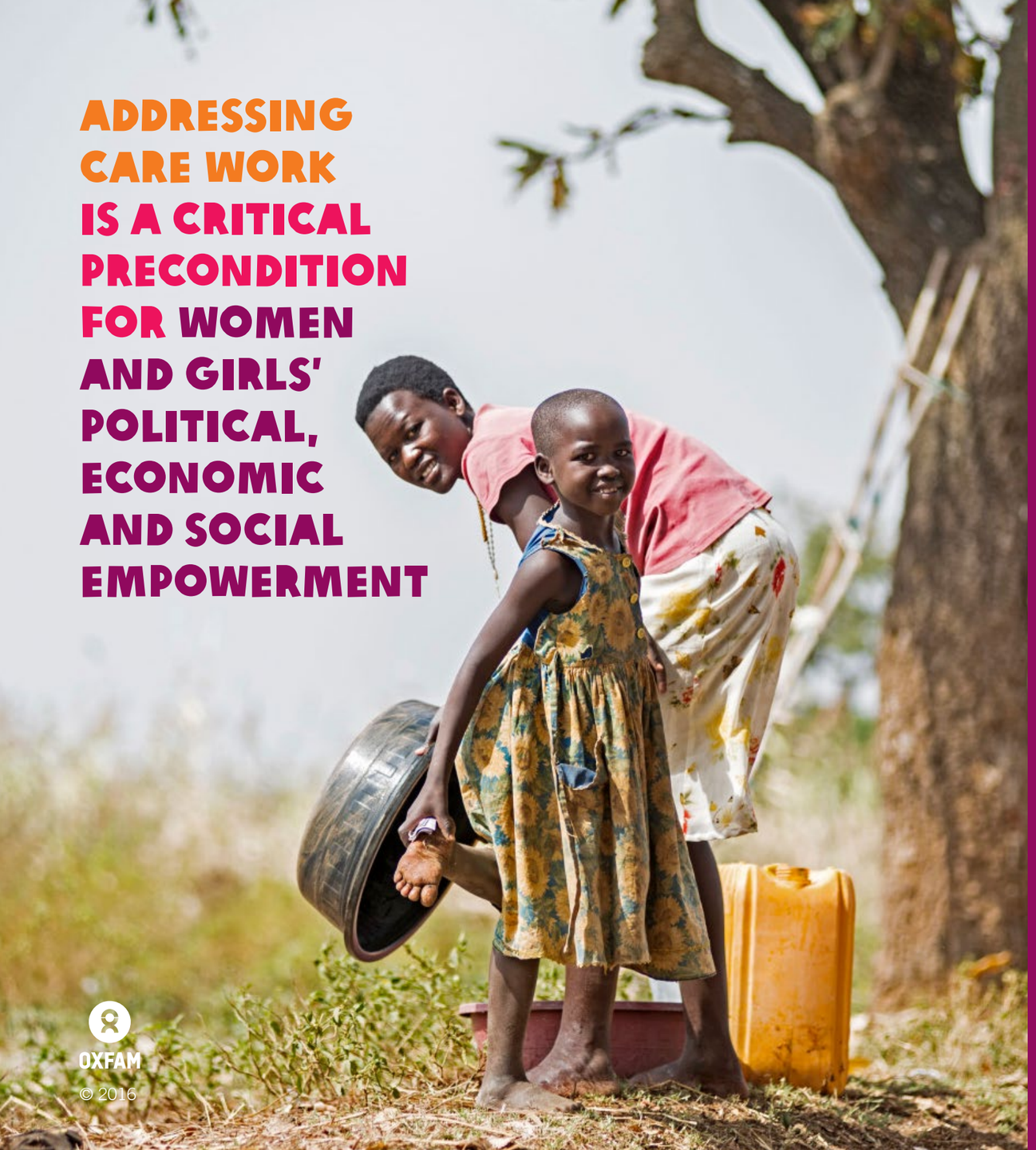
WE-CARE INITIATIVES IN UGANDA 2014-2016

WE-CARE
WOMEN'S ECONOMIC EMPOWERMENT AND CARE

OXFAM



ADDRESSING CARE WORK IS A CRITICAL PRECONDITION FOR WOMEN AND GIRLS' POLITICAL, ECONOMIC AND SOCIAL EMPOWERMENT

OXFAM

INTRODUCTION

WE-CARE

Unequal and heavy unpaid care work has implications for women's health, well-being, mobility, time for learning new skills and employment opportunities and it perpetuates their unequal status in society. Addressing care work is a critical precondition for women's political, economic and social empowerment. WE-Care is a three and half year initiative (2014-2018) by Oxfam to build evidence on unpaid care work, change perceptions on care work and gender roles, introduce new energy and time saving technologies, influence policy and practice to address care as part of women economic empowerment strategies.

WHAT IS UNPAID CARE WORK AND WHY IS IT SO IMPORTANT? Care has traditionally been considered the natural responsibility of women. Therefore, the cost of providing care falls disproportionately on women. This is especially acute for families and women living in poverty.

