatory tools index

Section 1	Sections 2 and 3	Section 4
Flip-flops To set a strong and simple base	**Women shoes** To understand the details of unpaid care work inequality	**Runners** To start running for action and advocacy

Section 1: Connecting women's rights and UCW	
Tool 01	The basket of care and rights
Tool 02	The care share square – how can care be shared?
Section 2: Economic empowerment and UCW	
Tool 03	Activity mapping – "what did you do yesterday?"
Tool 04	"What would happen if…."
Section 3: Power and the care context	
Tool 05	The care power line – understanding how power defines who cares
Tool 06	The care roots – understanding why only women care
Tool 07	The spying neighbour – what are the links between violence and unpaid care?
Tool 08	The care body map – what are the effects of unpaid care on the body?
Section 4: Ideas for care advocacy	
Tool 09	Family advocacy – my wife does not work
Tool 10	Family advocacy – the care wallet *
Tool 11	Family advocacy – the care helper priority line
Tool 12	Community advocacy – the environment care map
Tool 13	Private sector advocacy – the care marbles
Tool 14	Government advocacy – the pebbles
Tool 15	Government advocacy – public service mapping on care

* Family and also possible at community level to analyse festival expenditure, etc.

1 Connecting women's rights and UCW

KEY IDEA – care work concentrated in women brings rights' violations

(Unpaid) care is a nice thing. But **too much** *care work concentrated on one person leads to the violation of that carer's human rights, especially women who do most of the unpaid care work. Sharing care work needs to happen to bring about women's rights. Sharing needs to take place amongst men and women and also across all institutions such as households, communities, private sector and states.*

Tool 01	The basket of care and rights
Tool 02	The care share square – how can care be shared?

Tool 01: The basket of care and rights

Note: This tool needs to go after another tool that has previously introduced the **idea of 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.

Steps

1. The facilitator presents a **basket** that can **only contain five things** and finds a volunteer to hold it. If there is no basket, the two hands of the volunteer put together or a bag can be used instead.

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 basket/ hands.

The basket can only contain 5 tomatoes. They can be of the 'care' or the 'rights' variety

3. The facilitator asks a volunteer what **care activities** s/he does and asks her/him to choose the **three care activities** that take most of her/his time and give a symbol to it (i.e. cleaning can be a broom).

4. The three care symbols are put in the basket. The facilitator agrees with the participants that the basket has now 7 things but can only contain 5 things. So it is too full. S/he asks the volunteer to take out two **right symbols** so that all the care activities that have to be done can stay in the basket. The rest of participants can advise the volunteer on which rights are going to be denied to the volunteer (i.e. childcare will prevent the volunteer to go to a literacy class – right to education).

5. The facilitator asks the volunteer why s/he took the decision she took and how s/he felt when giving away her/his rights. The advisors in the group can also be asked about their feelings and thoughts.

6. The facilitator introduces the role of a **care helper** for the volunteer. This can be someone from the **household** (i.e. the daughter, the husband). 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.

   [Optional]: The facilitator can play with the idea that the volunteer got a paid position (right to paid work) and needs to share her care work to get the right on her basket.

7. The facilitator now introduces a **second care helper**. This time, this helper is not going to be from the household or the community but from the

state. Based on one of the care activities the volunteer still has on her/his basket, the facilitator will say that the state has taken responsibility for it (i.e. for the care activity of water collection, the local government installed a water point). The volunteer now has the change to put back another of her/his rights on her basket.

8. Discuss with the group:
   - Can a caregiver go to a literacy class (**right to education**) if s/he has lots of care work to do?
   - Can a sick caregiver go to the clinic (**right to health**) if s/he has lots of care work to do?
   - Can a caregiver do paid work (**right to work** and earn a living) when s/he has so much unpaid care work to do at home?
   - What does an overloaded basket show us in terms of care activities and rights?
   - 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?

