

Transcript

Topic 3: What is needed to turn this vision into a reality?

Ceri Hayes

5 Nov 2013 01:34 PM

As outlined in my last post in thread two, a picture is emerging from your contributions of the need for multiple approaches at multiple levels, grounded in the realities and different contexts in which you're all working, to bring about transformative change in the way care is integrated into development practice.

We'd like to probe this further now and are particularly keen to hear about concrete examples and stories of how progress has been made in different contexts. So, without further ado:

What is needed to turn this vision (of transformative, women's rights focused care programmes) into a reality?

- How can we change traditional attitudes to Care and ensure the responsibility to provide Care is shared more equitably at all levels? (Between the sexes, by class, race, age, etc and between private and public providers?)
- What strategies have proved effective to increase recognition of Care in development institutions, organisations and funders?
- How can we ensure a focus on care in our current and future work, which is transformative and supportive of women's rights and gender equality?

Caroline Sweetman

5 Nov 2013 05:07 PM

Hello all!

I wanted to say, first, thanks for a fantastic debate up to now, and to encourage you to post in this last thread focusing on what we need to ask for from ourselves, our institutions, our governments, and the employers who require workers to focus on production rather than understanding their lives in entirety. In particular the key for me is to shift everyone's mindset so that as Marzia said on Thread 2, care is seen not as a private responsibility but as a social good - and so policymakers and decisions at all levels are focusing on that. And that definitely means as Ines said, involving women who are the primary carers in leadership and focusing on their right to a voice and supporting that.

It's particularly challenging at the moment that even in wealthy countries economic crashes are justifying state rollbacks on social spending - and of course the reality for

most in developing countries is that the state hasn't historically afforded to be able to spend on care. It's true that the reality for many is that shifting care from women to men in the household is the only way that seems feasible to free women up from this disproportionate responsibility which leads to impoverishment and lack of choices and low living standards for all who depend on them to be breadwinners as well (not to mention the stress and misery that rains down on them themselves when forced to shoulder unsustainable workloads). But we can't just say that shifting from women to men will be the end of the story, case closed, problem solved. We have households at the bottom of the income heap where everyone has to earn - it's a race to the bottom - and we need the state to redress this - through requiring employers to provide childcare - high quality childcare - by improving legislation regulating paid domestic work to uphold domestic workers' rights, to facilitate technology which can be used by poor and middle income families to make workloads easier, to provide alternatives to domestic work for women who depend on this in poor job markets where there are few alternatives at present.

Do people have examples of how states have been successfully lobbied to accept that care for the next generation and the older generation cannot be fully shouldered and should not be fully shouldered by today's productive generation of women?

Kate Donald
5 Nov 2013 07:02 PM

I know there are some interesting policy examples emanating from Latin America - others on this forum can certainly speak about these in more depth. ECLAC have done some good work on this, see for example:
<http://www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/9/37439/P37439.xml&xsl=/dds/tpl/p9f.xsl&base=/tpl/top-bottom.xslt>

Chile's child-care programme 'Chile Crece Contigo' is one positive example, which focuses on the poorest 40% of the population and provides benefits such as free childcare for young children whose mothers are working or seeking employment.

In India, the famous National Rural Employment Guarantee incorporates a gender and care focus (at least in the programme design), which assigns a quota for women participants and requires that childcare be provided on-site to enable women's involvement. However, it seems that in practice this provision is often not met.

I'd also like to highlight the importance of tackling unpaid care work as a human rights issue. The work of the Australian National Human Rights Commission is a great example, and in their reports they include some interesting policy suggestions (albeit probably more relevant for developed countries) - for example carer credits in national pension systems. You can download the reports here:
<http://www.humanrights.gov.au/investing-care-recognising-and-valuing-those-who-care>

Apollo Nkwake
5 Nov 2013 07:13 PM

Hello all, Thanks for this insightful discussion.

I wanted to add to the discussion, quite generally, a note on programs targeting men as an avenue to address the inequality in care.