Unpaid care work is the direct care of people in households and communities - and house work that indirectly supports this. Care work includes domestic chores such as cooking, fetching water and firewood, grinding, cleaning and washing clothes and dishes, looking after children, husbands and adult relatives, care for the ill and the disabled at household and community level, and it includes market related activities like selling produce and buying household needs.

Significant evidence and research demonstrate that investments in care by the government and the private sector will go a long way to improve the wellbeing, women's enjoyment of their rights, economic development and reduce inequality. In spite of this, care work is often overlooked by development and policy actors as a factor for influencing gender equality and for social and economic growth.

Oxfam seeks to address the negative implications of heavy and unequally distributed care work by raising awareness among local populations, decision and policy makers at all levels to build evidence and promote change. This is done through the Women's Economic Empowerment and Care – Evidence for Influencing Change (WE-Care) project. WE-Care was launched with a grant from the William and Flora Hewlett Foundation from 2014 to 2018. The initiative supports programme teams in 10 countries across Africa, Asia and South America. For more information about WE-Care please visit www.oxfam.co.uk

This booklet is about the experiences, achievements and lessons learned of the WE-Care pilot project implemented in Uganda 2014-2016.

WE-CARE
PROJECT GOALS

Heavy and unequal care work remains invisible both in the rural and urban areas. For many people - women as well as men - it is perceived as 'women's work', or 'petty work' and thus not recognised as a subtle driver of national development. Care work should be *RECOGNISED*, *REDUCED* and *REDISTRIBUTED* at the household, community, market and national level and carers should be *REPRESENTED* in decision making processes at household and community level. Care work should not be just a 'women's issue' but it should be considered and carried out by other household members, market actors, civil society organisations and the government.

RECOGNITION of the need for and importance of unpaid care tasks and their potential implications.

WE-Care believes that if men and women recognise the amount of time they (and other key actors) spend on care related activities, and if they perceive this work to be valuable relative to paid work, then they are more likely to take steps to reduce the negative implications.

REDUCTION AND REDISTRIBUTION WE-Care believes that heavy and unequal care work negatively impacts women's well-being by increasing incidences of stress and illnesses. Also, the overload of women induces a higher likelihood of accidents among unsupervised children and dependent adults.

Reduction and/or redistribution of care work, in turn, are likely to benefit the wellbeing of women and their families.

REPRESENTATION AND REDISTRIBUTION The representation of women in decision making processes within households and communities is associated with greater redistribution of caring activities.

WE-Care promotes inclusion of carers in decision making, so they can be involved in day-to-day decision making and in formulating policies that shape their lives in a long-term perspective.

IMPLEMENTATION APPROACH

WE-Care encourages a multi-stakeholder approach. Such interventions are:

MORE SUSTAINABLE in the medium and long-term, as many actors are committed to the success of the intervention.

MORE COST-EFFECTIVE with contributions from various sources.

BETTER DESIGNED

MORE EFFICIENT as resources will be used and maintained better (as opposed to gifts of donor-funded resources).

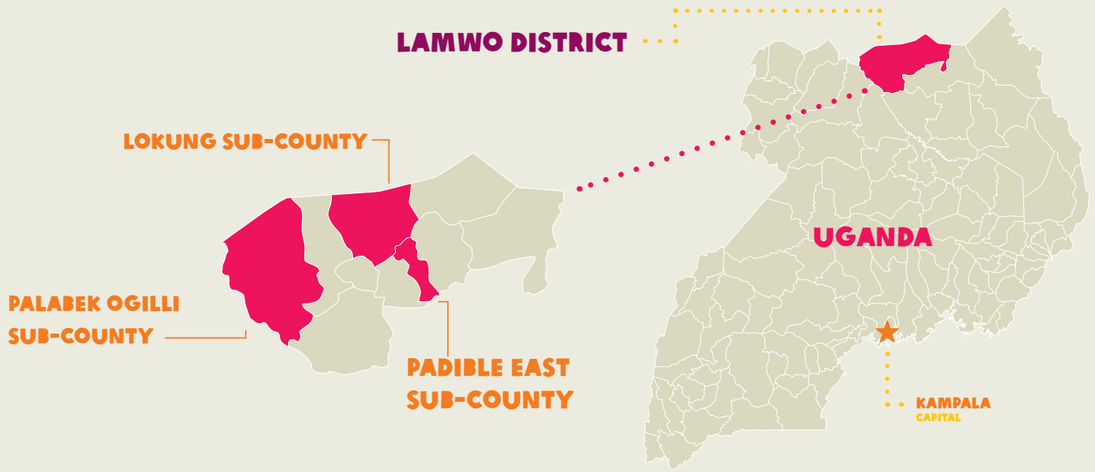
USING A 'SYSTEMS' APPROACH aiming to change the existing systems and structures (spreading innovation faster, changing power relationships, distributing responsibility and ownership).

