Preparatory Activity (Briefing/ Orientation of the Facilitating Teams):

- Sir Ipe discussed the value of the tool, how it will help in the advocacy on women and the need for care work advocacy;

- He also explained the applicability of the tool and gave an overview on how the pilot testing shall be executed; that there shall be briefing and debriefing of the tool aside from the actual testing of such tool;

- The testing shall be held in the AMDF center and in Manacab. There would be two groups in the Center and 2 in Manacab;

- Ms. Carine Pionetti introduced the fundamental care work concepts:
  - Towards another person to be productive and happy;
  - Change care work from being invisible to visible;
  - 3-point agenda: recognize, reduce and redistribute unpaid care work;
  - Care work not solely a women's issue;
  - Care work as being dynamic, have patterns/fluctuations/shocks/trends;
  - Risks

- After Ms. Carine's input on care work concepts, the team was asked to give their definition and understanding of care work. In doing this, the team was divided into groups of 3 members to brainstorm and share their individual understanding of care work based on the concepts presented. After several minutes of group discussions, there was plenary sharing of what came out in each of the groups;

- The pre-identified participants shall be grouped into 4, two of which shall be composed of women coming from the different partner communities and the other two shall be composed of participants coming from Manacab. One of these groups shall be comprised of men and the other will be a mixed group of men and women;
Tasking and groupings of the facilitating teams were made, to wit:

<table>
<thead>
<tr>
<th>Groups</th>
<th>All-Women A</th>
<th>All-Women B</th>
<th>All-Men</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator</td>
<td>Ana (O)</td>
<td>Pen (A)</td>
<td>Annie (A)</td>
<td>Jo (O)</td>
</tr>
<tr>
<td></td>
<td>Hash (A)</td>
<td>Tata (O)</td>
<td>Vincent (O)</td>
<td>Rhy (A)</td>
</tr>
<tr>
<td>Documenter</td>
<td>Mina (A)</td>
<td>Aira (A)</td>
<td>Mida (A)</td>
<td>Nayo (A)</td>
</tr>
<tr>
<td>Process Observer</td>
<td>Carine</td>
<td>Linky</td>
<td>Jing</td>
<td>Ipe</td>
</tr>
</tbody>
</table>

* O – Oxfam; A – AMDF

The rest of the afternoon was spent in getting acquainted with the toolbox; the Team went through each step knowing the key questions, how it shall be run, what could be the probing questions and some tips for the facilitators;

At the end of the meeting, the Team had agreed on some modifications on the process and the steps which shall herein be shown in the later part of this documentation;

**ACTUAL PILOT TESTING OF THE TOOLBOX**

When: April 9, 2013
Where: AMDF center Sugod, Marawi City & Manacab, Buadiposo Buntong

**A. PARTICIPANTS**

<table>
<thead>
<tr>
<th>All-Women A</th>
<th>All-Women B</th>
<th>All-Men</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(with Anna’s team)</td>
<td>(with Pen’s team)</td>
<td>(with Annie’s team)</td>
<td>(with Jo’s team)</td>
</tr>
<tr>
<td>2. Lanie Domato (Manacab)</td>
<td>2. Fatimah Mauna (Marantao)</td>
<td>2. Yusoph Mama</td>
<td>2. Farhannah Mapupuno</td>
</tr>
<tr>
<td>3. Amerah Manapar (Bubong)</td>
<td>3. Akimah Mimbala (Marantao)</td>
<td>3. Imam Abduljabbar Dimala</td>
<td>3. Rasul Mambuay</td>
</tr>
<tr>
<td>5. Monaraga Manaros (Bubong)</td>
<td>5. Linang Elias (Sugod)</td>
<td>5. Emilyn Acoon</td>
<td>5. Norhata Adoma</td>
</tr>
<tr>
<td>6. Fatimah Abedin (Sugod)</td>
<td>6. Amina Omama (Bubong)</td>
<td>6. Norhata Adoma</td>
<td></td>
</tr>
</tbody>
</table>
### B. PROCESS