There are a number of programs and organizations such as The MenEngage Alliance, Promundo, Sonke Gender Justice Network, etc that are engaging boys and men to achieve gender equality through a variety of strategies and purposes from reducing men's violence against women and children; increasing men's support of their partners in accessing health services; reducing the disproportionate burden of domestic tasks on women; increasing men's involvement in their children's lives; engaging men as partners in women's economic empowerment; to achieving more equitable relationships at the household, community and societal levels.

Inspired by research that points strong correlations between fathers' involvement and child well-being, a number of child focused organizations such as World Vision International are making investments in fatherhood programs intended to improve child well-being outcomes.

Successes of such programs have often been reported to include reduction in gender based violence incidents, increased uptake of maternal and reproductive health services, increased awareness among men (and women) of the need for greater father involvement in childcare and other domestic chores, among others.

However, there is a critical need for are strong, elaborate and evidence based theories of change that: :- Provide a clear understanding of the sequence of steps and interim changes/outcomes by which men/father awareness (and related) interventions are able to yield impacts on child, household and community/societal well-being. :- Articulate and examine the core assumptions of these program designs (what how else needs to be in place for these programs to work (within and without stakeholder control)? What counts as sufficient intensity and reach?, what combinations of activities are necessary? etc) :- Identify appropriate methods and measures for evaluating these interventions

Apollo NKWAKE. M

Giovanna Lauro
5 Nov 2013 09:59 PM

Before the session ends, I wanted to share a couple of thoughts to address one of the questions raised by Ceri, looking at the ways in which we can change traditional attitudes to caregiving while ensuring that the responsibility to provide care is shared more equitably at all levels. To this aim, I'd like to mention an example of current programmatic and research work linked to on-going advocacy efforts to promote change at the individual, community, and national level.

A couple of years ago Promundo-US and Sonke Gender Justice Network launched MenCare, a global campaign on men and caregiving. The campaign's website (<http://men-care.org/>) gives a sense of the kind of tools and programs we've been using

with our partners to engage men and boys in caregiving activities (intended broadly – not only caring for children but also for elderly and disabled people).

Currently active in over 25 countries, MenCare has helped to implement fathers' groups in Nicaragua, Botswana, Namibia and South Africa. The mission of these fathers' groups is to promote gender equality in the home and overall family wellbeing, helping fathers-to-be learn tangible skills. MenCare has also piloted Program P, an intervention for existing and expectant fathers. Working with health providers and community educators, it aims to prevent violence against children and pregnant women, and to promote men's involvement in maternal and child health. Program P is currently being implemented in Brazil, Indonesia, Rwanda and South Africa under the aegis of MenCare+, a collaboration between Rutgers WPF and Promundo-US.

In order to change institutional norms and the ways in which society frames the issue of care and the way it relates to gender equality, it is essential to scale up good practices within institutions, taking the norm and attitude change beyond the individual level and into a variety of settings – amongst employers but also into the health and educational systems, amongst others. To this aim, in the four MenCare+ countries mentioned above programmatic activities are being accompanied by sound advocacy strategies in order to encourage the involvement of national ministries of health and ensure that change is sustainable and has the chance to be scaled up.

To conclude, I'd like to follow up on Apollo's comment regarding programs targeting men as an avenue to address the inequality in care. Undoubtedly we need to better understand how social norms may change both in the group setting and in the immediate social settings (schools, communities and peer groups) where such programs are being implemented. For instance, programs focusing on group education and community campaigns whose impact on participants has been measured via quasi-experimental impact evaluations (such as Promundo's Program H) have not been evaluated at the broader community level nor in terms of how they inspire the people involved to become gender equality activists or in other ways. In future studies, Promundo and partners plan to assess community impact also via RCT data (that is randomization at the participant level) and broader triangulation of findings (for example, more extensive reports from the intimate partners of the male participants).

Sylvie Cordier
5 Nov 2013 10:13 PM

Many apologies for joining this very interesting discussion so late. I am not a gender expert and therefore instead of bringing some solutions and examples, I would like to focus on disability in relation to this 3 topics. Very limited work has been done (donor agencies, mainstream and gender organisations but also disability organisations, to take into consideration more closely the role of women in caring for disabled persons. When I am usually more focused on bringing disability into gender issues, on this topic I think it would be more useful to bring in the gender perspective into disability issues.