IMPLEMENTING PARTNERS IN UGANDA

UWONET Uganda Women's Network is a national NGO and an advocacy and lobby coalition of national women's organisations institutions and individual members in Uganda. UWONET envisions a Ugandan society free of all forms of gender based discrimination through promoting and enhancing networking, collective visioning, and action among members. UWONET works with a number of different actors towards development and the transformation of unequal gender relations.

WORUDET Women and Rural Development Network is a national NGO working with a cross-section of the community in northern Uganda to eradicate violence against women and children. WORUDET envisions a society that is inclusive for women, men and children, and where all are valued and empowered to reach their potentials through addressing social injustices such as gender based violence, negative cultural and discriminatory practices and promoting socio-economic opportunities for all through an inclusive participation, holistic approach and collaboration with other agencies.

WE-CARE
IN UGANDA



PROJECT LOCATION In Uganda, WE-Care is implemented in Lokung, Palabek Ogilli, and East Padible sub-counties in Lamwo District in the Acholi sub-region in the northern part of the country.

The remote and largely rural district is situated approximately 570 kilometres from Uganda's capital, Kampala. Lamwo District is home to about 135,000 people (National Housing and Population Census, 2014) and about 70% of the population live in poverty (Uganda National Household Survey, 2009/2010). For decades, the area was tormented by the Lord Resistance Army's insurgency causing close to two million people to flee. The conflict destabilised traditionally held gender identities and assumptions. Women and children were forced to take on new and additional roles that had commonly been reserved for men. Today, a majority have returned to their home land but many people still suffer from psychosocial trauma and the levels of alcohol consumption and incidents of violence are high.

THE ACHOLI PEOPLE The Acholi people are primarily mixed subsistence farmers rearing chicken, goats and some cattle, and cultivating staple crops like sorghum, beans, maize and cassava using iron hoes and other hand held tools. There is a distinct division of labour between women and men with men performing time-limited, labour-intensive tasks like clearing, planting, and harvesting. Whereas women are primarily responsible for weeding and sowing as well as child care, cooking and other household chores such as fetching water and firewood. Boys and girls are typically socialised into separate gender roles, and they perform household work and other chores accordingly.

WE-CARE RESULT CHAIN

1 INNOVATIVE RESEARCH

- RAPID CARE ANALYSIS
- HOUSEHOLD CARE SURVEY

2 DESIGN

- PARTICIPATORY PLANNING - DEVELOPING CARE CHANGE STRATEGIES

3 INTERVENTIONS

- CHANGING PERCEPTIONS ON CARE WORK AND GENDER ROLES
- PROMOTING TIME AND ENERGY SAVING TECHNOLOGIES
- ADVOCATING FOR CHANGE

4 RESULTS

- WOMEN INCREASINGLY BENEFIT FROM WE-CARE INITIATIVES
- UNPAID CARE IS RECOGNISED, REDUCED AND REDISTRIBUTED
- EVIDENCE IS COLLECTED AND USED FOR ADVOCACY

5 IMPACT

- WOMEN ARE SOCIALLY AND ECONOMICALLY EMPOWERED

INNOVATIVE RESEARCH

Women's unpaid care work is rarely researched. If development practitioners understand and address current unequal patterns of providing care they can meaningfully contribute to women's leadership and empowerment. This will improve development interventions and enable programmes to impact positively on both women's rights and poverty reduction. To better understand how care is provided in households and communities, WE-Care has developed a number of context specific research methodologies. These are in practice, low-cost tools that can be implemented as participatory community analyses and as household surveys as well as they can form a part of wider research surveys.

THE RAPID CARE ANALYSIS (RCA) is quick to use and easy to integrate into existing programme design or monitoring. Unlike costly and lengthy quantitative methodologies, the RCA's evidence can be owned locally for advocacy. Its strength is to identify the problematic issues involved in women's care work and how it impacts on their life and their opportunities - and what the proposed solutions from the community are.

THE HOUSEHOLD CARE SURVEY (HCS) is a quantitative survey designed to map pathways of positive change for more equitable care provision in households and communities. HCS rigorously documents care work by the hour, for both male and female headed households, to reveal care responsibilities and time consumption. The evidence gathered is used to influence the design of WE-Care interventions, monitor change and further gather evidence about best practices.

CONDUCTING THE RCA AND HCS IN UGANDA In order to establish pre-project conditions in Acholi context,the Rapid Care Analysis and the Household Care Survey were conducted in the three WE-Care pilot sub-counties in September 2014. With 80 people comprising women, men, youth, elder, and local, religious and cultural leaders, participating in the four Focus Group Discussions under the RCA and 208 household surveyed under the HCS, more than 500 people were reached in total.

The immediate results showed that both women and men had a weak perception of the value of the care work done by women in homes and communities. Likewise there was a common agreement on work differentiation on the basis of gender related skills. 19% of the men believed that women were naturally better at tasks like fetching water, child care, cooking and weeding whereas 31% women perceived men to be better at construction, land clearing, soil preparation, and protection of the home.

