Empowerment of Women and Girls


Zahrah Nesbitt-Ahmed and Hellen Malinga Apila

March 2015
The IDS programme on Strengthening Evidence-based Policy works across seven key themes. Each theme works with partner institutions to co-construct policy-relevant knowledge and engage in policy-influencing processes. This material has been developed under the Empowerment of Women and Girls theme.

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UNPAID CARE WORK PROGRAMME: UGANDA COUNTRY PROGRESS REPORT (2012–2014)

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b ActionAid

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AAI</td>
<td>ActionAid International</td>
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<tr>
<td>CSBAG</td>
<td>Civil Society Budget Advocacy Group</td>
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<td>CSO</td>
<td>civil society organisation</td>
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<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>FIDA</td>
<td>Uganda Association of Women Lawyers</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>GII</td>
<td>Gender Inequality Index</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>IEC</td>
<td>information, education and communications</td>
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<td>MAWDA</td>
<td>Makerere Women’s Development Association</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MES</td>
<td>Ministry of Education and Sports</td>
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<td>MoGLSD</td>
<td>Ministry of Gender, Labour and Social Development</td>
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<td>NAADS</td>
<td>National Agricultural Advisory Services</td>
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<td>NDP</td>
<td>National Development Plan</td>
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<td>NGO</td>
<td>non-governmental organisation</td>
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<td>NGP</td>
<td>National Gender Policy</td>
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<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<td>UCW</td>
<td>Unpaid Care Work</td>
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<td>UDNS</td>
<td>Uganda Demographic and Health Survey</td>
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<td>UGANET</td>
<td>Uganda Network on Law, Ethics and HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UPE</td>
<td>Universal Primary Education</td>
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<td>UWONET</td>
<td>Uganda Women’s Network</td>
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<td>UWOPA</td>
<td>Uganda Women’s Parliamentary Association</td>
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1 Introduction

Uganda is one of three focus countries within the Unpaid Care Work (UCW) programme of the Accountable Grant. The Institute of Development Studies (IDS) is partnering with ActionAid International (AAI) to help each of the three country programmes involved to develop and implement an advocacy strategy to make unpaid care work more visible in public policy, as well as to integrate unpaid care issues into each country’s programming. IDS’s UCW programme uses an action learning methodology to look at what works and does not work in making the care economy more visible. Further, it aims to track and capture changes in policy and practice in order to improve understanding around the uptake of evidence (i.e. how evidence is being used or ignored, by whom, and with what effects).

The methodology used in each of the countries has two components, with IDS supporting the country teams in two ways:

a) Two capacity-building workshops: one held in-country with stakeholders to strengthen the capacity of relevant state and non-state actors and design strategic campaigns on unpaid care work; the other, an international workshop bringing all partners together. The in-country workshop (in year one of the programme) is designed to develop the strategy to be adopted by each country office, while the international workshop (in year three) will focus on maximising the impact of policy tools on the ground by learning about the strategies pursued by different organisations at the local level and their knowledge needs. It also contributes to building bridges between different organisations working on similar themes in different countries and contexts.

b) Quarterly reflective learning calls (over Skype) with the project team in each country to support the Women’s Rights Coordinators and their teams in their ongoing policy influencing and advocacy work. These calls aim to record and reflect on innovation, change and learning as each country office develops and implements its advocacy strategy.

It is anticipated that at the end of the programme, learning from the advocacy and influencing activities in each of the three countries will inform the development of a set of strategy guidelines that other international non-governmental organisations (NGOs) can use. These guidelines will set out what works well and what has been less successful when integrating unpaid care issues into policy and practice.

This report covers the progress of the programme in Uganda over the first two and a half years of the four-year programme. For a programme aimed at influencing national policy, it is critical to understand the political economy context of Uganda. A brief note on this context is presented in Section 2. It is also important to acknowledge at the outset that the IDS programme is based on primary research conducted by AAI Uganda as part of the Making Care Visible project initiated by AAI. Section 3 draws on the findings of that research, which included community mobilisation through time diaries, whereby women who were members of Reflect circles discussed the nature of unpaid care work in Uganda. Section 3 also presents the results of research mapping relevant policies in Uganda, which aimed to identify gaps and opportunities confronting AAI Uganda in trying to make unpaid care work more visible. A week-long workshop in Uganda, co-facilitated by IDS and AAI, along with a learning workshop in the United Kingdom (UK) has been vital in helping AAI Uganda develop a two-pronged advocacy strategy, which is described in Sections 4 and 5 respectively.

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1 Reflect is a diverse and innovative approach to adult learning and social organisation. The acronym stands for Regenerated Freirean Literacy through Empowering Community Techniques. For more information, see www.reflect-action.org/uganda and www.sareflect.org/index.php?option=com_content&view=category&id=38&layout=blog&Itemid=55 (accessed 28 January 2015).
Section 6 explores the draft advocacy strategy that Uganda has been developing, while Section 7 details the key successes, challenges and lessons that have emerged so far during AAI Uganda’s engagement with the care policy agenda. Finally, Section 8 looks at the future directions of the programme, and AAI Uganda’s work for the final year.
2 Political economy context of Uganda

Uganda’s post-independence leaders have all had a major impact on the country’s political and economic climate. When the country gained independence in 1962, there was conflict between those who supported a centralised state and those who supported a loose federation with a strong role for tribally based local kingdoms. To quell this animosity, the then Prime Minister Milton Obote suspended the Constitution, removed the President and Vice President, and abolished traditional kingdoms. In 1966, a new Constitution proclaimed Uganda a republic and gave President Obote greater powers.

From 1962 to 1970, Uganda’s economy flourished. With an annual growth rate of 5 per cent, gross domestic product (GDP) was rising faster than the country’s 2.6 per cent annual population growth rate. This changed in the 1970s through to the early 1980s, following years of coups and counter-coups. In late January 1986, a new government led by Yoweri Kaguta Museveni ended the human rights abuses perpetrated by previous governments, instituted broad economic reforms, and began a process of political liberalisation and freedom of the press (UBOS and ICF International 2012: 1).

Between 1980 and 2013, Uganda’s Human Development Index (HDI) score increased by 65 per cent from 0.293 to 0.484, ranking the country at 164 out of 187 countries and territories (UNDP 2014: 2). Uganda has undoubtedly made good progress in reducing poverty, and has already achieved its Millennium Development Goal (MDG) target of halving the number of people in absolute poverty. However, according to the Poverty Status Report (Ministry of Finance, Planning and Economic Development 2012), 80 per cent of people previously categorised as middle class had become poor, and the proportion of those still classed as insecure (i.e. cannot meet their basic needs and have volatile incomes) had more than doubled, rising from 6 million in 1992 to 13.2 million in 2014 (International Monetary Fund 2014). This high level of vulnerability is due to shocks such as unemployment and personal disasters such as the death of a breadwinner. The risk of vulnerability is greater for women, especially older women who are widowed and children living in female-headed households.