9. To **conclude**, the facilitator can highlight that if care work is done by one person, that person will find it hard to fully enjoy her/his rights. If care work is shared, then everyone is more likely to enjoy rights.
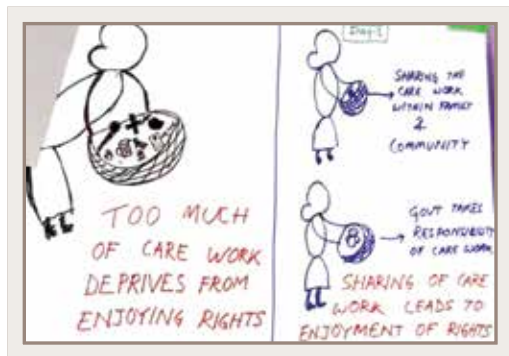
[Optional]: The facilitator introduces a **girl child** as the **care helper** and asks what happens to the girl child's right to education if her own basket of care and rights is already full. The facilitator can comment that the transfer of care onto another caregiver can violate the other person's rights (girl child).

[Optional]: 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, nor the power relations that sustain this. 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). *Care redistribution or sharing* tackles power inequalities between men and women head-on.

[Optional]: The facilitator can ask what effects this has on rights of people who require care? How are their rights being violated here?

Note: The reasons why care concentration affect rights' violation are varied and have to do with lack of time, lack of mobility, lack of energy/health, etc. but for the sake of simplicity this tool is playing with the symbolism of limited time in a day.

Tool 02: The care share square – how can care be shared?

Note: This tool works best if it goes after the **basket of care and rights tool.**

Description
The idea of collective responsibility on care is depicted by creating personified care helper roles (i.e. husband, civil servant, etc.) for the person sitting in the middle, the caregiver. This aims to list the number of actors that can support and share her/his care work towards the achievement of her/his rights.

Objective
To introduce the idea that care is a collective responsibility that involves not only households, but also communities, 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.

Private sector (symbol)   **Community** (symbol)

Caregiver here

State (symbol)   **Household** (symbol)
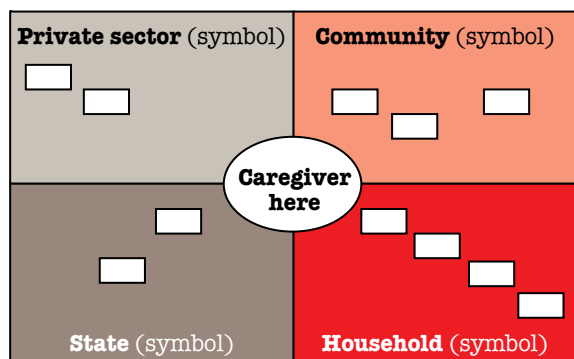
Care activity selected: child care

Steps

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

1. A **caregiver** volunteer is situated in the middle of the square (see drawing). Participants, together with the volunteer, choose the **care activity** that they most want to be distributed, for instance, child care, cooking or water collection. The selected care activity is represented with a symbol and located in the caregiver's hands.

2. Around the person four areas are drawn (see drawing). Strings or lines can be used. The facilitator presents the **first four areas**. One is the **household** (i.e. family), the second is the **community** (i.e. neighbours, friends, NGOs, religious organisations, elders' council); the third is the **private sector** (i.e. markets, shops) and the last one is the **state** (i.e. local government/municipality). Participants choose symbols for the four spaces and locate them on the four areas.

Note: The difference between the community and the private sector is the community is for free while the private sector is paying.

3. Participants are asked to think of people from the **household** that, ideally, could help the volunteer with the selected care activity (i.e. daughter, husband). These are written in papers and left on the floor of the *household square*. Papers can then be moved close or far from the volunteer according to whether the person of the paper is more (close) or less (far) likely to help in reality.

4. The same is done for the **community**, the **private sector** and the **state**.

   [i.e., for the community that could be a neighbour; for the state, a free/subsidised childcare facility; for the private sector, a paid childcare facility or paid housemaid. The facilitator can comment that public care services need to stay free or subsidised, especially in poor areas)].

5. The facilitator now asks **critical questions**:

Ask the volunteer about the **real situation** by looking at the papers that are **closer** to her/him.

- Do you have *few or many people* sharing your caring task *in reality*?

- 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?
- How can we start advocating for this?

Ask the volunteer about the **ideal situation** by looking at all the papers on the floor:

- Who in the papers that are far could we advocate for in the future?
- What can be done to bring those papers closer?

6. **Key idea:** The facilitator can close with the key idea that **care is everybody's responsibility** and we cannot leave one or several people (women) to do it all as this is unfair and leads to the violation of women's rights.