CASE

A TYPICAL DAY

Josephine Aluka (30) and Charles Okello (33) and their six children form a common Acholi family living in Loigolo Village in the northern part of Lamwo District. They primarily make a living from their subsistence farming but the family also generates a small income from selling grass for roof-thatching. Like in most other Acholi families, the wife, Josephine, is responsible for the household chores and for growing food to feed the family.

"On a typical day, I wake up around six o'clock in the morning. I clean the house and the compound and then I walk to the borehole to fetch water. Luckily, the borehole is close to our home but unfortunately it is so crowded that it can take up to an hour to fill two jerry cans. After collecting water, I move on to the garden to dig or weed. Just before lunch, I return home to prepare the food for my husband and our children.

In the afternoon, I cut grass from the bush about four kilometres from here. I bundle it and carry it back home so that it is ready for customers. Although it is physically demanding, cutting grass is a woman's job. My husband always says that men are not able to do it as well as women because they cannot bend their backs to bundle the blades of grass.

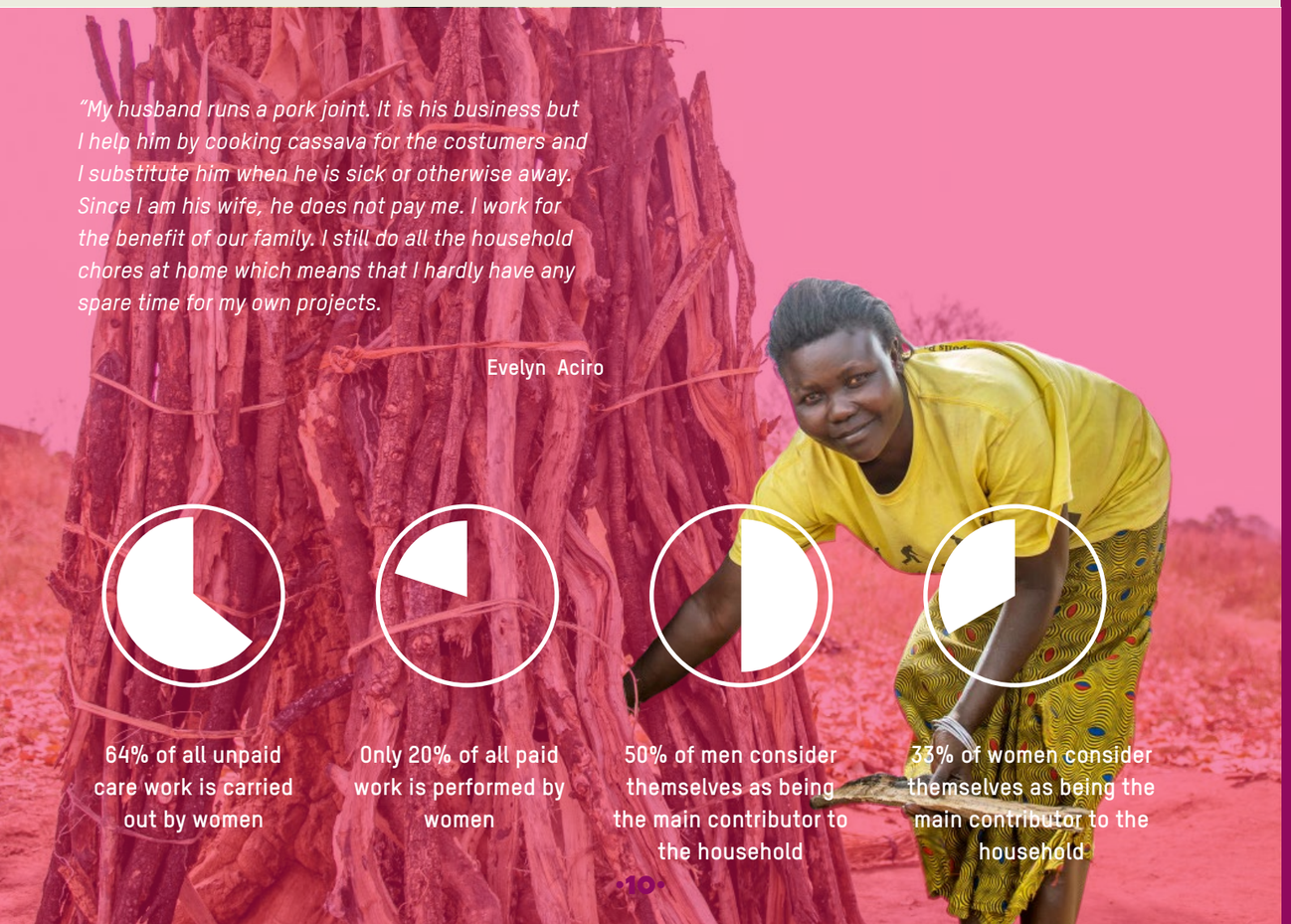
I usually spend the rest of the afternoon on house work and a second trip to the borehole to fetch water for cooking and washing the dishes. If it is not a school day, my children help me with some of the household chores. After supper, we sit around a fireplace and talk before we retire to bed around eight o'clock in the evening."