Uganda has a Gender Inequality Index (GII) value of 0.529, ranking it 115 out of 149 countries in the 2013 Index. Female participation in the labour market is 75.9 per cent compared with 79.3 per cent for men; 35 per cent of parliamentary seats are held by women, while 22.9 per cent of adult women have attained at least secondary-level education, compared with 33.5 per cent of their male counterparts (UNDP 2014: 4).

There remain many obstacles to attaining gender equality. For instance, women still lag behind men in income earnings, with female-headed households earning only 67 per cent of income earned by males (UBOS and Macro International Inc 2007; UBOS 2010). The feminisation of poverty is the result of accumulated disadvantages that women experience during the life cycle, such as lack of education, socio-cultural constraints, and lack of access to capital and productive resources. There are persistent trends of patriarchal patterns of behaviour and stereotypes in relation to the role of women in the private and public spheres. This affects girls’ participation in education, women’s employment prospects, and their involvement in decision-making, as well as the enjoyment of their human rights. Furthermore, there are customary practices that prevent women owning or inheriting land and other property. For example, despite the provision of the ‘spousal consent clause’ in the Land Act (1998), it is routinely ignored and does not apply to widows and divorcees.

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Section 38A of the Act stipulates that a married person must obtain the consent of their spouse before making any transaction with family land, including selling, pledging, mortgaging, exchanging or transferring it. The spousal consent clause was designed to protect women’s rights over family land, to accord them security of tenure and an uninterrupted livelihood.
Addressing gender inequalities has not always been at the forefront of government policy and was only enshrined in law in 1997, with the approval of the first National Gender Policy (NGP), which provided a legitimate point of reference for addressing gender inequalities at all levels of government and by all stakeholders. Since then, the government has attempted to introduce numerous measures to advance gender equality and empower women in the political, economic and social spheres. The National Development Plan (NDP) 2010/11–2014/15 (National Planning Authority 2010), which acknowledges the role that traditional rules and practices play in discrimination against women in Uganda, details strategies to address gender-related constraints to development. It also provides suggestions on how to mainstream gender-neutral policies, plans and programmes. Other areas highlighted in Uganda’s NGP (2007) include the following.

- The Universal Primary Education (UPE) programme, which has increased girls’ enrolment from 2.7 million in 1995 to 7.3 million in 2006. Uganda has made substantial progress in increasing the number of girls enrolled in primary schools to 4 million in 2012, reflecting a steady increase from 46.3 per cent of school-aged children in 1996 to 50 per cent in 2012, thus attaining gender parity in enrolment at that level.
- Affirmative action in public universities (particularly Makerere University), which has increased female enrolment from 23.9 per cent in 1989/90 to 44.4 per cent in 2013.
- There are also more women in leadership positions and a strong role in decision-making due to the Constitution’s mandate that one seat in every district be reserved for a female Member of Parliament (MP) and one-third of local council seats be held by women. This resulted in a significant increase in the proportion of women in local councils (from 6 per cent in the early 1990s to 44 per cent in 2003) with a similar increase in the number of women MPs (from 18.8 per cent in 1996 to 30.4 per cent in 2006). In the past 20 years, the total number of women in the national Parliament has risen from 38 (14 per cent) in the 1990s to 131 (35 per cent) in the 2011–2016 Parliament, thus surpassing the target of 30 per cent set at the Beijing Platform for Action. Additionally, the speaker of the current Parliament is a woman, which has led to more debates around gender-responsive legislative proposals.

Other supportive laws, policies and strategies in place include the Local Government Act (Cap 243), the Land Act (Cap 227), the Land Acquisition Act (Cap 226), the National Agricultural Advisory Services Act (NAADS), the Social Development Sector Strategic Investment Plan (2003–2008), the Community Mobilisation and Empowerment Strategy (2006) and the National Women’s Council Act (Cap 318). There are also policies and mechanisms for stimulating economic growth and poverty reduction aimed at men and women in Uganda. Among these are: the Strategic Exports Strategy, the Plan for Modernisation of Agriculture, the Rural Development Strategy, the Medium Term Competitive Strategy for the Private Sector, the Uganda Public–Private Partnership Strategy (UP3) and the Microfinance Outreach Plan.

As revealed in Uganda’s 2011 Demographic and Health Survey (UDHS), 44 per cent of women own a house and 39 per cent own land. However, most women that own assets do so jointly; 29 per cent of women own a house jointly and 25 per cent own land jointly (UBOS and ICF International 2012: 224). The proportion of women making decisions on personal health care has remained almost constant, at 22 per cent in 2011, compared to 23 per cent in 2006. Additionally, only 38 per cent of currently married women participate in decisions pertaining to their own health care, major household purchases, and visits to their family or relatives (UBOS and ICF International 2012: 219). Almost 50 per cent of women report problems in accessing money for health treatment, 41 per cent report distance to health facilities as a problem, and 22 per cent report low involvement of men in reproductive health care decisions. Yet this is a very important determinant of women’s health and, in situations
where men make decisions, there is delay or denial of timely access to services. The Participatory Poverty Assessment (Government of Uganda 2002) reveals that women’s lack of control over livelihood assets such as land, labour, skills and information, networks, technology, and financial capital remains one of the root causes of poverty.

This scenario creates enormous challenges for women in Uganda, as they are increasingly taking on the burden of unpaid care work, in addition to agricultural and other productive work, which has a negative impact on their wellbeing. Uganda’s economically active labour force (individuals aged 14–64) is, by a slight majority, female (51 per cent); women constitute 77 per cent of the agricultural labour force and 23 per cent of the non-agricultural labour force (UBOS 2010). In many societies, because women are regarded as natural carers, their predominant role in providing unpaid care work shapes their ability to undertake paid work, as well as the types of paid work they can do, and therefore limits their access to existing and potential collective action processes and social security. In Uganda, there is an increasing trend of casualisation of labour, characterised by the absence of formal contracts, salary structures and defined working hours, which affects the majority of women. Women are still concentrated in subsistence food production as opposed to commercial farming, which has more potential for moving women out of poverty. Initiatives to increase the visibility of unpaid care work in the domestic policy agenda are therefore crucial to address gender equality and ensure women’s economic empowerment.
3 Unpaid care work and the policy environment in Uganda

The AAI Uganda programme on Unpaid Care Work (UCW) is part of AAI’s multi-country research programme (covering Nepal, Nigeria, Kenya and Uganda), which focuses on making women’s unpaid care work more visible and valued, by women and men, community leaders and national governments. As with the other three countries, AAI Uganda has adopted the Reflect methodology in its work on unpaid care with local communities. Reflect is a participatory learning process that combines basic literacy and numeracy skills with discussions on power inequalities. Reflect ‘circles’ enable people to critically analyse their local context and support them to suggest shared solutions to their problems.