#### Step 1: Who is involved in doing care work in the community

<table>
<thead>
<tr>
<th>TOOL</th>
<th>Modifications made by the Team (Orientation/Briefing on CW)</th>
<th>Observations/Comments of Facilitating Teams (Debriefing)</th>
<th>Suggestions of Facilitating Teams (Debriefing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD 1 – Who cares for whom</td>
<td>It was agreed upon by the Team to combine the two FGDs. The participants would be asked to draw concentric circles and then fill out each circle of the different people who they care for based on the frequency of care work done by them. This would be done individually and collectively. As to the collective, the participants as a group would identify the people cared for by their spouses. For male participants, their wives and for female, their husbands. The objective is to see and compare perceptions of men and of women on care work. To illustrate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• citing examples of care work is helpful in understanding what care work is all about;</td>
<td></td>
<td>• at the onset of the FGD, it is important that the facilitator should explain or at least give an overview of what care work is;</td>
</tr>
<tr>
<td></td>
<td>• some participants got confused in step 1 such that the instruction has to be repeated and explained again to them;</td>
<td></td>
<td>• there is a need to set a certain criteria in the selection of participants to the FGD, taking into consideration the background of participants on gender issues and advocacy whether they are already “genderized” or not;</td>
</tr>
<tr>
<td></td>
<td>• compared to the other steps, the time spent for Step 1 is lesser although there were some participants who spent longer time;</td>
<td></td>
<td>• in asking the key question, the facilitator may begin with asking the participants to think of the people in their lives that they care for and then ask whether it is on a daily, weekly or monthly basis (break down the question);</td>
</tr>
<tr>
<td></td>
<td>• some participants were confused in terms of their role to be considered in identifying who do they care for. They were confused whether to answer as a father, a mother, a child and the like;</td>
<td></td>
<td>• it is important to make the environment comfortable for the participants;</td>
</tr>
<tr>
<td></td>
<td>• some participants would get ideas or answers from the sharing by the other participants;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• the use of concentric circles in</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FGD 2 – Patterns of care within household and frequency of care work done by women and men**

Process: Identify and list all the people who receive care in the community. Then find out how often women and men typically care for these people. Symbols (dots) can be used. (3 dots = every day; 2 dots = once a week; 1 dot = once a month; 0 dot = never.)

![Diagram of concentric circles for care work](image_url)
B. Collective

- generating the collective output of the participants is useful; participants were still giving additional answers;
- there was a widow participant who asked whether to base her responses during the time when her husband was alive or not;
- participants were quite open and willing to share;
- it works well having the facilitating team comprised of the process observer, facilitator, co-facilitator and documenter;
- as admitted by one of the facilitating teams, no preparation was made as to how to run the entire sessions;
- most of the participants, if not all, were already “genderized”;
- the session proceeded smoothly;
- with male participants, the team must be sensitive with matters relating to polygamy or multiple marriages;
- set expectations, reiterate what the activity is all about and apprise the participants of the objective of each step;
- give overview of all the steps so they can have an idea of how the sessions would proceed but try as much as possible not to pre-empt the participants;

Allotted time: 45 minutes
Step 2: Find out what care activities are performed in the community, and by whom

TOOL

FGD 1

a. Care activities performed in the community;

Process: Begin by mentioning some of the ‘universal’ care categories. Ask what other forms of care take place in the community. Ask a participant to represent each category by drawing a large circle, with a symbol or drawing in it. There can be 8-10 circles (but the exercise will be easier with only 6)

b. Categories of people involved in doing care work in the community;

Process: Write out each category, and for each, assign a symbol. At a minimum, there may be 6 categories: girls, boys, women, men, older men, etc.