Josephine Aluku

FOCUS

UNDERSTANDING THE TRADITIONAL GENDER ROLES

Gender inequality in Uganda is manifested in women's lack of land and property ownership rights, lack of generation and control of family income, traditional gender based division of work, non-involvement in decision making regarding personal, family and community issues, oppression and exploitation, sexual and gender based violence, limited access to education, and restrained freedom of movement. All these factors have implications for care work distribution, the bulk of which is done by women who usually work more than 14 hours every day without earning any income.



"My husband runs a pork joint. It is his business but I help him by cooking cassava for the costumers and I substitute him when he is sick or otherwise away. Since I am his wife, he does not pay me. I work for the benefit of our family. I still do all the household chores at home which means that I hardly have any spare time for my own projects.

Evelyn Aciro

64% of all unpaid care work is carried out by women

Only 20% of all paid work is performed by women

50% of men consider themselves as being the main contributor to the household

33% of women consider themselves as being the main contributor to the household

IMPLICATIONS OF HEAVY AND UNEQUAL CARE WORK

Unpaid care work has implications for women's health, well-being, mobility, time for training and employment and it perpetuates their unequal status in society. The research carried out in 2014 in Lamwo District generated uncompromised evidence on patterns and underlying causes of heavy and unequal care work faced by women in the Acholi region. The surveys established that across all layers of society it was common and widely anticipated that women performed more unpaid care work compared to their husbands and other male family members.

FINANCIAL AND SOCIAL EXCLUSION OF WOMEN Even when women work longer hours than their husbands, their work is regarded as 'petty work' with no commercial value attached - although this work in many cases form the basis of household and local economies. The exclusion of women is further expressed in a social and participatory segregation. Many women are not comfortable attending public community meetings and the few who do attend tend to leave early to take care of domestic chores, while their husbands stay up to the end of sessions. More than half of the women interviewed (60%) have never been members of a community group and less than one out of 10 (9.5%) of the women who are members, hold any leadership positions in the groups.

VIOLENCE AGAINST WOMEN Sexual and gender based violence is common in Uganda. Experiences of violence negatively affect women's confidence and bargaining power, and the fear of violence might prevent women from speaking up to redistribute or reduce care work.

The RCA revealed that women regularly experienced physical violence as a punishment for not performing care work tasks (such as cooking and cleaning) satisfactorily.

CARE CHANGE STRATEGIES
During the RCA, the participants identified change strategies to recognise, reduce and redistribute unpaid care work.

COMMUNITIES should change perceptions on care and gender roles (including violence against women).

COMMUNITIES should embrace energy and time saving technologies.

WOMEN should be encouraged to join groups - particularly savings groups and church groups for economic and social empowerment.

PUBLIC FACILITIES like boreholes should be easy accessible for all households.

INTERVENTION 1

CHANGING PERCEPTIONS ON CARE AND GENDER ROLES

Based on the findings from the RCA and HCS surveys, WE-Care selected a range of care change strategies to recognise, reduce, redistribute care work and ensure representation of carers in decision making processes. These included - besides the transformative RCA and HCS exercises - identification and training of change agents and role model families, community dialogue meetings, dialogue sessions with cultural and religious leaders, school debates, interactive community drama performances, and media campaigns among others.

CHANGE AGENTS AND ROLE MODEL FAMILIES To implement the identified care change strategies, 60 change agents (60% women) and 44 role model families were appointed to reach out to other community members to mobilise and guide families on how to reduce the implications of care work on women and girls.

The change agents and the role model families have promoted care work recognition, reduction and redistribution as well as they have raised awareness on the social and economic benefits of gender equality by reaching out to an average of 10 families each. A majority of them have remained active beyond the pilot project period.

COMMUNITY DIALOGUE MEETINGS AND SESSIONS Regular dialogue meetings aimed at influencing change in the perceptions and attitudes of community members towards care work, were organised throughout the project by WE-Care with support from the district local government. The meetings were attended by community members and leaders, and local authorities including gender and development officers.

The dialogues created an entry point for cultural leaders and elders who wield power in communities to get involved in the debate on care work. The leaders supported WE-Care by dismissing unpaid care work as women's responsibility and by strongly emphasising that no cultural law or regulation in the Acholi culture prevent men from performing care tasks. Instead, the low involvement of men in care work was attributed to laziness and fear of social criticism and emasculation.

MEDIA CAMPAIGNS at community and national level were conducted to raise awareness about care work. Both the community dialogues and radio programmes were effective in changing the attitudes, especially among men. The campaign increased awareness and appreciation and recognition on care work and reached six million people.