Officially launched in Nairobi, Kenya, in March 2011, the aim of AAI’s UCW programme was to make visible women’s unpaid care work and its importance to how societies function. The UCW pilot programme in Uganda took place between 2011 and 2012 and had three main objectives:

• to raise awareness at community level in order to change public perceptions and attitudes that unpaid care work is a woman’s social obligation
• to change attitudes of policymakers and build a constituency of people that AAI Uganda will work with to reframe the issue of unpaid care work
• to improve policies and practice by prioritising resource allocations, spending and delivery of public services to reduce women’s unpaid care work.

The project was implemented in four sites: two in community groups in a rural site (in Buseeta, a village in Pallisa district) and two urban sites (Kampala city suburbs, Wandegeya and Bwaise), in order to establish the contextual difference between how rural and urban women and men spend their time in relation to unpaid care work activities. The pilot phase included three exercises/processes/steps: time diaries, Reflect sessions, and policy mapping.
3.1 Time diaries
As in the other three countries, AAI Uganda used a simplified time diary format that was based on the women being able to fill in their daily activities themselves. This sought to fulfil a dual function – not only collecting data, but enabling women and men to begin to understand the time and energy that women spend on unpaid care work, and the detrimental effects of their disproportionate responsibility for unpaid care work on other areas of their lives.
Time diaries were collected in Kampala and Pallisa; starting in November 2011, women participants in these sites engaged in a regular exercise of filling in the diaries. A total of 15 sessions with 140 women and two sessions with 40 men were conducted, guided by a lead researcher in both Kampala and Pallisa, and the data were analysed. These time diaries were preceded by literacy courses and community mapping exercises with participants.

The key findings from the time diary indicate that overall, in a 24-hour period (equivalent to 1,440 minutes in a day), rural and urban women spend almost the same amount of time (150–200 minutes a day) on housework, yet rural women spend more time caring for children (201 minutes) than urban women (around 150 minutes). Although women in urban areas generally do not engage in unpaid work in subsistence agriculture, many are engaged in paid work (589 minutes a day), with some engaged in petty business and a small proportion doing office work. This is different from the situation of rural women, who spend more than two hours a day (on average) on unpaid subsistence agriculture activities. When the first set of time-use diary data was collected, the least common activity for rural women was paid work (less than 20 minutes on average). However, there was some improvement by the time the third set of time-use diary data was collected, whereby a few women were engaged in petty business (approximately 100 minutes). Finally, women in rural and urban areas slept, on average, for 405 and 439 minutes a day respectively. The findings revealed that men spend little time caring for children and older people, and doing housework, and (in both sites) spend more time on paid work, although more so in Kampala (urban) than Pallisa (rural).
3.2 Reflect sessions
With reference to the Reflect sessions, in both Bwaise and Pallisa, an average of 95 per cent of the 140 women participants regularly attended Reflect meetings, conducted twice a month; 80 per cent of members are married. In order to improve the literacy (reading and writing) and numeracy skills of participants, especially women, community facilitators were trained in participatory tools for adult learning. They helped local communities to conduct an analysis of poverty issues and develop action plans that could be implemented using locally available resources. In their regular Reflect circle meetings, participants used the time-use diaries as a reference point for their discussions. Participants discussed their burden of care and how their typical day’s activities affected their wellbeing as women.

At the policy level, unpaid care work carried out by women and girls often goes unnoticed and unrecognised in calculations of Uganda’s economy. It is not included in labour force surveys or in GDP figures. As a result, the realities of women’s and girls’ work burdens are excluded from the data informing policymaking at local and national levels. It is against this backdrop that AAI Uganda, in partnership with IDS, is taking steps to make women’s and girls’ unpaid care work more visible, highlighting its importance to the functioning of society and engaging policymakers to recognise, redistribute and reduce the burden of care work.

3.3 Policy mapping
Finally, in order to identify some of the gaps and opportunities that exist in the Ugandan policy environment that could inform the development of an advocacy strategy, a policy mapping was conducted by a consultant from Makerere University. The policy scoping exercise revealed that while Uganda lacks national policies specifically designed to reduce women’s unpaid care work, there are a number of sectors which have policies that embed some issues of care. These include the National Development Plan, which recognises women as key providers of unpaid care for HIV patients who return home after being cared for in a local health facility, including what they do and do not provide in terms of home-based care.

The policy scoping exercise also identified areas where care played a crucial role in the uptake, implementation and success of policy, such as Early Childhood Care and Development (ECCD) education policy and Uganda’s National Health Care Policy. The latter, for example, emphasises malaria, HIV and tuberculosis (TB) as leading causes of morbidity; while it states that a gender-sensitive and responsive national health delivery system shall be achieved and strengthened through mainstreaming gender in planning and implementation of all health programmes, it does not mention unpaid care work.

With reference to ECCD, the mapping exercise revealed that while Uganda launched its Early Childhood Development (ECD) policy in 2007, the government has not invested funds in implementing and monitoring this policy. As such, ECCD facilities such as ECD centres, nursery schools, kindergartens and day care centres are largely run by the private sector and civil society organisations (CSOs). The absence of any direct involvement in the implementation of the ECD policy by the government has led to low provision of ECD centres in rural areas, where it is less profitable for the private sector to establish services. This denies rural children access to ECD services and means that rural women are preoccupied with caring for and nurturing children throughout the day. As a result, parents are often tempted to send under-age children to primary schools.

While the review highlighted some existing policies related to care, AAI Uganda has asked for a more detailed report on key sectors, policies and guidelines, with more analysis on the agricultural sector (it has already been identified that women provide around 80 per cent of unpaid labour in this sector) and key gaps.
Furthermore, in urban as well as rural areas, access to ECD services is limited to children from rich and middle-income families, who can afford the costs of paying school fees, buying uniforms and transporting children to nursery/day care centres. Hence children from poor communities and children whose parents are in low-paid jobs often cannot afford these costs, so their children miss out on ECD services. Finally, the consultant observed that cultural norms and beliefs and gender relations generally hinder any good intentions of ECD policies.