The facilitators would initially prepare a table written therein would be

<table>
<thead>
<tr>
<th>Modifications made by the Team (Orientation/Briefing on CW)</th>
<th>Observations/Comments of Facilitating Teams (Debriefing)</th>
<th>Suggestions of Facilitating Teams (Debriefing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firstly, the facilitator would provide some pictures of care work activities and then the participants would be asked to draw or write the care activities which they perform in the community. The participants should come out with a list of the care activities they performed. Secondly, the specific activities listed would be categorized (from specific to general). Thirdly, when there is already categories of activities performed, participants would rank each activity based on the frequency of care work performed (daily, sometimes, rarely or never). Lastly, the participants would be asked what factors they think would impact on care provisioning patterns. They would choose three factors which they found the most significant. To recap, there would be four exercises under this step, to wit:</td>
<td>This step was fun; The listing of activities was time-consuming; In the All-Men group, the categorization was done by the participants and not the facilitator which was the case in the other groups; the categorization was made according to whether the activities were made within or outside the household; In the Mixed group, categorization was done by both the participants and the facilitator. When the former gave their responses, the latter read to them each metacard and asked them whether it is a care activity or not. If it is a care activity, The team must have active facilitators who are familiar with action learning; Men participants perceived the provision or giving of financial support as care work. In dealing with this kind of perception, the facilitator may make external references by saying, for instance, that based on research/study, care work does not include livelihood;</td>
<td></td>
</tr>
</tbody>
</table>
c. **Categories of people involved in provisioning different types of care** (optional)

Process: Next to each circle representing a care activity, place the corresponding symbol, to clearly show who is involved in cooking, moral support, etc. Count how many times the symbol for boys, girls, older women, etc. appears on the graph, see which ones appear most often, and ask people to reflect on what it means.

**FGD 2 – Categories of care work**

Process: Ask participants to describe what ‘preparing meals’, ‘caring for children’, ‘cleaning the house’ involves (in details). Make a list or a table. Then do ranking exercise to assess the frequency of care work performed by different categories of people. Explain the proposed ranking method (i.e. 3 dots=most often/daily; 2 dots=sometimes; 1 dot=rarely; 0 dot=never). As an end result, there would be a detailed gender analysis of care activities. To provide a visual representation of how care work is distributed within the household and the categories and specific care activities given by the participants, categories of people involved in doing care work. To illustrate:

<table>
<thead>
<tr>
<th>Categories of care activities</th>
<th>Specific care activities</th>
<th>(Picture) mother</th>
<th>(Picture) father</th>
<th>(Picture) son</th>
<th>(Picture) daughter</th>
<th>(Picture) grandmother</th>
<th>(Picture) grandfather</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare meals</td>
<td>market</td>
<td>***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>fetch water</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collect firewood</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participants were then asked to include in the ranking which of the care activities are problematic for women. They should come up with three most problematic. This step was originally included under the 4th step.

Allotted time: 1 hr and 30 minutes

- The use of pictures in the table matrix was effective;
Step 3: Identify the different types of support available in the community around care
Step 4. Find out which care activities are most problematic for women, identify options for reducing and/or redistributing care work, and prioritize these options

**TOOL**

(Step 3)

**FGD 1** – Existing support, infrastructure, services used in performing care work

Process: If there is enough time, the facilitator may propose a Community Mapping exercise.

Ask participants to draw several houses (or neighbourhoods) in their community and the village boundaries. Then ask them to represent all the places that people go to in order to do the caring they need to do: water pump, clinic, rice-pounding machine, oil press, grandparents’ house, counsellor for HIV patients. Different colors may be used for each care category.

<table>
<thead>
<tr>
<th>Modifications made by the Team (Orientation/Briefing on CW)</th>
<th>Observations/Comments of Facilitating Teams (Debriefing) (Steps 3 &amp; 4)</th>
<th>Suggestions of Facilitating Teams (Debriefing)</th>
</tr>
</thead>
</table>
| The Team decided to conduct Steps 3 & 4 altogether. Under this, there will be 3 exercises, to wit: 1. Care Diamond – participants would be asked to identify as a group existing services, resources or infrastructure which provide support in doing care work within the household, community, State and the market; | • Before proceeding with the 3rd and 4th steps, the facilitators recapped the 1st and the 2nd steps; • The step was made according to plan; • Mixed group: in facilitating the discussion on care diamond, the factors which impact care provisioning patterns were highlighted; the flow was systematic because the discussion started with what are the existing sources of support for care work, then the gaps and the proposed solutions; • In terms of the visual (care diamond), it contextualized everything; it is not confusing at all; | • Further enrich step 3; • Extend the time allotted for the step for another 15 minutes; but this will depend on how the preceding activities will be conducted; • If the group would still want to come up with a clear action agenda before the session would come to an end, a graph can be used which shall show the level of effort one has to make for solutions and the level of benefit that one may receive; the “effort” could refer to time, feasibility, financial, etc. and the “benefit” could relate to the most problematic care activities; • In identifying which of the