Mothers of disabled children are usually the main if not sole carer for their child. In some part of the world they can also be held responsible for the disability of their child and the social stigma associated to disability in their community. A disabled child is often seen

as a burden to the family and it is not uncommon for these women to be abandoned by their partner. In these circumstances falling deeper into poverty with no options to get out of it; if education is available for non-disabled children, this is usually not the case for disabled children who stay at home, their mother then often unable to develop an economic activity or simply find some work outside the home.

I was very interested to read the various suggestions as they very much resonate with solutions to support disabled people and their household:

1. Addressing social stigma through the recognition of disabled people rights and contribution to society
2. Access to education including education for disabled children and involving parents of disabled children. ADD is currently working on a project in Tanzania modeling inclusive education in partnership with the education authorities and schools but also parents and disabled people organisations. We are hoping that as well as providing quality education to children who could not previously access it, it will also address social stigma associated to disability towards and even within the household. Especially as some mothers of disabled children are actively involved in the project.
3. Micro-credits, unfortunately disabled women or women carer of a disabled person are rarely granted credit, usually linked to their lack of assets to guarantee the loan, or because disabled people are seen as unable to be productive or their carer to be able to fulfil both their caring duties and an economic activity. Demonstrating the capability to be productive is already a massive step out of isolation.
4. Participation of disabled people organizations in all projects targetting gender issues and care
5. I particularly like the suggestion of social protection for carers as in the case of carers for disabled people it would have the potential to not only get the household out of chronic poverty but also to improve their social status within the community as seen worthwhile by the government itself. However it can lead to other issues such as corruption as we found out in a research we carried out in Bangladesh (Voices of the marginalized: We can make change, briefing summary available on ADD international, Helpage and Sightsavers website; full report forthcoming).
6. Finally as most of you mentioned a human rights approach is essential, addressing the intersecting issues of gender and disability.

I will carry on reading your contributions and surely will keep them in mind for further reflection on how to integrate this useful info in our work so many thanks to all.

Marzia Fontana
5 Nov 2013 11:03 PM

This is such a rich and fascinating debate and I am learning a great deal from all your contributions! I agree with the comment of most participants that interventions and initiatives are needed at various levels.

I'd like to return to my point about the need to make macroeconomic policies 'care and gender sensitive'. The work of the UK Women's Budget Group provides an excellent example in a high income country context. It is important to have dedicated and committed feminist (and possibly other progressive) economists who can analyse the implications of various tax and benefit systems (or other parts of the national budget) for substantive equality between women and men. And being able to use an informed analysis to then campaign for budget reforms.

The incentives and disincentives from taxes and benefits to carrying out and/or redistributing UCW can be quite complex. A widely cited example is that of the working families tax credit (WFTC) in the UK-- which has gone through various versions and revisions during the years, thanks also to the campaigns of the UK Women's budget group. The WFTC was introduced to provide an income supplement to families of poorly paid earners with children. It included a supplement if one parent works more than 30 hours per week but this supplement could not be claimed if the parents decided to split this work between them, so that each do some paid work and some unpaid childcare work. In other words it created an incentive to maintaining the traditional division of labour and a disincentive to sharing paid and unpaid work more equally between family members. In my view this example highlights effectively the point that something structural and fundamental needs to change in the economic system and the way resources are allocated (or redistributed through taxes) to produce a shift in the way care is valued and practiced in society. Without these structural macro changes, efforts to change attitudes and gender stereotypes will remain limited.

Diane Elson and Sue Himmelweit are two great economists, and members of the UK Women's Budget group, who have done wonderful work in this field.

Thank you to all once again for a stimulating conversation, marzia

Rachma
6 Nov 2013 03:34 AM

Firstly, I'd like to apologize for late in joining this interesting discussion. I'll try to catch up ;)

The question on: "What is needed to turn this vision into a reality?" has made me thinking about what we have learn that the important thing in "making things to get into dev agenda" are: to find the right entry point, and to find the right influential person to get it into agenda.