TIPS 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**.

2 Economic empowerment and UCW

Care 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 is another essential part of the economy that is often forgotten. Care includes those activities that sustain and protect people and the environment and enable the economy to function. Most of care is unpaid. Without care and especially unpaid care, an economy would collapse. Equally, without unpaid care work, paid work could not function.*

*A **just economy** is one in which care work does not hinder a caregiver's livelihood, wellbeing and rights. This section aims to describe how people 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 on his field because there is a woman who collects water and firewood to cook his meal.*

Tool 03   Activity mapping – "what did you do yesterday?"

Tool 04   "What would happen if…."

Tool 03: 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. The tool asks participants to think about all the **activities they did the day before** and maps 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.

Objectives

1. Participants see that care for people and the environment is a critical part of the economy even if this is not paid work.

2. Participants 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.

Steps

1. In a group discussion (can be in small groups), participants list out ALL of the activities that they did yesterday.

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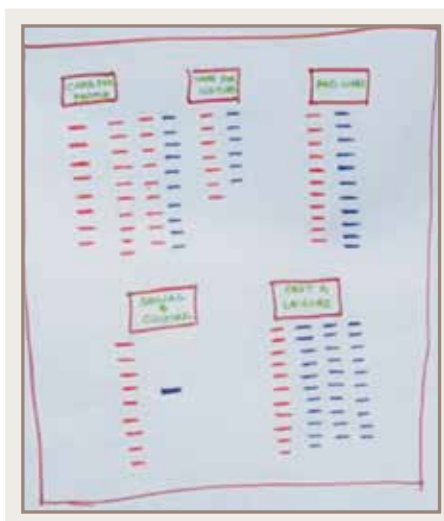
3. The facilitator then asks: 'Which of these activities helped you to take care of your family and friends?'

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'*

5. The facilitator then asks, 'Which of these activities helped you to take care of the natural resources that are around you?

6. Participants then group these activities together and the facilitator places a card above these activities titled *'Care for the environment'*.

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

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

9. 'Which activities contribute to the life of the community?'

10. Participants then group these activities together and the facilitator places a card above these titled *'social and cultural activities'*.

11. 'Which activities are considered to be personal rest and leisure?'

12. Participants then group these activities together and the facilitator places a card above these titled *'rest and leisure'*.

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 activities?
- Which of these activities do you do at the same time?

[For the Facilitator's Reference Only]

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

Table 1: Activity Categories

| Code	Activity Category	Examples
Work (Paid)		
1.	Paid Work	• Doing wage or salary work • Working in own/family small business • Small-scale trading • Producing products for sale/market • Public waste collection
Work (Unpaid)		
2.	Care for the environment	• Subsistence agriculture • Livestock rearing • Recycling • Water board committee member
Care for people		
3.	Collection of fuel or water	• Collecting firewood • Collecting water
4.	Housework	• Preparing food/cooking • Cleaning the house • Washing clothes • Shopping for food and household products
5.	Care of children	• 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

Contd...

Code	Activity Category	Examples
6.	Care of adults	• 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		
7.	Learning	• Attending adult education class • Doing homework
8.	Social and cultural	• Socializing with friends and family • Praying • Attending a ceremony (e.g. funeral) • Attending a sports event
9.	Mass media use	• Watching television • Listening to radio • Using the internet • Reading Newspapers • Using mobile phones
10.	Sleeping	• Sleeping • Resting in bed
11.	Other self-care	• Eating or drinking • Dressing oneself • Washing oneself • Receiving healthcare

Tool 04: "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 s/he 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, and from micro (family) to macro (state) situations.
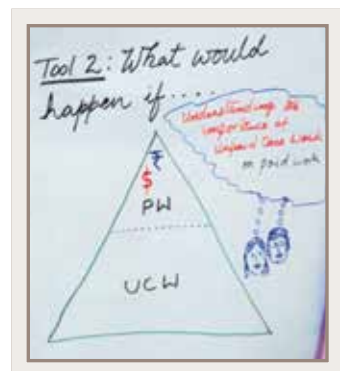
Objectives

1. To analyse the centrality of care in the economy and how without care, the economy would collapse.

2. To analyse how paid work and unpaid care work need each other to function.

Steps

1. Ask for two or three volunteers. Pass them in written or tell them in low voice this sentence:

   - '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 read this incomplete sentence written on a flipchart without the two words in bold:

   - 'What would happen to your _____ if your caregiver cannot _____ because s/he is sick today?'