Overall, in Uganda, lessons from the pilot phase of AAI’s UCW programme with communities revealed the significant impact that unpaid care work has on the lives of women and girls. For example, Reflect facilitators reported how girls were often unable to go to school because their mothers needed help with the housework. Another example concerns women who struggle to care for their loved ones who may be living with HIV/AIDS because they have little access to basic health care. In some cases, community facilitators had to negotiate with husbands to release women from their household responsibilities so that they could participate in community meetings and other development programmes.

As a result of this, AAI and AAI Uganda have integrated ‘making the care economy more visible’ into their strategic objectives. The aim is to build and advocate for gender-responsive economic alternatives at all levels (from local cooperatives to national enterprises) and global policies that recognise, redistribute and reduce unpaid care and guarantee comprehensive social protection\(^4\) to enable the most marginalised women to break the cycle of poverty. Following on from this, in 2012, AAI and AAI Uganda began a four-year partnership with IDS as part of its Accountable Grant work on the Empowerment of Women and Girls to make the care economy more visible in Uganda.

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4 Social protection refers to public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of marginalised groups, with the overall objective of reducing social and economic vulnerability (Devereux and Sabates-Wheeler 2004). An example of care-sensitive social protection would be improved access to fuel and water (through public works programmes) to reduce the heavy labour of fetching and carrying, and give women and girls more time to pursue health and leisure activities (Chopra 2014).
4 Building an advocacy strategy in Uganda

It is against this background that an international capacity-building workshop was conducted between 16 and 19 July 2013 in Kampala, with the aim of making unpaid care work more visible. There were 36 participants, including representatives from the Ministry of Education, Ministry of Health, Makerere University, the Uganda Association of Women Lawyers (FIDA), the Uganda Network on Law, Ethics and HIV/AIDS (UGANET), and the Human Rights Network-Uganda (HURINET-U), as well as AAI Uganda local partners, the Makerere Women’s Development Association (MAWDA), Tusitukirewamu women’s group, and Buseeta Reflect and Development Organization (BUREDO).

The overall objective of the workshop was to begin the process of developing a collective advocacy strategy to make women’s unpaid care work more visible and push the state to take on greater responsibilities for care provision. The specific objectives were as follows:

1. To build the capacity of national coalition members in making women’s care work more visible in Uganda.
2. To identify stakeholders that will help to bring about change and discuss advocacy strategies and entry points.
3. To discuss and fine-tune the draft National Advocacy Strategy for making women’s unpaid care work burden more visible, and to persuade government to recognise, redistribute, reduce and reward women’s efforts.

The workshop sessions included a care and gender norms exercise, which revealed the role played by gender norms and practices, and socialisation of girls and boys, in reinforcing the idea that women have primary responsibility for providing care, which has negative impacts on the wellbeing of women and their children. For example, women may transfer their care responsibilities to their young daughters, who may drop out of school to care for siblings, thereby being denied their right to education. Another session looked at the ways in which power manifests itself at household and community levels, enabling participants to reflect on how women’s ability to enjoy their rights is affected based on who has power within the household and community to make change happen.

Other sessions looked at how to design a framework for unpaid care work in Uganda, identifying the key stakeholders and introducing care into the national budget.5

4.1 Designing a framework for unpaid care work in Uganda: naming, framing, claiming, programming

In this session, the concept of naming, framing, claiming and programming was introduced (see Eyben 2012). Naming is about making people notice that care work is important and should be appreciated and valued. However, participants found it quite challenging to ‘name’ unpaid care work, since there are many languages in Uganda. However, they all agreed to name it ‘care work’ to harness community support and guard against misconceptions that women are demanding payment for the care work they do, which is likely to create a lot of resistance within a patriarchal society. While AAI Uganda decided to retain unpaid care work in its programming language, it was also agreed that communities should be allowed to name care work in their own indigenous language (see Box 4.1).

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5 The full workshop report can be found on the IDS Interactions website.
**Box 4.1  Participants naming care in different local languages**

<table>
<thead>
<tr>
<th>Language</th>
<th>Description</th>
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<tr>
<td>Lusoga</td>
<td>‘Emirimu egikolebwa lily’obulungi bw’a maka’</td>
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<tr>
<td>Luganda</td>
<td>‘Emirimu egyo mu maka egyo kulabirira’</td>
</tr>
<tr>
<td>Lugbara</td>
<td>‘Azibaniba azakozuri’, meaning work that is meant to help people</td>
</tr>
<tr>
<td>Lusoga</td>
<td>‘Erimo gy’okulabirira’</td>
</tr>
<tr>
<td>Lunyankole</td>
<td>‘Emirimo yoku leberera’</td>
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**Claiming** involves mapping out stakeholders around unpaid care work and their influence, carrying out research, and identifying gaps in existing policies and strategies for raising awareness of women’s unpaid care work burden. It involves calling on all stakeholders to recognise, redistribute, and reduce women’s unpaid care work burden.

**Programming** entails deepening or mainstreaming unpaid care work in planning, implementation, monitoring and evaluation. As government programmes are often designed without taking unpaid care work into consideration, opportunities should be exploited to influence government programmes so that care is recognised, while also encouraging its redistribution. Finally, Box 4.2 identifies some of the ways in which women participants **framed** the unpaid care work they do.

**Box 4.2  Framing unpaid care work**

1. It is incredibly valuable and highly needed
2. It is exploitative and back-breaking
3. It means women cannot take up opportunities that are available and leads to violation of rights
4. Those who require care are not receiving the care, yet they have a right to care (e.g. women who have given birth have nobody to care for them but have to provide care to others and cannot rest)
5. Public services could be improved if they supported women’s unpaid care work
6. Women do not have the opportunity to participate in community meetings and are excluded from decision-making
7. Care work contributes to the local (household) and national economy
8. Care is a collective responsibility. We should not leave the care role only to women and households, but also demand that the state makes it a priority. Make the care work specific
9. Women need to realise the workloads that they have and their contributions

**4.2  Stakeholder mapping**

This session enabled participants to map out key stakeholders and identify friends, opponents and actors who are currently neutral. The purpose was to assess who has the power to make change happen and how they can be influenced. One group focused on sustainable agriculture and unpaid care, while another focused on unpaid care in urban areas.