In Indonesia, we had a good experience in finding the right influential person to get certain issue into practice. Just like what we had in promoting and supporting breastfeeding for working women. Before, it was difficult for working women to keep breastfeed their babies. Even though there was a set of laws assuring women's right to keep their children having exclusive breast milk until 6 months period. However, it was not really successful until our former minister of health persistently support the program of 6 months exclusive breast milk. One of the challenge was the issue requiring policy commitment from some sectors of ministries: not only ministry of health but also ministry

of labor, industry, and women empowerment. The program has finally success to be formalize by "inter-sectoral" government regulation signed by the president that required public places and working place to provide breastfeeding facilities. For the working place, the facilities is in form of pumping room and storage.

Besides finding the right entry point, finding the right influential person could be a strategic "short cut" for UCW at least to be recognized in development agenda, especially for countries where UCW discourse still at its early phase like Indonesia

TahminaHuq
6 Nov 2013 03:36 AM

I would like to flag the point that how lack of recognition of women's unpaid care work affect her identity. ActionAid Bangladesh is working for farmers' rights as a part of sustainable agriculture. On this endeavor it is came out that women are not recognize as farmer and she was deprived from amenities from government ie fertizer, agricultural supports. The project gave us the learning that women (not even recognized as farmer) are doing the most hard job of agriculture while men are involved with market and income control. So the campaign focused on 'Recognition of Women as Farmer'. It relates women unpaid care work as well. Women care work is again focus on by a multi country campaign TAX POWER by ActionAid where it talks about gender justice in tax.

Tahmina

Valeria Esquivel
6 Nov 2013 03:53 AM

As we are coming to the close of this rich and lively conversation, I think one strategy that has proved "effective to increase recognition of care in development institutions, organization and funders" in Argentina is having had a conversation about care. Frequently, it is a top-down conversation, as care is an "imported" concept --from academia and from the North. So much so, that what we call "care" is not named in the same way by policy-makers and experts in health, education, or from Ministries of Labour in charge of improving the situation of paid domestic workers. And certainly care is far from what Ministries of Finance think it is within their purview.

But, at the same time, "care" has become "fashionable", and "everyone is talking about it", as a male senior colleague told me recently. So "care" can be a fruitful concept for articulating gender equality demands and initiating dialogue with policymakers, as "care" becomes a public policy issue. One particularly interesting example of this on-going conversations in Latin America is Uruguay, where all political parties have included a proposal for a "care system" in their governmental programmes --even to those who were not convinced had to add a few lines, or otherwise they risk losing votes.

One particular front in which the care agenda can move forward is that of the public policies to eradicate poverty, via challenging standard well-being and income poverty indicators that do not take the unpaid care work into account. This means moving

beyond the time-use profiles of the poor, in particular those of poor women (which are certainly required and have had great "visibility" impact, as many posts have stressed) to rethink poverty indicators --and therefore, poverty-alleviation measures.

These "time and income poverty" indicators illuminate the different vulnerabilities to poverty, and the alternative paths to alleviate it: lack of income due to unemployment is not the same as insufficient income from employment; excessive care burdens have different impacts provided they can be "replaced" in the market or not -- but income insufficiency in such situations implies that either the state provides care services or subsidies, or these excessive burdens become detrimental for the wellbeing of families and women in them.

This is an example of a concrete indicator (poverty) that is constantly monitored that can be challenged and succeeded using the "care lens", as someone mentioned before, at the "meso" level. Not quite the macro level Marzia finds lacking (and I second her), but not only at the micro-programmatic level either.

For a full analysis, see the following report (UNDP/ Levy Economics Institute):

http://www.levyinstitute.org/pubs/rpr_12_12.pdf

Cheers,
Valeria

Dra. Valeria Esquivel
Universidad Nacional de General Sarmiento - CONICET

Luisa Emilia Reyes
6 Nov 2013 05:26 AM

I think that a systematic process of monitoring and evaluating the way in which we integrate the unpaid domestic and care work in public policies will be helpful to ensure we are heading towards reality. For instance, the use of relational indicators of time use and the amount of work disaggregated by sex, age, and other conditions could be helpful. As many have pointed out, development measures tend to add burden on women and thus indicators not only of results or impact, but also of process, should be implemented. I believe that an indicator like this should be also proposed in the Post-2015 agenda.