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

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?

3. After the role plays have a little discussion connecting all the examples.

4. Now ask:

   - What would happen to your community if all women in the community got sick the same day?

   - What would happen to your country if all women in your country got sick the same day?

   - Could we leave without care for people? And without care for our environment?

3

Power and the care context

Tool 05   The care power line – understanding how power defines who cares

Tool 06   The care roots – understanding why only women care

Tool 07   The spying neighbour – what are the links between violence and unpaid care?

Tool 08   The care body map – what are the effects of unpaid care on the body?

Tool 05: The care power line – understanding how power defines who cares
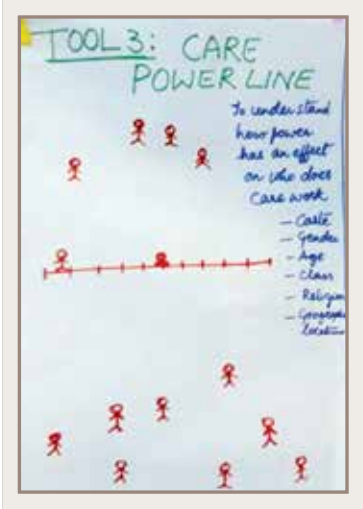
Description

Participants 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 gender, age, class, race, ethnicity, sexual orientation and religion determine how much power people have to choose doing care work.

Steps

1. The facilitator writes on a piece of paper the character each participant is expected to be in this role play. Below is a list of suggested characters, but the facilitator will have to adapt these so that they are relevant for the group. 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.

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).

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.

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.

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

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.

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
- Woman who has not completed primary school and is a widow with three children
- Woman who has two children and her husband is a migrant labour and 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, 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.

Contd...

Possible situations

- 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 backwards.
- 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 caste, class, religion, age, etc., are also a source of power.

- Discuss how care responsibilities affect people differently based on their gender, class, religion, age, caste, and disability.
  - Who had the most care responsibilities of the different characters and why?
  - How did care responsibilities prevent some characters from moving forward?
  - Why were care 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, and 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.

Tool 06: The care roots – understanding why only women care

Description

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

Objective

To explore the causes of why unpaid care work is concentrated on women.

Care activity leading to care overload	 "Caring for sick people"
Roots (causes) for care overload	

Steps for using the tool

Step 1: Participants select **one care activity leading to care overload** (care overload means too much time doing care work). Care activities that create overload could be: caring for sick people, find drinking water, etc.

Step 2: A tree is drawn. The selected care activity is located in the **tree trunk**.

Step 3: The facilitator now asks: what are the causes for this activity being only women's work in the family? These are symbolised and/or written in the **roots** of the tree.

Participants often refer to culture and tradition to explain women's role in care work. Here the facilitator must push the group and refer to the following economic, political, environmental and social changes to see potential connections with the care activity:

- Lack of public services on that care activity (i.e. childcare)
- 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.

Tool 07: The spying neighbour – what are the links between violence and unpaid care?

Description

Role play – a neighbour spies a couple across her/his backyard in which the man is hitting the woman. S/he leaves home and approaches the couple to ask why the aggression is taking place. Participants brainstorm what they think the possible reasons are. The reasons that have to do with unpaid care work are highlighted.

Objective

To understand the reasons (justifications) given for gender violence, one of which is unpaid care work. In other words, to understand how violence against women is used to keep them in that unfair and unequal care system between those who care a lot and those who care little or nothing.

Steps

1. Ask for three volunteers that will perform a small role play with a husband, a wife and a neighbour. To make it more fun and striking, the husband can be played by a woman and the wife by a man (and so the role play will start with the woman hitting the man). A very curious and spying neighbour sees the scene from her/his home and runs to stop the aggression. The neighbour asks the husband the reasons why he is battering his wife.

2. The facilitator asks participants to give the reasons why they think the husband has battered the wife. If possible, these are written down in a list on a paper, or represented with a symbol.