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![Care Diamond Diagram](image-url)
FGD 2 (optional) – Care Diamond

Process: Using the information emerging from the community map, classify all the sources of support, the services and infrastructure provided by the household, by the community, by the local government unit (State) and by the market.

(step 4)

FGD 1

a. Most problematic care activities for women

Process: Get a discussion going on the difficulties of women faced in general (and/or within the project) as a result of the care work they do. Ask them what takes too much time, what element of care is most difficult to manage on a daily basis, what are main issues: the time spent doing care work; the restriction on their mobility associated with specific tasks and some element of physical/mental discomfort.

Ranking exercise: Go back to the list of care activities under Step 2. Draw up a matrix with these on the vertical axis, and the issues associated with care work on the horizontal axis, and ask participants (women) to do the ranking.

2. The participants would then be asked about the other services, resources or infrastructure that they still need or they would easily tap to produce care;
3. After this, they would be asked of the gaps;

Allotted time (Steps 3 & 4): 1 hr

- All-women group: participants were quick in recognizing the resources available, in the household, in the community, in the market or those provided by the State/local government unit;
- Care diamond was very helpful; it helps you focus and at the same time see the overlapping responsibilities of the 4 categories (household, State, market and community) in looking for possible solutions;
- It is easier to understand and open their eyes (participants) into possible solutions;
- In coming up with the most problematic, heart symbols were used to represent the care activities which the participants identified as problematic;
- A certain criteria were set in determining which of the care activities are problematic – length of time, physically difficult, and done daily;
- In treating the care diamond, factors were highlighted in identifying the support, infrastructure, and services care activities are most problematic, comparison can be made between the care activities which men and women find difficult;
This will give a detailed picture of what women see as problematic in their care roles,

b. **Existing options to reduce/redistribute care work**

Process: Use the Community Map or Care Diamond (step 3) to inquire about the appropriateness and efficiency of existing services and infrastructure.

c. **Ranking of options to the perceived benefits attached to each option**

Process: Start discussing the parameters for ranking the options identified under the preceding letter (b). Once parameters have been established, propose a ranking exercise.

---

C. **CONTENT**

Step 1: Who do you care for? Who in your household cares for whom?