Wellbeing of women and men throughout all the life cycle and bearing in mind the diversity of human identities and conditions should be at the core of the promotion of co-responsibility between state, private sector, community, families and women and men.

I will say as well that it is of real concern that private sector is considered as being outside of the human rights framework. Strengthening the role of the State is part of the fundamental issues we must bear in mind, because it is under this scope that we can promote a full co-responsible net. We have to keep on working in harmonizing the normative frameworks for gender equality and promoting policies and the allocation of budgets in that regard. Private sector needs to be under a binding regime to measure "social externalities", for instance, in measuring the full extent of the guarantee of human rights and the impact it has in maintaining or reducing inequalities (especially in the

unpaid domestic and care work field), in the same way that, in the future, we hope to bind private sector to address environmental externalities.

Alice Evans
6 Nov 2013 06:42 AM

Giovanna, MenCare and Programme P both sound fantastic.

In terms of future research methods, I would just second your call for more triangulation, such as by interviewing partners, children or neighbours of male participants - rather than depend on GEM scores. Workshop participants themselves may feel inclined to give 'the right answer', which they have learnt through gender sensitisation etc, or to present themselves having successfully challenged gender stereotypes.

For example, once, when interviewing a Zambian elected councillor, discussing women's political participation, she volunteered, 'I've got one boy here, he sweeps, cooks, washes plates'. 'Every day?', I asked. 'Every day', she replied. But, in my six months of subsequently living with them in their low-income settlement, I never saw her son clean anything, besides his own clothes.

Another suggestion would be to conduct the impact evaluation one or two years after the intervention. Most research tends to be immediate, even 6 months after is fairly unusual, but this may blinker us to the long-term effects.

Really looking forward to reading the results of Programme P.

Btw, besides sensitisation, another innovation pioneered by a few Zambian health clinics to increase father's participation in care is to make them feel more welcome when escorting women for antenatal classes or bringing children for check-ups. So, for instance, they provide men with 'munkoyo' (a traditional drink made with maize).

Alice

Christina Kwangwari
6 Nov 2013 07:24 AM

Hello Everyone,

Thanks to all who have for shared important links on care work. It's really useful for further reading.

For me on topic 2 , a transformative women's rights focused ideal is one where women would have choice to do care work or not to do it, care work is valued, recognised and well supported at household, local, national, regional and international levels. Care work would also be a fairly enjoyable activity undertaken in safe, secure and improved conditions with no one being subjected to any form of exploitation. Care work drudgery would be eliminated within rich and poor households. Women would not sacrifice any of their human rights because of care activities. They would enjoy both capacity and choice

to participate in any social, political and economic activities without hindrance from unpaid care work. Men and boys would happily do care work alongside women and girls. The state would fully support all those undertaking care work and allocate resources for care related awareness raising and technologies to reduce the drudgery.

In order to attain this vision we need to ensure that we address both the practical issues which deal with women's immediate needs such as access to water, firewood, child care centres, health facilities. We must also deal with the strategic issues which are aimed at changing gender relations such as redistribution of roles between men and women, gender inequalities, deeply entrenched societal, cultural beliefs and patriarchal attitudes and gender discriminatory practices.

Monitoring, evaluation and participatory research with women's voices is also essential as others have noted. As many people as possible must participate in discussions and debates on care work. Women particularly, those in living in poverty and other key vulnerabilities must ultimately define what needs to be in this vision. The defining of the vision must not be left to a few persons. Tools must be designed to collect this vision in different contexts and develop context specific responses. Learning and sharing platforms would be key to improve approaches taken. Finally a collective voice, action and solidarity from women across the globe and all those negatively affected by care work would be powerful in transforming society.