Reasons for beating the wife	
• Wife is not cooking well for him • Financial pressure • Wife refuses to have sex/has an affair • Wife encourages daughters to study • Wife is the husband's property • Wife opposes to him drinking/talking back • Husband does not work/feels inferior	• Wife does not take care of children • Wife going out to work • Wife sits at home all day • Wife isn't fair looking/husband bored with wife • Wife wants husband to help at home • Wife asks for money to buy food/medicine • Husband earns the money and so decides

Source: Mumbai's workshop

Reasons for beating the wife	
• Wife is not cooking well for him • Financial pressure • Wife refuses to have sex/has an affair • *Wife encourages daughters to study* • Wife is the husband's property • Wife opposes his drinking/talking back • Husband does not work/feels inferior	• *Wife does not take care of children* • *Wife going out to work* • *Wife sits at home all day* • Wife isn't fair looking/husband bored with wife • *Wife wants husband to help at home* • *Wife asks for money to buy food/medicine* • *Husband earns the money and so decides*

Source: Mumbai's workshop

3. Once the list is finished, the facilitator asks participants to *highlight* those reasons that have to do with *unpaid care work*.

4. The facilitator discusses the connections between violence and unpaid care work with the group.

Tool 08: The care body map – what are the effects of unpaid care on the body?

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.

Steps

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.

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.

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.

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)?

Tips to 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.

4

Ideas for care advocacy

KEY IDEA – care is an essential element of *any* household. There is need to make families realize the contribution of women in the household and consider it as work.

KEY IDEA – women contribute to the household with paid work, unpaid work and most especially, with unpaid care work. Her contribution should be recognised.

KEY IDEA – women's unpaid care overload affects her health negatively and does not allow them to function in the paid economy in the way men do, because of time, energy and health constraints.

In most societies, cooking, cleaning, taking care of other family members, and fetching firewood and water are seen as women's work. These are time and energy consuming tasks and can be forms of physical hardship when done in the context of poverty. Most women living in poverty do not only do unpaid care work. Even in societies where men are primary earners, women find themselves as additional household earners, heads of households, single mothers, or those primarily responsible for their families' food security. They engage in economic activities even if these are unpaid or poorly paid, such as subsistence farming, wage agricultural labour, small-scale trading, construction and factory work. These activities are done alongside their unpaid care work and together these present a huge workload for women. This situation violates women's basic human rights to decent work, leisure time, education, political participation, mobility and healthcare.

Tool 09	Family advocacy – my wife does not work
Tool 10	Family advocacy – the care wallet
Tool 11	Family advocacy – the care helper priority line
Tool 12	Community advocacy – the environment care map
Tool 13	Private sector advocacy – the care marbles
Tool 14	Government advocacy – the pebbles
Tool 15	Government advocacy – public service mapping on care

Tool 09: Family advocacy – my wife does not work

Description

This tool focuses on that the care is an essential element of any household. Women contribute to the household with paid work, unpaid work and most especially, with unpaid care work. Her contribution must be recognised by families. There is need to make families realize the contribution of women in the household and consider it as work.

Objective

Participants are aware of the women's contribution to the household and it has remained unrecognized by household and society. This situation impacts on women's health negatively and violates women's basic human rights to decent work, leisure time, education, political participation, mobility and healthcare.

Steps

1. Invite 6 volunteers for role play from amongst the participants. Divide them in two groups of three each. One of them is a doctor and two others are a man and his wife.

2. Give them a situation where a man goes to a doctor with her wife covering her face in a veil and not ready to speak her problem. The man explains that she had 3 miscarriages. The man responds to doctor's questions on behalf of her wife.

3. One pair is coming from a farming background, one from an urban middle class or from urban slum.

4. Tell them to come in the middle of the hall and enact the situation

Role Play outcome might look like:

"My wife does not work…"

Mr. Mahesh goes to the Doctor

Doctor: What is your job, Mr. Mahesh ?

Mr. Mahesh: *I am a farmer.*

Doctor: When did you get married?

Mr. Mahesh: *Three years back.*

Doctor: Have you any children?

Mr. Mahesh: *God has not been good to me. She had three miscarriages.*

Doctor: Does your wife work?

Mr. Mahesh: *No, she stays at home.*

Doctor: I see. How does she spend her day?