- The flow was systematic;
- No one challenged the care diamond;
- Although there was no time to discuss the other resources which participants rely on to produce care, they were quick to recognize such other resources and came up with a lot of answers;
### A. Individual (responses of some of the participants)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>* Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sood Papandayan (All-Men group)</strong></td>
<td>- Father</td>
<td>- Wife</td>
<td>- 40 neighbors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4 children</td>
<td>- Cousins</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Uncle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Auntie</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 10 nephews &amp; nieces</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ibrahim Maitum (All-Men group)</strong></td>
<td>- Single</td>
<td>- Mother</td>
<td>- Grandmother</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 nephews</td>
<td>- Grandfather</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 nieces</td>
<td>- Friends</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sister</td>
<td>- MCCT volunteers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Brother-in-law</td>
<td>- Relatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 20 neighbors (household profiling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abduljabbar Dimala (All-Men group)</strong></td>
<td>- Imam, grandfather</td>
<td>- Wife</td>
<td>- Community (as Imam during Friday congregation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4 grandchildren</td>
<td>- Neighbors</td>
<td></td>
</tr>
<tr>
<td><strong>Farhannah Mapupuno (Mixed group)</strong></td>
<td>- Single, lives with grandparents</td>
<td>- Grandfather</td>
<td>- Mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Grandfather</td>
<td>- Father</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 sisters</td>
<td>- Cousin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 nieces</td>
<td>- Nephew</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 20 neighbors (household profiling)</td>
<td>- Niece</td>
<td></td>
</tr>
<tr>
<td><strong>Palawan Acoon (Mixed group)</strong></td>
<td>- New father</td>
<td>- Wife</td>
<td>- Community (youth sector)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Noraisa Kumal (Mixed group)</strong></td>
<td>- Mother of 10 children</td>
<td>- Children</td>
<td>- Father</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Husband</td>
<td>- Aunt</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 sisters living with her</td>
<td>- Neighbour</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Co-participants to Islamic</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Name</th>
<th>Group Type</th>
<th>Relations</th>
</tr>
</thead>
</table>
| Bairon Natangcop (Mixed group) | - Mother of 2 small children | - Children  
- Husband  
- Neighbour  
- Aunt in Lanao del Norte  
- In-laws (husband’s siblings) |
| Amina Omama (Mixed group)   | - Mother, breadwinner of the family | - 4 children  
- 2 grandchildren  
- Father (80-90 y.o.)  
- Children of 16 siblings  
- Neighbour  
- Sibling  
- Other community members  
- Co-teachers  
- Pupils |
| Amira Manapar (All-women group) | - Widow, mother of 5 children | - 2 grandchildren  
- 3 sons  
- Son-in-law  
- Sisters  
- Daughters  
- Cousin’s grandchildren  
- Nieces  
- Nephews  
- PO members (BFWA)  
- Cooperative (Al-Muklisat Multi-purpose coop)  
- AMDF staff  
- POA  
- Municipal Health Unit  
- Barangay Health Unit  
- Staff and dealers of Personal Collections  
- Government agencies  
- BLGU officers  
- Friends  
- CDA |
| Melanisah Mambuay           |                  | - Father  
- Mother  
- 3 brothers  
- 2 sisters  
- Brother-in-law  
- Sister-in-law  
- Uncle  
- Aunt  
- Grandparents  
- Youth organization (members)  
- In-laws of siblings  
- Relatives  
- POA  
- 2 sisters  
- PO members  
- AMDF |
B. Collective (Who do they care for?)

All-Men group

- Care work equated as responsibilities;
- During this step, care activities already became apparent;
- Care work associated with livelihood that is why there was a need to explain and differentiate the former from the latter;
- Participants identified government agencies and NGOs;
- In considering care work, participants thought of the people they met on a daily, weekly, and monthly bases; they thought of their social relations;
- Taking the role as an Imam (one who leads prayer esp. in Masjid/mosque) is considered as care work for the community;
- One aspect of care work is spiritual care;
- Care work for men is more on the community level while care work for women is on the household level;
- There was no doubt as to the truthfulness or veracity of the participants’ responses because they themselves actually validate it by affirming or agreeing to what were said by one another and considering that they very well know each other;

All-Women group B

Comments/Observations of Facilitating Teams during FGDs

Step 1

- Care work equated as responsibilities;
- During this step, care activities already became apparent;
- Care work associated with livelihood that is why there was a need to explain and differentiate the former from the latter;
- Participants identified government agencies and NGOs;
- In considering care work, participants thought of the people they met on a daily, weekly, and monthly bases; they thought of their social relations;
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- There was no doubt as to the truthfulness or veracity of the participants’ responses because they themselves actually validate it by affirming or agreeing to what were said by one another and considering that they very well know each other;
Step 2

What care activities are performed in your community?