CASE

I THOUGHT HOUSEWORK WAS AGAINST MY CULTURE

Betty Angeyo (42) and Alex Otema (44) and their eight children live in Palabek Ogili Sub-county. The Acholi people are proud of their culture which places men at the forefront of all decision making. Neither Betty nor Alex had ever questioned the gender inequality of their culture but after the couple was trained by WE-Care in 2015, they started to appreciate the value of care work and they realised how unfairly the care tasks fell on women.

"At first, the training seemed to be in conflict with my cultural beliefs. However, when I discovered that many of the Acholi traditional practices can be a direct barrier for social and economic progress, I realised it was about time to change.

The first thing I noticed after my wife and I started to share the housework, was the reduction of violence. I used to beat my wife if my food was not ready at time or if she had not washed my clothes. I simply could not understand that she was exhausted in the evening, when she did not work. The training made me understand that my wife can contribute to the household economy and if we work together as a team, we can improve the welfare of our family."

Alex Otema

CASE

WORKING TOGETHER CREATES NEW OPPORTUNITIES

As a part of the WE-Care training women and men have been sensitised in the social and economic benefits of working together and sharing responsibilities. By including women in the decision making processes, the whole family benefits in terms of increased household welfare and income. Florence Alur (31) and David Zakayo (33) never made any joint decisions. As the head of the household, David would always have the last word no matter the subject and he would never involve Florence in any economic considerations.

"For the bigger part of our 12-year marriage, I have been the quintessential traditional Acholi wife who spends most of her day performing unpaid care work around the house and in the garden. David, on the other hand, liked to hang out with his friends at the bar and he would beat me up for the slightest mistake.

The training inspired David to participate in the house and farm work. When both of us are working we accomplish the tasks much faster creating free time for income generating activities. The benefits materialised surprisingly fast, we have increased our productivity and raised enough profit to invest in an oxen to enable us to cultivate larger areas of land and to buy a motorbike to ease transportation. Although we experience resentment from a many people in the community, the tangible results of sharing responsibilities and planning together motivate us to work harder ... and lately, I have noticed that a couple of our neighbours have started to copy what we do because they want to achieve the same progress as we have."

Florence Alur

CREATING ACCEPTANCE AND AUGMENTING RESULTS

Although the awareness of care work has increased and perceptions about gender roles has changed significantly, social norms still have a strong negative effect on the division of care work. This is changing, but it will take time as care work is only beginning to be recognised by women and men at community level. There is a general realisation that unpaid care work tasks fall unfairly on women and girls. However, both women and men still undervalue care work and women's contribution to the household.

CHANGING NORMS Care work still falls heavily on women in the household and men's participation is still very low among community members. For many people, the redistribution of care work between husband and wife has been a clash of innovation against tradition. Not only men, but also many women have rejected the idea of transforming the traditional gender roles. There is a tendency among Acholi women to not accept assistance from their husbands and to view those who do as 'failed' or 'big headed' wives. However, following the implementation of the care change strategies, there is a willingness among some couples to reduce women's workload by letting the husband participate.

As well as the achievements of change agents, role model families and the families they have reached out to, provide hope that with continued effort, more men will participate in care work and more women are willing to accept their involvement.

FEMALE DRIVEN BUSINESS AND LEADERSHIP The results from the WE-Care pilot project show that when women have more free time, they engage in commercial activities and they get involved in community development. In the project implementation area, there is increased participation of women in productive activities such as small-scale businesses and retail shops. Also, more women are actively participating in community meetings and are contesting for local leadership positions.

Beatrice Apaa was nominated and elected by her fellow community members of Oriya East as a Village Health Team member (VHT).

"I was identified for this task because of my increased visibility and participation in community activities and this has been enabled by the fact that my husband and family members support me in accomplishing care work tasks. I am so honored to be a VHT because this will prepare me for other leadership positions."

Beatrice Apaa

INTERVENTION 2

REDUCING TIME AND ENERGY SPENT ON CARE WORK

Practical, immediate local solutions designed to relieve the intensity of care work, greatly contribute to mobilise communities willingness to address heavy and unequally distributed care work. The time and energy saving technologies promoted under the WE-Care pilot project included fuel saving (Lorena) stoves, use of transportation means, and automatic processing tools among others. WE-Care also facilitated meetings with local authorities to demand improved access to public services such as water, health facilities and electricity all of which have a substantial influence on lessening care work tasks.

THE LORENA ENERGY SAVING STOVE The findings from the surveys showed that ownership of time and labour saving equipment is still rudimentary in Lamwo District. Most households use the traditional three-stone cooking fireplace, which each day consumes large quantities of firewood. But with WE-Care's introduction of the Lorena fuel saving stove, families were enabled to reduce the use of firewood with up to 60%. The stove maximises the heat transfer to the pots and pans and thereby it not only contributes to sustainable energy use, but it also saves women the trouble of collecting large amounts of firewood. Furthermore, the stove reduces the negative health effects caused by smoke from the traditional indoor fireplaces. The Lorena stove are made of locally available materials and so far 181 families have constructed the stoves in their households. The feedback from the families that have been using the stoves over a period of time, is very positive. Women appreciate the reduction of time in meal preparation and firewood collection.