Political will, financial resources are required at the level of the state. Budgets must be allocated to achieve this. Human resources and capacity enhancement are essential to make this vision into a reality at community level.

Management of risks related to unpaid care work is also important in terms of ensuring that initiatives do not increase the sexual gender inequalities it is seeking to reduce.

Rizki Fillaili

6 Nov 2013 12:45 PM

Talking about transformative change, in my opinion - it includes change in the behavior of related institutions, governments at all levels, non government, private sector and community. To be able to do so, to influence those institutions and build their awareness— particularly the governments as policy makers, aside from doing advocacy work, is to provide more evidences on care work practice and its contribution to development is needed. For Indonesia's case, the evidence needed (according to one of policy maker), to convince them is kind of hard evidence – derived from measurement such as time use survey.

Furthermore, as pointed out by Rachma, it is important to identify several strategic entry points – government official (s), government institutions which have more understanding and interests on the issue. Several government officials in Indonesia have already had the understanding and awareness of the importance of this issue, and they demand us to provide more evidences so that it can be used as an input in the formulation of the next mid-term development planning document. It certainly needs more concerted efforts and time to make it a reality; nevertheless, it is a step forward.

Next, is to work with as many organizations at different level, even targeting women's organization. Based on our field interviews with several women organizations at the central level, many of them admitted the importance of care work, yet do not put that into their agenda or activities. We need to bring back the issue, and showing them where their work can have wider implications.

Ceri Hayes
6 Nov 2013 01:35 PM

A huge thank you to all of you for the wonderful energy, ideas and insights you've brought to this discussion over the last two days. We hope you have found the conversation as refreshing and inspiring as we have.

It's impossible to do justice to all your contributions in a brief summary, but there have been a number of consistent messages emerging from your posts, including:

- The need to shift care from the private to the public realm and to re-frame it as both a social good and a fundamental human rights issue. At the same time, the need to be pragmatic and strategic about the situations, moments and approaches we use to get care issues taken seriously
- The importance of working at multiple levels to address the ongoing invisibility and unequal distribution of the care burden – many of your examples and case studies have focused on interventions at the community level, but there's recognition we also need to build on examples such as excellent gender-budgeting work to bring about structural change and a shift in the way care is perceived and organised at macro-level
- We need to ensure care is on the agenda within and beyond the women's rights movement by engaging men and different sectors in our solutions and ensuring the voices of the poor, particularly women, contribute to defining and practicing transformative care in development

The formal discussion comes to a close at 14:00 GMT today (6th November), but you are most welcome to continue the debate on Eldis Communities until this Friday at 17:00 GMT, although the group will remain closed to non-members. During this time technical support will still be available from IDS for those who need it, but not in a 'rapid response' form!

After Friday 8th November the group will be archived - i.e. closed to further contributions. In the meantime, we will be in touch to share a transcript of the discussion with you all.

Caroline and Ceri

Helal Uddin
6 Nov 2013 04:42 PM

I think this part of discussion is more difficult than other two. Though many ways has already been come from discussion of all other. Is very challenging is to make the vision in reality. Because power relation and patriarchy. These two rooted very deeply in all spheres of the individual, society, institutions, even international institution levels also whether it is government, non-government or private etc.

Intervention to address unpaid care work should be from community to national and international levels. We should design programme or intervention concentrating to ensure rights- women rights. So human right based approach (HRBA) is very applicable. ActionAid is using this approach consisted of empowerment, campaign and solidarity.

Empowerment which focuses 'power in', it is a process through which we enable women living in poverty to become rights activists. The process making them more aware and more critical to power relations and strengthening their own power. It supports to develop their understanding and conscience on the issues affected their life. Empowerment stresses the direct participation of women and men living in poverty around the issues like unpaid care work to raise their concerns to others. We need to mobilise women and men also to develop their understanding on burden of care and its impact on women and society as a whole and how it can be reconise and redistribute among different level individual, family, community and government.