- Going to market
- Washing dishes
- Collecting vegetables in the yard
- Collecting firewood
- Sweeping the floor
- Arranging the house
- Folding of laundries
- Fetching water
- Scrubbing the floor
- Bathing the children
- Ironing clothes
- Listening to concerns and problems of family members
- Feeding the family (children)
- Cooking food for the family; for the sick person
- Giving sponge bath to the sick;
- Assist the sick in drinking medicine
- Bathing the sick
- Washing clothes for the sick
- Cleaning the yard or the surroundings
- Doing laundry
- Do slicing during the cooking of meals
- Cleaning of used utensils for cooking
- Taking care of nephews and nieces (bathe, watch over and play with them
- Providing children with financial support
- Educating/teaching of grandchildren
- Giving massage to husband
- Sewing torn clothes of children
- Helping out the children in their school
- Educating/teaching children in the community
- Arranging venue for events
- House-to-house visiting
- Cooking for people during important events (funeral, wedding and other certain celebrations)
- Attending the wake of a relative
- Giving advise to people in the community
- Organizing events like meetings; coordinate meetings, seminars and Islamic seminars
- Cleaning of mosque
- Cleaning up roads
- Facilitate papers of sick relatives (Philhealth)
- Fetching loads of water during certain events (wake, wedding and other celebrations)
- Attending meetings, weddings, and funerals
- Listening to family discussions
- Raising goats and poultry
- Engaging in embroidery to earn income for sustenance
- Gardening
- Engaging in vermi culture

Inequality between men and women in terms of care work performed is not yet evident in this step;
The common understanding of care work did not actually came out during this step but rather in step 2;

Step 2

- Participants came up with broad responses;
- Some groups enumerated the activities from broad to specific;
- Group savings was considered care work;
- Participants ranked based on their personal experience instead of their general perceptions;
- It came out that it was natural for women to do most of the work but in the case of young girls, participants do not notice or see that they are also over-burdened;
assignments/home work

- Preparing coffee
- Doing repairs in the house
- Watching over a sick person
- Sending the children to school
- Helping out the children in changing their clothes

**What categories of people are involved in doing care work in your community?**

- Mother
- Father
- Daughter
- Son
- Grandmother
- Grandfather
- Extended family
  - Uncle
  - Nephew
  - Female relative
  - Male relative

**Categories of care activities**

<table>
<thead>
<tr>
<th>Mixed group</th>
<th>All-Women A</th>
<th>All-Women B</th>
<th>All-Men</th>
<th>Common to all groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare meals</td>
<td>Care of children</td>
<td>Prepare meals</td>
<td>Within the household/house</td>
<td>Prepare meals</td>
</tr>
<tr>
<td>Clean house</td>
<td>Prepare meals</td>
<td>Care of children &amp; elderly</td>
<td>Outside of the household</td>
<td>Clean house</td>
</tr>
<tr>
<td>Care of family (husband/children)</td>
<td>Laundry</td>
<td>Clean clothes</td>
<td></td>
<td>Care of family (children)</td>
</tr>
<tr>
<td>Care of the sick</td>
<td>Clean house/yard</td>
<td>Clean house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community service</td>
<td>Community work</td>
<td>Provide moral support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social obligations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Which care activities are most problematic for women? (Top 3)

<table>
<thead>
<tr>
<th>Mixed group</th>
<th>All-Women A</th>
<th>All-Women B</th>
<th>All-Men</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1°: Care of the family</td>
<td>1°: Prepare meals</td>
<td>1°: Cooking</td>
<td>➤ Chopping woods</td>
<td>➤ Taking care of the family; of children</td>
</tr>
<tr>
<td>2°: Prepare meals</td>
<td>2°: Laundry</td>
<td>2°: Laundry</td>
<td>➤ Care of children</td>
<td>➤ Preparing meals</td>
</tr>
<tr>
<td>3°: Clean house</td>
<td>3°: Clean house</td>
<td>3°: Feeding the children</td>
<td>➤ Collect water</td>
<td>➤ Cleaning the house</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➤ Clean house</td>
<td></td>
</tr>
</tbody>
</table>

What factors impact on care provisioning patterns?

- Calamities
- *Ramadhan* (month of fasting)
- *Rido* (family feuds) – the woman (wife) is burdened in taking care of the family and looking for livelihood (negative impact);
  - the woman is able to develop skills, become mentally and physically alert and become business-minded (positive impact)
- Social obligations - helping out in preparing food for the visitors during wake/funeral and weddings
- Health
- Attendance to meetings, seminars and trainings
- Family reunions
- Hospitalizing relatives
- When the woman gets sick
- Election period – helping the candidate relatives by campaigning, acting as water or helping out in preparing food
Step 3 & 4

What support, infrastructure and services do you use when you are performing care work?