Mr. Mahesh: *Well she gets up at 4 a.m. in the morning, fetches water and wood, makes the fire, cooks breakfast and cleans the home. Then she goes to the grinding mill. After that she goes to the township with the two youngest children where she sells tomatoes by the road side while she knits. She buys what she wants from the shops. Then she cooks the midday meal. But these are regular household chores.*

Doctor: You come home at midday?

Mr. Mahesh: *No, no she brings the meal about 3 kilometres away.*

Doctor: And after that?

Mr. Mahesh: *She stays in the field to do weeding and then she goes to the vegetable garden to water.*

Doctor: What do you do?

Mr. Mahesh: *I must go and discuss business and drink with the men in the village.*

Doctor: And after that?

Mr. Mahesh: *I go home for supper which my wife has prepared.*

Doctor: Does she go to bed after supper?

Mr. Mahesh: *No I do. She has things to do around the house until 9 or 10 p.m.*

Doctor: But I thought you said your wife doesn't work?

Mr. Mahesh: *Of course she doesn't work. I told you she stays at home.*

Note: This exercise must include two or three groups from different class and location background because these exercises generate different responses with different participants.

Tool 10: Family advocacy – 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. While the activity mapping tool assesses how households can redistribute their time on care, this tools analyses how households can distribute their income on 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.

Medicine
₹ ____

Kerosene
₹ ____

Food
₹ ____

School materials
₹ ____

Mobile phones
₹ ____
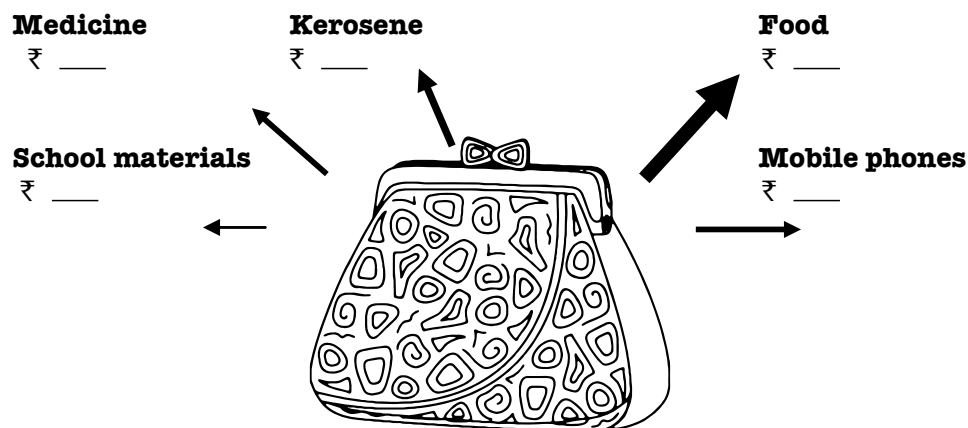
Care for people	Care for environment	Other care	Non-care
Medicine			

Steps

1. The facilitator asks for the wallet of any of the participants to be used as an example (or draws out a wallet). The drawn or real wallet can be left on the floor.

2. The facilitator asks, '*What expenditures did your household have in the last month*?' These are written in cards, one card per expenditure. [Optional] On each card, the **amount of money** that each good or service has cost can be added. This will give us more detail (i.e. school fees 10☐ beer 50☐)

Note: Expenditure can be on goods (we can touch a good, i.e. school books) and on services (we cannot touch a service, i.e. maths lesson).

Answers may include: medicine; clothes/uniforms; food; water; energy; soap; brooms/cleaning materials; school materials; livestock; condoms; transport; mobile phones; seeds.

3. The facilitator asks the following questions to categorise the different goods and services:
   • Of these expenditures which ones relate to **care for people**? Put them on one group
   • And which ones support you to **care for the environment** and livestock? Put them on another group
   • Are there **other care expenses** that are not included here? Create a new group for them
   • [The rest, which is not expenditure on care will naturally form a last group, which we can call 'non-care expenditure']

4. The facilitator starts the discussion with this set of **analytical questions**:
   • Who buys the **care goods and services** in your household, women or men or both?
   • Who buys the **non-care goods and services** in your household, women or men or both?

Note: Women and men symbols can be added to each of the card groups on the floor

- Who decides how to spend the money on these different goods and services?
- What goods and services do you buy with your own money?
- If you don't have money, who do you ask for money to buy these goods and services?
- Are there any care goods and services that you cannot buy?