With reference to sustainable agriculture and care, as indicated in Figure 4.1, ‘friends’ include the United Nations Population Fund (UNFPA), UN Women, ActionAid, the Ministry of Health and Education, Makere University, UGANET and the Uganda Women’s Parliamentary Association (UWOPA). ‘Opponents’ include the police, legislators, community members and local councillors. Finally, ‘neutral actors’ include hospitals, the media, legislators, local government and inter-religious councils.
Finally, in order to have an effective advocacy strategy, it is necessary to be aware of the budgetary process and how to introduce care work into the national budget framework. One of the workshop sessions therefore involved participants reflecting on the types of budgets they have been involved in drawing up, what factors they take into consideration while putting budgets together, and when they prepare budgets. Participants were taken through the local government budgeting process to help them realise when and how to bring unpaid care work into the budgetary process at local and national levels. This reflective process enabled participants to realise that unpaid care work is not reflected in local or national government budgets; thus discussions around care work are more urgent than ever.

The workshop ended with participants concluding that women spend a lot of time doing unpaid work and understanding the impact this has on their opportunities to engage in the social, economic and political life of their communities. Therefore, participants agreed the following:

- There is a need to create awareness about unpaid care work among community members. This should be done through both organised workshops for community members and door-to-door outreach to sensitise people about the issues involved.
- Men should be sensitised about the importance of helping their wives; husbands should participate in unpaid care work as this will reduce women's domestic workload.
Men should specifically be targeted and educated about the work done by their wives. Also, husbands need to appreciate, recognise and value the contributions their wives make.

There is a need to reach out to children in schools and educate them that unpaid care work is not only the responsibility of girls or women. This will eventually lead to a change in attitudes among boys, who will be more likely to share roles, thereby reducing the amount of time girls have to spend on unpaid care work.

At household level, parents/guardians should teach their children (boys and girls) to do the same unpaid care work and treat them equally.

A stakeholder mapping and analysis exercise was also undertaken by the team during the workshop and a list of potential allies and opponents was developed to guide future partnerships in taking forward advocacy work on unpaid care.

4.3 Follow-up activities

Following the capacity-building workshop in July 2013, AAI Uganda was involved in a series of activities. These included media engagements, conducting two radio talk shows and airing ten spot adverts in both English and Luganda on KFM and Dembe FM. The aim was to reach out to the public (women, their husbands and community members) and key stakeholders to persuade them to recognise women’s unpaid care work and change the social norms and attitudes that render unpaid care work as exclusively women’s work.

Other key messages from the media engagement included raising awareness of the positive contributions of women’s unpaid care work to the economy and to GDP, the need to name and frame unpaid care work as a collective responsibility, and its relevance to three specific national policies (ECCD, NAADS and the National Health Policy). While these policies recognise the role of women in providing care, they do not commit to reduce and redistribute the heavy workload of women’s unpaid care work. Through these media engagements, it was recommended that government programmes should: incorporate energy-saving technology to reduce women’s work burden from the production, processing and preparation of food at household level; support establishment of alternative care-giving systems like childcare centres; and strengthen and support home-based care systems to give women time to rest and participate in other development processes beyond the household.

AAI Uganda also held spouses’ forum meetings in Kampala and Pallisa, for women and men to attend. These meetings emphasised to husbands that the aim was not to pay women for their unpaid care work, but to understand the value of this work for families and the community. The objective of these forum meetings was to build a common understanding of the concepts of unpaid care work and to provide a platform for discussion and negotiation among couples for the redistribution of unpaid care work. Here, participants reflected on care roles within the family: who takes care of them and who they take care of on a daily, weekly and monthly basis. Participants also conducted a stakeholder analysis and proposed what each stakeholder can do to reduce the burden of care on women, girls and men at family, community, CSO and government levels.

These forum meetings helped to change perceptions of unpaid care work, as this comment from one male participant in the Pallisa meeting shows: ‘I was a very difficult man, but with the guidance and support from this pilot, I was able to realise that my wife isn’t a donkey who has to do everything.’

Finally, AAI Uganda engaged in a policy dialogue meeting with officials from the Ministry of Education and Sports (MES) and Ministry of Gender, Labour and Social Development (MoGLSD) which 15 participants attended. Using the information from the spouses’ forum meetings, AAI Uganda was also able to draft a policy brief for future dialogue for a meeting with the two ministries, which focused on making changes to the ECCD policy. For example,
following dialogue, MAWDA has carried out meetings with different stakeholders, including cultural and religious leaders. They have also mentored some male members of local communities who are now acting as positive role models, supporting their wives by sharing the unpaid care work burden. However, MAWDA has also recognised that there are still a large number of women who think it is their duty to do all the housework, and they are offended by suggestions that their husband could help out. Officials from the MoGLSD also noted that, as an entry point for policy change, the first step would be sensitisation of people on unpaid care work issues, which would help people appreciate the gravity of care work and its effects on the lives of women. However, they also emphasised time and resource constraints. Finally, it was agreed that each individual present at the policy dialogue meeting was responsible for using other relevant spaces to talk about unpaid care work. These spaces include community meetings organised by local government officials, thematic coordination meetings at ministry level, Rotary Club meetings, school clubs, district coordination meetings, and various functions at which government officials are invited to officiate.
5 International learning workshop

An international learning workshop was held at IDS from 12–14 February 2014, entitled ‘Increasing Visibility of Unpaid Care in Policy Agenda: Learning from Local Strategies’. The workshop brought together researchers from IDS, Bangladesh and Indonesia, as well as ActionAid practitioners from Nepal, Nigeria, Uganda and the UK. It provided space to discuss and debate the policy process for promoting gender-responsive economic and social policies associated with the issue of women’s unpaid care work. The workshop was designed for specialists to discuss types of advocacy strategies, as well as articulate how some of their key strategic objectives fit within the policy process outlined above. Taking some strategic objectives as examples, specialists were asked to reflect on what a successful outcome might look like – ideally, and realistically (Munslow 2014).

The workshop offered the space for Women’s Rights Coordinators and Monitoring and Evaluation Officers from the three ActionAid country offices to consider national advocacy strategies in the light of comparative activities, successes, challenges and opportunities. Localised examples of advocacy were discussed from the perspective of each country, which showed the conditions and factors that contribute to raising the profile of women’s unpaid care work within national and international development agendas.

There was also space for reflection on ActionAid’s 2012–17 strategy, which sets out ten macro results to reach across the entire ActionAid federation of 49 countries. These ten result areas are also known as key change promises, of which there are two under the Women’s Rights objective. This framework is to be adapted to local country contexts through ActionAid national monitoring and evaluation (M&E) staff known as the EAGLES (Evaluation Accountability Global Leaders network).