<table>
<thead>
<tr>
<th>Support</th>
<th>Household</th>
<th>Community</th>
<th>Government/State</th>
<th>Market/Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The husband and the boys gather firewood and get fuel for cooking</td>
<td>Savings earned from the sari-sari store;</td>
<td>Trainings provided by TESDA on dressmaking, herbal medicine and food processing</td>
<td>Firewood and charcoal for sale</td>
</tr>
<tr>
<td></td>
<td>The husband sings lullaby to the children</td>
<td>Savings earned through savings mobilization and gardening used for emergency purposes</td>
<td>Neighbour offers help</td>
<td>Nearby market (fish &amp; vegetables)</td>
</tr>
<tr>
<td></td>
<td>Relatives living together with them (participant) help in taking care of the children</td>
<td>Neighbour offers help</td>
<td>Relatives offer help</td>
<td>Food business (fastfood)</td>
</tr>
<tr>
<td></td>
<td>The husband and the daughters help out in cleaning the house; (family activity)</td>
<td>Community Enterprise;</td>
<td>Community/barangay cleaning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The husband provides moral support during weddings and funerals</td>
<td>“Bayanihan”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The daughter and the husband help in taking care of the children;</td>
<td>People’s organization in the community;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The daughter, sister, husband, mother or brother</td>
<td>Community/barangay cleaning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Comments

- The composition of the team was good;
- There was a deeper appreciation of women’s agency; getting into the root of women’s agency, through this, it will be shown the burden of women at the household level, community and the like.
- How this tool can be applied in existing AMDF initiatives;
- This tool is very important in relation to coming up with clear advocacy agenda or strategy on how to achieve transformative change at the household level;
- If possible, the team should prepare and do a dry-run of the activities;
- It is important to provide the team with a facilitator’s guide which should contain key messages for each step as well as clear questions and synthesis for every step;
- Probing is very important in the conduct of the FGDs;
- The context of the community and of the program must be taken into consideration in the conduct of the tool;
- Evaluation and feedback part is really important;
- The tool can be used for other related initiatives;
offer help occasionally;
- The husband and children help in doing laundry;

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Well</td>
<td>Lake</td>
<td>Spring</td>
<td>Water pump</td>
</tr>
<tr>
<td>Well</td>
<td>Electricity (LASURECO)</td>
<td>Water system</td>
<td>Solar dryer</td>
</tr>
<tr>
<td>Rice mill</td>
<td>Roads</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tricycle</td>
<td>Barangay health worker</td>
<td>Public hospital in Marawi City</td>
<td>Pharmacy – “Botika sa Barangay”</td>
</tr>
<tr>
<td>Health center</td>
<td>Public hospital located in Marawi City</td>
<td>Primary and secondary schools</td>
<td></td>
</tr>
<tr>
<td>Day care center</td>
<td>Free medical examination</td>
<td>Free medicines</td>
<td></td>
</tr>
<tr>
<td>Regular water service</td>
<td>Family planning</td>
<td>Public utilities (transportation)</td>
<td></td>
</tr>
<tr>
<td>Bakery</td>
<td>Laundry shop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What are other services, resources or infrastructure that you rely on to produce care?**

- water catchment
- rice cooker
- vacuum cleaner
- vacant time spent for the *palapa* business and support in

- washing machine
- gas range (gasul)
- gardening tools
- vegetable garden
performing social services
- water pump
- Support of NGOs like AMDF, CFSI, KFI

What are the gaps and how do you propose to address these gaps?