5. The facilitator ends up with **planning/strategy questions:**

- What would you need to spend more on/less on?
- If it is only female household members who are spending on care, could expenditure on these care related goods and services be shared more evenly in your household?

[**Optional**] How does this wallet (i.e. if you can't buy care) impact on the amount of care work that you have to do yourself? And, how does this impact on your human rights?

Tool 11: Family advocacy – the care helper priority line

Go back to the **care share square** tool. Concentrate on the cards that were prioritised on each quadrant on who was more likely to share care (cards close to the caregiver in the middle). Analyse power relations between the cards and suggest advocacy strategies for the family.

Household (symbol)
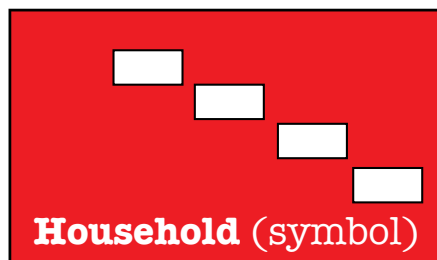
[**Optional**] You can do the same for the quadrants of the community, private sector and government, in which prioritisation was done too.

Tool 12: Community advocacy – 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.

Objectives

1. To analyse the effect of environmental change and degradation on unpaid care work.

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

Steps

1. A map is drawn on an area important for natural resources and the environment.

2. The facilitator asks the group to draw the main natural resources in the area, and then the rest of details.

3. The facilitator asks 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.

4. Discuss if these **natural resources** are effectively providing the household with care resources or if, presently, there are **problems** with them (i.e. pollution, land grabbing, plagues, deforestation, climate change). Write the natural resources problems affecting the provision of care for the household in cards (see photo, cards in green). Discuss:

   • Why have these problems happened/who is responsible (i.e. pollution > a company)?

   • Discuss how these problems affect care resources available and care concentration on women.

   • What would need to change for you to have more access to the natural resources that you need to provide care for your household?

[Optional]

5. The next **questions** are on control over the natural resources:

   • How is **control** over these natural resources managed and how does this affect your care work?

   • Does anyone in the **community** have control over any of these natural resources? If so, who?

- Which natural resources to **women** have more control over?
- Which natural resources do **men** have more control over?

Tool 13: Private sector advocacy – the care marbles

*This tool can work for those who are employed by **companies** (i.e. factory worker). It can also 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 workers who may be self-employed or work for small-scale employers. It can also work for collectives and cooperatives to analyse how well they are doing on giving care services for their members.*

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 child care, then the marble rolls over to the employer's side. If childcare is primarily provided by the worker or her/his household then the marble rolls over to the worker's side.

Objectives

1. To raise participants' awareness of their rights as workers and how the violation of workers' rights leads to a care transfer from the companies to the poorest households.

2. To explore the provision of social security benefits either in a company or by the state.

Steps

1. Participants can identify a local company that people in the community work for.

2. The facilitator introduces the idea of sharing care work in the workplace. This means that, according to labour rights' international standards, the employer has the obligation to bear some work-related care costs. Some example 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.

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 and their families. The second column will be that of the company.

4. Between these two columns, the one of the workers and the one of the company, there are marbles, 'care' marbles that keep moving. Ask participants to think of what is happening with each of the care services they have listed at the beginning with these questions:

   • Are these care services (i.e. childcare) covered by the employer? If yes, then put the care marble for childcare in the company's column.

   • Are these care services not covered by the employer and thus transferred to the workers' families? Then put the care marble in the workers' column.

   • How many care marbles are in the company's column as compared to the workers' column?

   • Why do you think this is the case?

5. In present times, deregulation and flexibilisation work policies make all or most marbles be on the worker's side (care transfer from private sector side).

   • How do you think this affects women's care burden at home and their rights?

Tool 14: Government advocacy – the pebbles

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 that a 'public' service is not a gift from the government, but something we all have paid before through tax.

Steps
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 state builds a better road/school. The facilitator explains that this exchange of **tax-for-services** is called **'public'**. Public is not something that is a gift from a government leader, but something we all have paid beforehand (via the state) and that everyone can now make use of.