The 60 change agents and 20 role model families that have been trained in Lorena stove construction are also increasing household incomes through sale of the Lorena stoves which have become very popular among households and restaurants for a unit cost of USD 10.

BICYCLES About 50% of the households in the project area are now using bicycles to fetch water and firewood, a practice that has been adopted due to awareness raising related by the project. In the past, bicycles were properties of men which would be kept for personal errands while the women walked long distances to collect water and other necessities.

OTHER energy and time saving interventions included promotion of community-run grinding mills, water harvesting methods and thermo flasks for water storage.

CASE

HOUSEHOLD WELFARE IS OUR FIRST PRIORITY

Following the WE-Care training, Grace Aloyo (23) and Mark Olara (30) decided to completely dissolve the traditional gender roles. They work together and make joint decisions on how to spend their money. The income they do not use on daily household expenses or school fees, is saved in the bank and kept for medical bills and other emergencies. They are both aware of each others' needs and help each other in achieving individual and common goals. Grace and Mark are now guiding other families in redistributing and reducing the time and energy spent on care work.

"We have interchanged our roles and implemented a number of new innovations to ease our daily life. One of the most significant contributions has been the Lorena stove. The traditional three-stone stove is an environmental hazard because it uses a large amount of wood and the smoke was polluting the air. The wind made the fire blow in all directions, making it hard to cook fast. With the Lorena stove we have two heat outlets allowing us to cook two meals at the same time. It uses less firewood and it retains the fire for longer. For instance, silver fish takes about half an hour to cook using the old method but only 15 minutes on the Lorena stove."

Grace Aloyo

FAMILIES WITH A LORENA FUEL SAVING STOVE:

- REDUCE — time spent on collecting firewood
- REDUCE — time spent on cooking meals
- REDUCE — health risks caused by smoke
- INCREASE — security for children
- INCREASE — time available for other activities

FOCUS

HOUSEHOLD RESOURCES' INFLUENCE ON REDUCTION OF CARE WORK

Families' willingness to invest in time and energy saving innovations depends not only on perceptions and attitudes but also to a large degree on the available economic resources. Generally, WE-Care's findings relating to ownership or access to time saving equipment is low indicating that the population is very poor with no purchasing power. Only a very few families own basic items like lamps, firewood/ charcoal efficient stoves, flasks for liquids and milling facilities. Consequently, poverty is a significant barrier for creating durable solutions for reduction and redistribution of care work.

HOUSEHOLD RESOURCES (SAMPLES)

0% Households have a generator

8% Households have a rainwater harvesting system

8% Households have a kerosene or solar lamp

41% Households have at least three bassinets

47% Households have a fuel saving stove (compared to 0% before the WE-Care pilot project).

PUBLIC SERVICE PROVISION AND REDUCTION OF CARE WORK

Public services like water, electricity and health services provided by government, civil society or private sector, reduce the time spent on care work in the households. Although some of the public services like water and health facilities are largely available in Lamwo District, the challenge is that some of the communities are remotely located and women spend a lot of time on fetching water and accessing health centres. To improve access to and quality of public services, WE-Care coordinated community meetings to promote pro-active citizenry.

COMMUNITY PARLIAMENTS

Demanding high quality public services requires active capable citizens who are aware of their rights. Community parliaments were organised in the three project sub-counties aimed at building active citizens to demand for quality services from government and other development partners. The meetings brought district, sub-county, parish leaders, Office of the Resident District Commissioner (RDC), Office of Community Development and other sub-county authorities and the community together to raise issues of concern in the community to be taken into considerations by the respective duty bearers.

Key concerns raised included lack of access to safe water with a demand for new boreholes and lack of staff and medicine at the health centres. Other subjects involved the absence of sub-county leaders and public servants to attend to the community members requests and needs. Participants also raised concern about certain cultural practices such as widow inheritance and abuse of women's land and property rights and the police was asked to respond promptly to the high incidences of sexual and gender based violence in the area indicating a raised local awareness on the subject.

83% Have access to publicly provided water. The water sources in the rural areas of Uganda are mainly boreholes. Remotely located households have to walk long distances to draw water.

9% Have access to publicly provided electricity. Women have to collect firewood for cooking. Lighting is provided by paraffin lumps or cans. Use of firewood continues to deplete the forest cover and exposing communities to effects of climate change.

99% Have access to publicly provided health care. A common problem in Uganda is that whereas there is a good number of health facilities, the services provided are poor. The facilities are understaffed and drugs are often not available.

INTERVENTION 3

ADVOCATING FOR CHANGE

The WE-Care pilot project has made the debate on care more visible by creating a growing critical mass of actors to challenge attitudes and perceptions on care. WE-Care has generated data and collected testimonies for influencing policy and practice. The evidence is being used to highlight both the current patterns of heavy and unequal care as well as what works to make positive change for women and the provision of care. This evidence is effective in influencing local, national and global level policy and practice on unpaid care work, and local development priorities in the area of women's empowerment.