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ No barangay health station (all-men group);</td>
<td>cooking lessons for men;</td>
</tr>
<tr>
<td>✓ No available medicines (all-men);</td>
<td>family development sessions for men;</td>
</tr>
<tr>
<td>✓ Non-functional day care (all-men);</td>
<td>collective and management of zakat;</td>
</tr>
<tr>
<td>✓ Unavailability of basic commodities;</td>
<td>continue and practice the savings mobilization and</td>
</tr>
<tr>
<td>✓ Seek aid and support for livelihood, poultry or goat raising,</td>
<td>household savings;</td>
</tr>
<tr>
<td>and housing and gardening tools from the Department of Agriculture;</td>
<td>there should be a male barangay health worker;</td>
</tr>
<tr>
<td>✓ Only 30% in the community have access to water pump</td>
<td>conduct FGD for children;</td>
</tr>
<tr>
<td>✓ The health center opens only during Wednesdays; check-up is done</td>
<td>conduct FGD with the LGU and the different line</td>
</tr>
<tr>
<td>occasionally;</td>
<td>agencies;</td>
</tr>
<tr>
<td>✓ Not enough supply of water in the community;</td>
<td>provide accessible source of water;</td>
</tr>
<tr>
<td></td>
<td>buy cooked food from a fastfood (caredería);</td>
</tr>
<tr>
<td></td>
<td>discuss in the community how to access water from</td>
</tr>
<tr>
<td></td>
<td>the municipal government officials;</td>
</tr>
<tr>
<td></td>
<td>conduct household discussions about delegation of</td>
</tr>
<tr>
<td></td>
<td>tasks and trainings;</td>
</tr>
<tr>
<td></td>
<td>link with NGOs/NGAs and LGUs by PO representatives</td>
</tr>
<tr>
<td></td>
<td>establish market infrastructures;</td>
</tr>
<tr>
<td></td>
<td>provide access to housing;</td>
</tr>
<tr>
<td></td>
<td>conduct family mashwara;</td>
</tr>
<tr>
<td></td>
<td>practice division of labor within the household;</td>
</tr>
<tr>
<td></td>
<td>access to complete health service and facilities;</td>
</tr>
<tr>
<td></td>
<td>establish community market;</td>
</tr>
<tr>
<td></td>
<td>improve electricity;</td>
</tr>
<tr>
<td></td>
<td>provide women with livelihood opportunities;</td>
</tr>
</tbody>
</table>

Note: the bases of the Mixed group in giving recommendations were the factors they had enumerated which impact on care provisioning patterns.
For the Mixed and All-Men group, the following are the insights of the participants to the activities during the plenary which was done after the FGDs:

a. About the Process
   - It was good;
   - The exercises, activities and questions posed were helpful in soliciting insights and in the sharing of experiences;
   - One certain participant said that the care diamond was his favourite exercise;
   - In the table matrix, one of the participants find it hard to put the dots (perhaps, because there was dilemma whether to tell the truth or not);
   - According to one participant, the table matrix was the easiest activity

b. About the content
   - Was able to express or articulate the needs so that an aid or help will be given/extended;
   - Able to show to the male co-participants the number of work that women do (this was specifically during the 1st FGD);
   - Learned about the 3Rs: recognize, reduce and redistribute care work;
   - There was conflicting view with regards to young girls’ performance of care work. To the All-Men group, they said that young girls perform less work at home considering that they are in-school but to the Mixed group, young girls are overburdened at home because while they are burdened with theirs studies, they also have responsibilities to do at home
c. Reflections
   - Participants recognized the loads of work that women performed;
   - Husbands should help their wives in doing their work;
   - Helping each other is important in the family so that the burden of the wife will be lessened;
   - Participants realized how busy women are and how difficult their work is;
   - There are a lot of work to perform but were unpaid and unrecognized;
   - A certain male participant realized that the works performed by his wife are difficult;
   - There was a realization of whom, between men and women, have a lot of work to do.

d. Suggestions
   - There is a need to invite/include young girls and boys to this participatory methodology on care analysis;
   - In the selection of participants, take into consideration those without gender orientations/ background

ASSESSMENT OF THE TEAM/ DEBRIEFING

Where: Samdhana Retreat Center, Cagayan de Oro city
When: April 10, 2013 (morning)

Note: Please see the Process table for comments and suggestions as to the process and the sidebars for the comments and suggestions on the content.