The workshop also enabled country offices to further think through their advocacy strategies, which will be discussed in the next section.
6 Uganda’s draft advocacy strategy

Drawing on the experience and key findings of the three pilot programmes, the capacity-building workshop and follow-up activities, and the international learning workshop, AAI Uganda is currently developing an advocacy strategy that aims to make unpaid care work more visible in Uganda and ensure that it is accounted for in macro- and micro-level policymaking and implementation. This will contribute to women’s empowerment, and equitable growth and development through gender-sensitive provision of public services in energy, water, education, health and agriculture.

This advocacy strategy is in line with AAI Uganda’s current focus on women’s rights and gender equality, with unpaid care work being one of the core areas under the Women’s Rights programme. Lessons from this national engagement will also contribute to learning across the federation on unpaid care work. The process to finalise this strategy includes working within the remit of existing childcare policies to analyse how childcare facilities can help reduce women’s unpaid care work responsibilities.

AAI Uganda’s advocacy strategy to make care more visible will be implemented in a two-pronged approach: first, within its programme and specific sectors, and second, to make a larger impact on how unpaid care work is understood and made visible through media platforms, including newspaper slots, radio and TV adverts /talk shows. Specific objectives include:

- raising public awareness on women’s unpaid care work and its consequences for social wellbeing and development of households
- creating a national voice that is heard by ordinary people and those with power to make necessary changes in policy and legislation, which calls for better protection of women and girls from the burden of unpaid care work
- enhancing the capacity of CSOs to hold government accountable for implementing existing policies as well as for the provision of quality public services
- helping to build competent public services, structures and systems at household and community levels that sustainably reduce, recognise and reward the care work performed by women and girls, including increased budget allocation to reflect unpaid care work in agriculture, health and education sectors at national and local government levels.

This advocacy strategy calls for national actors (state and non-state) to rethink how they understand the drivers of Uganda’s economic development and the role of government in public service provision. It proposes alternatives to the current economic model, which reinforces gender stereotypes that ignore women’s unpaid care work. The strategy also calls for the expansion of key public services to support those women and men living in poverty to help them both provide care and also access quality care when required.

The advocacy strategy will focus on building women’s collective actions and empowering a critical mass of women and men to link women’s care work to patriarchy and various forms of rights violations in public service delivery, which constrain development at the micro and household levels. This collective action by women will generate and exert pressure on key government sectors, and will call for fairness in budget allocation to public services that reduce the burden of care on women. Influencing strategies will include:
• working with the media to publicise women’s burden of care through information, education and communications (IEC) activities: (media debates, TV shows, posters, stickers, banners, T-shirts, caps) in order to generate public concern and debate

• documenting lessons and case studies to build evidence and strengthen advocacy work on the amount of time women spend doing unpaid care work, and the resources they would have accrued if they were remunerated for the care work they do

• strengthening linkages between local, national and international movements using evidence from the local level to influence national and international processes

• changing attitudes by building allies, networks and coalitions with women’s rights organisations, women’s groups, girls’ empowerment clubs, men’s fora, key government institutions, and critical stakeholders such as cultural leaders, religious leaders, and political leaders.

AAI Uganda envisages mobilising men who have received training and who are acting as role models within their communities into a national movement of men who can ‘champion’ sharing the unpaid care work burden. At the local level, Reflect circles will be mobilised to create awareness of the need to recognise, redistribute and reduce the unpaid care work burden on women and girls, within the household and at community level. A strong linkage will be made to government responsibility to deliver social services with time-saving technologies and utilities in the key sectors. Finally, the key support networks required to achieve the advocacy objective include Public Financing for Agriculture, the national Civil Society Budget Advocacy Group (CSBAG), active CSOs, existing government structures, rural and urban agricultural and trade cooperatives, women’s coalitions, cultural and religious leaders, and the UCW programme’s spouses’ forum. These stakeholders will participate in monitoring and will hold government accountable for the provision of social services.
7  Successes, challenges and key lessons learnt

This section of the report discusses some of the successes, challenges and key lessons learnt by AAI Uganda in making unpaid care work more visible in Uganda.

7.1  Successes
In August 2013, during a Skype call with AAI Uganda’s Women’s Rights Coordinator, one of the programme’s key successes was noted, in that AAI Uganda had ‘begun to map their allies in supporting their work in making unpaid care work visible as well as their entry points’. Key contacts identified (particularly at the national level) which would enable AAI Uganda to influence policy included members of national steering committees, the Ministry of Health, the Ministry of Gender, the Ministry of Agriculture, the Ministry of Education, and the media. However, by January 2014, a follow-up interview revealed other programme successes:

Our focus and most significant achievement during the year was to ‘Make care work economy more visible’ through: co-planning and co-hosting national in-country workshop, which conducted a stakeholder mapping; media engagements as a follow-up of the action plans from the national workshop, a spouses’ forum meeting, and policy dialogue with key ministries.
(Skype interview with AAI Uganda staff member, January 2014)

For AAI Uganda’s Women’s Rights Coordinator, the programme’s performance is attributed to some enabling factors, including but not limited to…

... The political will from AAU management team to support the programme. Stakeholders at national level are inspired by the achievements and lessons from the pilot phase and the passion with which the beneficiary communities have embraced the programme.
(Skype interview with AAI Uganda staff member, January 2014)

Due to strong and ongoing media publicity, AAI Uganda is seeing some movements at the national level; it recently had two follow-up meetings with the MoGLSD and is planning to develop a detailed media and communications strategy for the next two to three years. However, one AAI Uganda staff member raised the point that they have put ‘a lot of investment into getting the media to see this as an issue that needs to be discussed’ (October 2014). At the local level, in the past two months, AAI Uganda has been supporting training and expansion of new Reflect circles in Kampala, as well as refresher training for those who took part in the pilot programme in the city. The same will be done in Pallisa and Nebbi LRP, a new location in the north. So, by the end of 2014, at least three sites will be taking forward discussions on unpaid care work. Furthermore, the programme is aiming to recruit ten new Reflect circles.