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. 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? Which ones?
- Basic public services (i.e. education, health) should be free. Other public services (i.e. transport) may charge a subsidised amount; this means it needs to be cheap. Does that happen in your area?
- Are there public services in your area that **relate to care** (i.e. clinic, sanitation)?

Tips to 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?

Tips to 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 are 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?

Tool 15: Government advocacy – public service mapping on care

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

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

2. To identify the quantity and quality of a particular public service (i.e. water) in an area

3. To analyse the effect that this has on unpaid care work

Step s

1. Participants draw a community map. **ONE public service** is selected for analysis, i.e. water provision (analysing many services at the same time would complicate the tool). The prioritisation can be based on that public service that most would help households in reducing/redistributing care.

2. The facilitator asks about **water**:
   - Where are the places where you can get water (write them on cards on the map)?
   - Who provides for water in these places? The household, the community, the shops, the state? (add a symbol)
   - In these places, do you pay for water (add a rupee symbol)?

3. Go back to the pebbles tool and the idea of **public**:
   - **Quantity:** Are there enough basic public water services (provided by the state) in your area? Circle them.
   - **Quality:** Does the state water service need improvement (i.e. not functional, distance...)? You can rank them.

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

FREE					EXPENSIVE
Public service Communities Religious groups NGOs	Comm., NGOs & religious groups charging a low price	A subsidised service	A public service with fees	A private-public service	A store

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

Tips to the facilitator
Take this opportunity to know more about what **privatisation** means and the types of privatisation that can be found.

| Tips to the facilitator |
|---|
| You may **repeat the map** for other services besides water |

To finalise you may want to analyse... HOW MUCH OF EACH APPROACH TO WOMEN'S RIGHTS DOES YOUR PROJECT HAVE?

Objective: To explore the approaches to women's rights behind a project. To explore whether unpaid care work has been included.

Steps: Draw two lines, one vertical and another one horizontal, as in the drawing in the middle below. Divide each line from 1 to 5 as in the drawing. Draw an image for each approach to women's rights you want to assess (in the example we have taken four, but it can be two, three or more). Assess
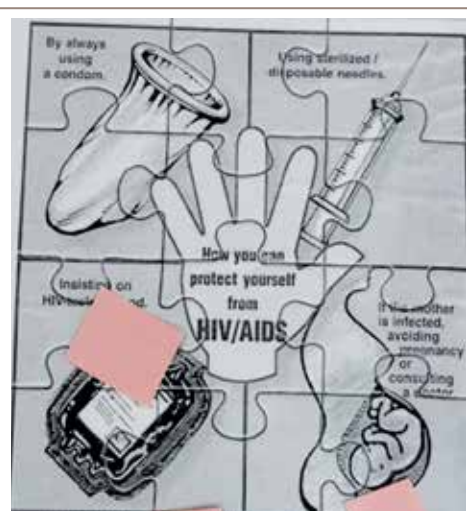
| Unpaid care work | Sexual, reproductive and health rights |

Project analysed:
fisher women collectives
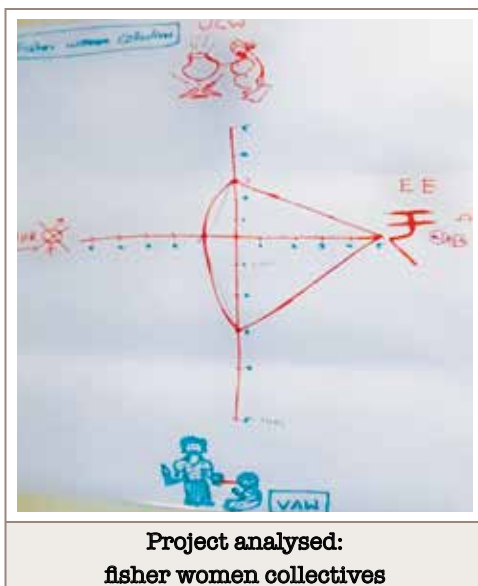
how much of each approach your project has. Discuss if this is how you want your project to be. You may change/add other approaches to women's rights such as 'women's political participation', besides the ones mentioned below. You may also use the tool to explore unpaid care work's relation to other development approaches such as 'sanitation' or 'education'

| Economic empowerment | Violence against women |