ADVOCACY has been carried out with state and private sector for improved care related infrastructure, services and changing norms. Specific advocacy activities included knowledge building forum for national level actors on understanding unequal and heavy patterns of care, media campaigns on care, strategic meetings with Uganda Bureau of Statistics (UBOS) aimed at influencing the Uganda Demographic and Health Survey (UDHS) survey area to also capture data on women's time consumption relating to unpaid care work.

BRINGING ON BOARD ACTORS FROM ALL LEVELS OF SOCIETY WE-Care recognises that a structural change means involving actors beyond the household level. The state, community organisations and groups, and the private sector all have a role to play and they are important stakeholders in improving care related infrastructure like energy, water systems, and transport etc.

WE-Care has initiated one-on-one discussions with ActionAid and other international NGOs involved in care work. Likewise, WE-Care has reached out to government bodies like the National planning Authority, Ministry of Gender and Social Development to galvanise support for care work in Uganda.

PLATFORMS FOR ACTIVE CITIZENRY were created within the communities in Lamwo District to demand for services from the government and civil society organisations. As a result of the community-led advocacy, the district government Water Office decided to relocate two boreholes in Padibe East Sub-County thereby reducing the distance for the local water users considerably. Access to water was one of the problematic tasks identified in the RCA and HCS baseline.

Oxfam will continue to promote advocacy at local and national levels towards improving services, which unavailability and insufficiency increase care work for the women.

CONSOLIDATING AND DEEPENING THE WE-CARE RESULTS IN UGANDA

The achieved results will be strengthened and broadened through continued advocacy. The WE-Care interventions in Lamwo District have proved effective, justifying the need to expanding the project coverage to other areas of Uganda. Oxfam will continue to carry out advocacy to raise awareness on heavy and unequal care work as an inequality in itself and major driver of poverty and injustice. The immediate plans include:

NEXT STEPS

1. **OXFAM** will undertake further advocacy with Uganda Bureau of Statistics to include data collection on time use and (women's) unpaid care in the upcoming Uganda Demographic Health Survey, Uganda House Hold Survey, and Panel Survey.

2. **OXFAM** will undertake a comprehensive study on care work in seven districts of the country and use findings to influence government and private sector for investment in infrastructure on care services.

3. **OXFAM** will undertake advocacy meetings with Uganda Women's Parliamentary Association (UWOPA) and the Parliament, Ministry of Gender and Social Development, Ministry of Finance, NPA, private sector and donors and development actors as part of influencing the policy agenda on the unpaid care work in Uganda.

4. **OXFAM** will build advocacy capacity of leading national women's rights organisations in Uganda to do advocacy on care using messaging packages.

OXFAM'S COMMITMENT TO GENDER JUSTICE IN UGANDA

Oxfam has been working in Uganda since 1960s carrying out development and humanitarian programming to support practical innovative ways for people to lift themselves out of poverty. Oxfam works with poor communities, local organisations, volunteers and supporters to bring change.

GENDER JUSTICE is a core focus for Oxfam globally and in Uganda. Oxfam's involvement in We-Care is based on the recognition that violence against women and girls is a violation of women's and girls' human rights and one of the significant mechanisms by which individuals, society and the state exercise and retain power over women's lives and choices.

Guided by the recognition that change is required, Oxfam's interventions seek to contribute to gender equality by transforming power relations between and among women and men. Oxfam's evidence base indicates achieving gender Justice requires change in the harmful attitudes, beliefs and social norms that perpetuate it.

Oxfam has been working closely with traditional justice delivery systems in northern Uganda both in Acholi and Karamoja regions specifically working on issues of violence against women.

OXFAM PROGRAMMES ON GENDER JUSTICE IN UGANDA Oxfam ran the five year *We Can Campaign* under which Oxfam adopted a change maker mass mobilisation strategy that can be applied by other actors. Building on this success, the programme is running a women's leadership programme that focuses on ending violence against women and girls (VAWG) and women accessing their land rights.

Oxfam also delivered *Raising Her Voice*, a project mainly advocating for the ratification and domestication of the Maputo Protocol. As well as promoting the implementation and socialisation of the protocol from individuals to formal institutions via a women's leadership programme that engages at multiple levels.

For close to seven years now Oxfam has been running *Women's Economic Empowerment Project* using the Gender Action Learning System (GALS) approach.

The Oxfam Country Strategy 2015-2019 has made a commitment under the Resilient Livelihood theme to ensure that care work is recognised, reduced, redistributed and that care givers are represented in decision making spaces at all levels.

SHARING RESPONSIBILITIES AND REDUCING TIME AND ENERGY SPENT CARE WORK ARE CRITICAL PRECONDITIONS FOR LOCAL ECONOMIC AND SOCIAL DEVELOPMENT

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