In addition, the Uganda Women’s Network (UWONET) held its 2nd National Women’s Week from 16–24 October 2014, during which AAI Uganda organised a panel on women’s economic empowerment and poverty. The discussion centred on the 3Rs (recognise care and unpaid care work; reduce difficult, inefficient tasks; and redistribute unpaid care work from women to men and from poor families to the state), as well as the role of the state in addressing these to help women exit out of poverty. At the panel, AAI Uganda presented a paper to various stakeholders, including the MoGLSD, the Ministry of Finance, Planning and Economic Development, and the Ministry of Trade, Industry and Cooperatives, Members of
Parliament, representatives from the private sector, CSOs, academic institutions, and women engaged in business. The paper focused on how women can be supported to reduce their burden of unpaid care work so that they have more time to engage in productive activities and generate their own income. As explained by an AAI Uganda staff member:

We will have a panel of discussants with two male champions – a resident judge passionate about unpaid care... who will be bringing the perspective of the costs of the work and how to make it more visible in the policy agenda and AA Uganda’s director bringing perspectives from AA and what we are doing and linking that to the policy space. There will also be two panellists from academia (one from Institute of Social Transformation and School of Business in Makere University) and also two from private sector (Uganda Private Sector Foundation and Uganda Women Entrepreneurs Association).
(Skype interview with AAI Uganda staff member, October 2014)

This panel also reveals the importance of previous engagement with key actors in various spaces, but also the role of champions, and specifically male champions in making unpaid care visible. As indicated by an AAI Uganda staff member:

Justice Batema has been in our spaces before, we have had discussions with him and he’s been in dialogue groups especially when we launched the Uganda report for the pilot. And he’s a very outspoken judge in terms of promoting women’s rights and gender equality – he has spoken about women’s rights, GBV [gender-based violence], access to justice, and he is even now named the ‘sister of women’... Dr Thelmathe, female academic, has been engaged with AAU livelihoods unit. She has worked with us on issues of agriculture financing, and women’s economic empowerment. The session was moderated by Charles Mwanguhya, a journalist who hosts a weekly national TV talk show called the Fourth Estate, who is a member of ActionAid Uganda’s General Assembly and has participated in an immersion exercise where people are supported to live with poor households in the community, interact with AA’s work in the beneficiary target areas, and experience living in poverty.
(Skype interview with AAI Uganda staff member, October 2014)

The impact the UCW programme has had on women’s lives, and also in changing men’s attitudes, is another important success, as revealed by members of the Reflect circle groups. As part of AAI Uganda’s ‘Stories of Change’ series, it spoke to a number of women who explained how a typical day looked prior to joining the UCW programme. Below is one such example from a 36-year-old woman, a member of her local Reflect circle:

I used to get up before 6am and by 8am I would feed the children and then go to the garden. Sometimes my husband would help in the garden, but not for long hours. I was working in the garden all morning, only breaking for fetching water once or twice, at 10 or 11. When I came home at noon, my husband could command me to get the bath water ready for him. After, I had to collect the basin and soap from the bathroom after his shower. I would be preparing some food, then clean the compound, take care of the animals and the children all afternoon. From around 4pm, I would go and fetch water one more time, the third time in a day, then go to the garden to dig up some food for supper, and continue with the rest of the chores. At six I prepare the supper, bathe the children, bring back animals and ensure everything in the home is in its right place before dark. I would be working without time to rest until I went to bed.
(Interview with Reflect member, Malinga et al. 2013)

This woman reported that being part of the local Reflect circle with her husband, and having a space to discuss the burden of care, as well as receiving adult literacy training and being
part of savings/credit schemes, has seen a shift in the distribution of unpaid care within their household, with both now helping each other in the garden.

A 52-year-old female member of the Reflect circle in Katiryo village shared similar sentiments:

> There has been a great improvement in my life, I feel so liberated, and within a year! Today he fetches water for his bath himself, collects firewood and brings it home. He goes to the borehole with the jerry cans on his bike, and if I am doing some cooking, like peeling sweet potatoes, he just comes and helps me.

(Interview with Reflect members, Malinga et al. 2013)

For this woman, something changed after she and her husband joined the Reflect circle meetings, as they were both able to learn new insights through discussing issues such as the negative implications of women’s enormous workload and the cultural social norm of bride price, which renders women completely submissive to their husbands.

In addition to raising awareness of women’s caring roles, the Reflect groups also enabled women to gain a critical role in mobilising for their rights. In Uganda, women used the community discussions with some success as a space to change men’s and women’s attitudes towards a more equal division of unpaid care work as noted earlier. This initial change may mean that men and community leaders are more likely to support women’s demands for better access to public services at a later stage. The important role of the Reflect circles in inspiring collective action was revealed by Budlender and Moussié (2013: 27); women in the Making Care Visible programme began to value the time and energy taken up by unpaid care work and to question their disproportionate responsibility for this work, but they also began to discuss ways in which they could change their situations through collective action. Specifically:

> The Reflect circles became a space for this collective process of empowerment in that women met to prepare their demands ahead of the community discussions. The community discussions were intended to be spaces where women could present their issues, and specifically seek recognition for their unpaid care work. This, in turn, contributed towards their political empowerment as more women became involved in local decision-making processes such as community discussions with local authorities… The community discussions also became spaces where alliances could be forged with other women and men in the community who were not part of the Reflect circle.

Budlender and Moussié (2013: 27)

### 7.2 Challenges

Despite these programme successes, there remain some barriers to success, including strong patriarchal attitudes that reinforce gender roles and division of labour at household level, which was noted by one AAU Uganda staff member:

> This influences individual and collective views and practices at household, community and policymaking spaces as a result… The unpaid care work is seen and treated as a woman’s sole responsibility.

(January 2014)

One strategy used to overcome this negative public perception of unpaid care work has been continued awareness-raising and information-sharing, especially findings from the pilot programme on the time-use survey, which indicate how their disproportionate burden of unpaid care work puts women at a more disadvantaged position in society. See Table 7.1 for
details of some of the other challenges AAI Uganda has faced and the strategies used to address those challenges.