Community is very small unit and its impact on wider society would be less if our intervention remain confine within a community. In that case we need to work with other women and their organization, community, networks and stakeholders who have interest on working with unpaid care work or want to address the issue consciously. This solidarity actually builds greater alliance and network that can support to influence policy level changes and building greater awareness across the communities and nations. That means we need to increase our ally as much as possible to challenge the power and patriarchy. It is relevant with 'power with'.

Institutional and structural barrier is another important sector to make our vision on UCW in reality. Policy and practices of every institutions is not supportive in this regards. So our intervention must cover campaign and advocacy at all levels from community to national and international. For recognition, reduction and redistribution of unpaid care work such institutional and structural change is essential. It support women to be 'power over'

Till challenging the power relation and patriarchy in social-culture, economic and political spheres and exercising power over, the real change may not come into reality.

Regards

Helal

Zahria Muti Mapandi
7 Nov 2013 08:40 AM

Thank you Caroline and Ceri for summarizing key points raised by members of this group.

To all those who posted their thoughts, thank you very much. You cannot comprehend how much help you have provided someone like me and our organization working at a very local level with very limited resources.

My notebook is full of notes from your posts. From them my reflections and inspiration for our conduct of the RCA in our community (improving tools, expanding questions, etc.) is greatly enhanced.

For every woman and family that shall benefit with all your work on Care, your efforts are priceless. We feel the long struggle ahead to push for Care and care work as a focus of development policies and programs but organizations and people like you keep the fire burning and the ball rolling.

When I was reflecting with Topic 3, I was thinking, if I was a woman living in the rural area in the Philippines, how would I be living if Care policies and programs were in place? What I saw in my mind is a woman who has control over her time and who decides on what activities she shall spend her days on with the absence of guilt that she is neglecting her family, especially her children. That she is no longer afraid of being accused of being a bad mother, daughter or wife because everyone in the family is now expected to share in the care work and because there are many options available in the public sphere to share the load of care work. That she only performs care work that she loves doing. That even with the absence of financial resources care work and obligations such as caring for the sick and elderly can be taken care of easily by other sectors in the society, not just the women in the family. That she gets to do what she loves best may it be sleeping more, gardening, joining games of her children, having a long loving conversation with her husband, investing in her creativity like doing crafts to sell, etc. without judgement from others. That she gets to enroll in special skill courses to increase her livelihood opportunities. That she can lead others to participate in resolving community issues. That she is no longer afraid that she will be forced to work abroad to take care of her family. That she will no longer be afraid that she will be forced to stop school to take care of her siblings and the elderly. That she no longer be afraid that she will be forced to marry an older guy to take care of him and his children (if he is a widower). When these happen in the community we are working with, then I can say Care is taken care of.

Thanks everyone!!!

Zahria PM Mapandi

Caroline Sweetman
7 Nov 2013 09:34 AM

Dear Zahria

A heartfelt thank you to you and to all the other participants in this discussion - we created a space, without your participation it would have remained empty! Your post with its vision of what life might look like for a woman in the rural Philippines if care policies and programmes were in place is inspiring for me and I am sure for others.

I hope that the Special Issue of Gender & Development to be published next year (in November 2014) will play its part in ensuring this interest in care is not just dismissed as a fashion or a fad, when decision-makers realise how long term, complex and challenging - and radical - action on it will be. We'll do this by asking some of you to write up the experiences, programmes and conceptual tools for working on Care that you shared with us in this discussion. In the next few months as we plan the issue, I would love to hear from you via my email (csweetman@oxfam.org.uk) about the particular learning needs you find among your colleagues and partners regarding Care from a gender justice and women's rights perspective.

Also do let me know if you continue being in contact with people you have 'met' here in this discussion as this opportunity for encounters and meetings is an aim of hosting the discussion, in its own right, apart from the business of the journal.

We'll be in touch with everyone who has taken part in this discussion in the next few days, as Ceri and I said yesterday, to send a transcript of the full discussion, and to share our future plans for the G&D Care Learning Project - to reiterate you can read about the whole Project of which this Discussion was the first component, here <http://www.genderanddevelopment.org/page/care-learning-event>

Warmest wishes and thanks again to all.
Caroline and Ceri