Table 7.1 Challenges, barriers, and strategies to overcome them

<table>
<thead>
<tr>
<th>Goals</th>
<th>Challenges and barriers</th>
<th>Opportunities and triggers</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change public perception on UCW</td>
<td>Powerful traditional beliefs, religions, institutions</td>
<td>Community champions</td>
<td>Community meeting IEC, theatre for change</td>
</tr>
<tr>
<td>Alternative budget formulations including UCW</td>
<td>Competing priorities, budget cuts, volatile budgets</td>
<td>Strong opposition, alternative budget papers</td>
<td>Media engagement, radio talk shows, bulk SMS. Link to tax justice, stakeholder meetings at district and national levels</td>
</tr>
<tr>
<td>Institutions recognise and redistribute UCW</td>
<td>Ministries making a firm commitment</td>
<td>Strong networks for women, Uganda women’s networks – lobby and influence. MES shown interest</td>
<td>Create national steering committee Incorporate UCW in UN Women’s new strategy</td>
</tr>
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</table>

There are also issues within different ministries in terms of financing the proposed activities to make care more visible and reduce the ‘burden of care’, as discussed by an AAI Uganda staff member:

_The HIV/AIDS sector is not properly funded so challenges to integrate care into existing policies would be a lot more difficult, particularly if cuts would have to be made. There is existing support with steering committees within the ministries of health and gender, but parting with resources would be difficult._

(Skype interview with AAI Uganda staff member, August 2013)

Other challenges include staff capacity and changes in staff and fundraising – the UCW programme in AAI Uganda is a new programmatic area and receives little funding.

7.3 Key lessons learnt

In its efforts to make unpaid care work more visible, AAI Uganda has learnt the importance of the personal:

_For someone to recognise this work and appreciate why we are talking about unpaid care work, it is important to bring it from personal perspective of an individual and pitch it as a point as it starts with me and then it shifts to the next person and then the community. And the question is who else?_

_It’s just like any other women’s rights issue – until it touches someone as an individual or their sister, or mother or themselves, is difficult for them to see it as important – so approach and message is important._

(Skype interview with AAI Uganda staff member, October 2014)

The importance of the personal is also revealed in AAI Uganda’s shift in focus internally from sustainable agriculture (as discussed during the workshop) to more explicitly on ECCD and piloting three childcare facilities:
A number of us female staff have children and are still giving birth and struggling with childcare here and there. And it eventually comes back to our own experiences as women. It’s personal as it touches everyone, we have young ones who are joining the organisation beginning to just produce children – have 1, or 2 or 3 and they are struggling. How do we, internally, as an organisation, enable our staff to be able to have a place to take their children and while they are in the office they are comfortable that their child is taken care of? Argument from a personal point of view has managed to change thinking.

(AAI Uganda staff member, October 2014)

In addition to the personal, AAI Uganda also had a lot of reflections internally and discussions on what direction to take with the UCW programme:

We talked about agriculture – the work is unpaid but it is not necessarily unpaid care work and the level women contribute is also recognised in statistics and their contribution to GDP, unlike unpaid care work.

(AAI Uganda staff member, October 2014)

Through these discussions, the significance of a collective voice was raised as critical for making unpaid care more visible. Having a common issue between other members of the ActionAid federation working on the UCW programme was seen as crucial:

We needed to work and be able to contribute to the global discussion so that means if we were having a campaign, all the three or four countries working on unpaid care work, would we have a common issue we can work together with? What is it that is binding and linking us with other countries? It will be the work around childcare. We need to have a common issue that we will be taking to the international level. It is about a collective voice.

(AAI Uganda staff member, October 2014)

The second lesson comes from engaging and working effectively with the media. There are three points to note on this. First:

In order to work effectively with the media it is important to ensure the media fully understands the issue of unpaid care work before they begin talking about it. This also requires AAU framing and understanding the issues properly and thinking specifically on what role they would like the media to play.

(AAI Uganda staff member, August 2013)

Second, when working with the media, it is also important to ‘think more on the different categories of media in the country – at community and national level, targeting English speakers vs. local speakers’ (AAI Uganda staff member, August 2013). As such, it is also vital to think through how best to frame engagement with the media.

Finally, in terms of ongoing media work, and especially messaging:

It is interesting to note that the public, the women tend to notice. When they see an advertisement or hear an audio spot message, it is like, finally someone is doing something about the issue and they notice it and feel something needs to be done... At some point, you might be thinking working with media is a waste of time and you can’t measure impact. But feedback you get from people shows you are making a change.

(AAI Uganda staff member, October 2014).

This reveals that the media has to be a strong ally if the UCW programme is to achieve its goals.
8 Future directions

The plans for years three and four of the UCW programme in Uganda include the following:

1. Ongoing influencing and advocacy work led by AAI Uganda’s Women’s Rights Coordinator in a three-pronged approach:
   o Through community mobilisation, the programme will raise awareness and change public perceptions and attitudes about unpaid care work as a woman’s social obligation. This will be done by conducting more Reflect action learning community meetings, printing and disseminating IEC materials (artwork, pictorial posters, flyers, pens, scuffs/ bandanas ) and using social theatre (music, dance and drama) to promote changes in attitude.
   o To change the attitudes of policymakers and build a constituency of people in state and non-state institutions who reframe the issue of unpaid care work and promote recognition and redistribution of this work, the programme will engage with the media (TV and radio spot messages, mobile radio and TV open air public debates, bulk SMS platforms, live radio/TV talk shows). It will also hold engagement meetings with stakeholders at district and national levels. These may include high-level breakfast/lunch/dinner meetings with national policymakers, dialogue and lobby meetings at district/sub-county/division levels, steering committees, community facilitators’ forum and spouses’ forum, participatory reviews, reflections and strategy meetings.
   o To improve policies and practice by prioritising resource allocations, spending and delivery of public services to reduce women’s’ unpaid care work, the programme will support capacity-building for the Civil Society Budget Advocacy Group (CSBAG) to reframe unpaid care work as a human rights issue. It will also strive to make unpaid care work more visible in the mainstream development agenda. This will involve: conducting a training session for CSBAG members, budget analysis, and developing an alternative framework paper for lobbying key ministries; developing a media strategy and training media houses for policy advocacy on unpaid care work; holding press conferences, issuing press releases, and publicising issue papers on policy recommendations for the budget framework papers.

2. Rolling out (through training of trainers) unpaid care work for Nebbi, Kampala and Pallisa community facilitators.
4. Media engagements: developing and publicising TV and radio spot messages, talk shows and airing documentaries.
5. Establishing a model day care centre in one of Kampala’s communities.
6. Developing AAI Uganda’s draft advocacy strategy in consultation with IDS.
7. Giving careful consideration to which aspects of unpaid care work should be investigated further next year, delving deeper into studying the issue of childcare (What does it mean? What are the cost implications? Who is taking care of children while women are struggling to engage in economic alternative sources to earn a living?). AAI Uganda wants to map out how much time women lose through being solely responsible for childcare, time that they could use to invest in economically viable opportunities. It is hoped this will inform future debate around childcare centres with the ministries of gender and education.
8. A second and final-year workshop will be held, designed and planned according to emerging learning and requirements from the first two years of the programme.
Bibliography


