FINDINGS FROM A WE-CARE PROJECT FINAL EVALUATION

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WE-CARE
WOMEN'S
ECONOMIC
EMPOWERMENT
AND CARE

OXFAM

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CONTENTS

Acknowledgements	3
Abbreviations	6
Executive summary	7
1. Introduction	18
1.1 Evidence and challenges around unpaid care and domestic work	19
1.2 Oxfam's approach to unpaid care and domestic work and the WE-Care programme	21
1.3 WE-Care project	21
2. Methodology	25
2.1 Evaluation design	26
2.2 Data collection process and research ethics	29
2.3 Limitations and challenges	29
3. Findings	30
3.1 Background on unpaid care and domestic work in Zimbabwe and the Philippines	31
3.2 WE-Care impact: women and girls' use of their time on activities of their choice	32
3.3 Pathways of impact	35
3.3.1 Reduction	35
3.3.2 Redistribution	38
3.3.3 Recognition	42
3.3.4 WE-Care components and synergy of effects	50
3.4 Looking beyond project objectives: positive and negative unintended effects	52
3.4.1 Positive unintended effects observed	52
3.4.2 Negative unintended effects observed	55
3.5 Sustainability	56
4. Conclusion	60
5. Learning considerations and policy implications	62
References	66
Annex	68

LIST OF TABLES AND FIGURES

Boxes

Box 1 Average treatment effect on the treated (ATT)	26
Box 2 Limitations and challenges	29

Tables

Table 1 Sample sizes for quantitative survey	27
Table 2 Sample and qualitative tools across sites	28
Table 3 Infrastructure built or repaired and time- and labour-saving equipment distributed	36
Table 4 Vignettes in the Household Care Survey	51

Figures

Figure 1 WE-Care coverage in the Philippines	22
Figure 2 WE-Care coverage in Zimbabwe	22
Figure 3 WE-Care Theory of Change	23
Figure 4 Time spent on unpaid care and domestic work (including supervision tasks) in the sample	31
Figure 5 Difference in hours spent on paid work for women in areas with/without new water infrastructure	34
Figure 6 Implementation flow for activities on outcome 1	35
Figure 7 Difference in hours spent on primary care work of women with/without access to new water infrastructure	38
Figure 8 Implementation flow for activities on outcomes 2A and 2B	38
Figure 9 Difference in hours spent on primary care work of men involved/not involved in the social norms intervention	39
Figure 10 Implementation flow of influencing activities at local level in the Philippines	43
Figure 11 Implementation flow of influencing activities at local level in Zimbabwe	44
Figure 12 Implementation flow of influencing activities at national level in both countries	46
Figure 13 Implementation flow of influencing activities at global level	47
Figure 14 Difference in responses to unequal distribution of care work vignette by participants involved/not involved in social norms interventions	52
Figure 15 Acceptance of gender-based violence for reasons related to unpaid care	54

ABBREVIATIONS

ARMM	Autonomous Region in Muslim Mindanao
CSW	Commission on the Status of Women
CMEL	Community Monitoring Evaluation and Learning
DA	District Administrator
DDF	District Development Fund
DWSC	District Water and Sanitation Committee
ECD	Early Childhood Development
FGD	Focus Group Discussion
GAD	Gender and Development
GIP	Global Influencing Plan
GIS	Global Influencing Strategy
HCS	Household Care Survey
IDI	In-Depth Interviews
IGT	Intergenerational Trios
IAFFE	International Association for Feminist Economics
ILO	International Labour Organization
INGO	International Non-Government Organization
KII	Key Informant Interview
PRRM	Philippine Rural Reconstruction Movement
PSA	Philippines Statistics Authority
PCW	Philippines Commission on Women
PWSC	Provincial Water and Sanitation Committee
RCA	Rapid Care Analysis
RDC	Rural District Council
RDDC	Rural District Development Committee
SDG	Sustainable Development Goal
ToC	Theory of Change
TLSE	Time- and Labour-Saving Equipment
UCDW	Unpaid Care and Domestic Work
VIDCO	Village Development Committee
WADCO	Ward Development Committee
WASH	Water, Sanitation and Health
WCoZ	Women's Coalition of Zimbabwe
WE-Care	Women's Empowerment and Care
WEE-Care Ordinance	Women's Economic Empowerment and Care Ordinance
WRO	Women's Rights Organization
ZimSTAT	Zimbabwe National Statistics Agency

Executive Summary

In 2016, Unilever, its laundry brand Surf and Oxfam formed a partnership to support activities to transform unpaid care and domestic work (UCDW) as part of the Women's Economic Empowerment and Care project. The largest initiative of its kind in the world, it combined advocacy with interventions to improve laundry infrastructure, provision of household equipment and efforts to promote positive social norms of men and women sharing UCDW, complementing other existing initiatives within the WE-Care programme. Guided by a strong research and evaluation framework, the 12 WE-Care partners in the Philippines and Zimbabwe and the global team worked together to develop methodologies and approaches that could inform future advocacy with governments, companies and donors, and improve programme designs.

The Overseas Development Institute (ODI) and a team of national research partners¹ were commissioned to conduct the final evaluation of the WE-Care project. The evaluation was conducted between March and August 2019, with focus on activities that took place across project areas in the Philippines and in Zimbabwe, and results achieved at global level.

This executive summary begins with a description of the WE-Care project and the evaluation methodology. It goes on to present an overview of the evaluation's main findings, including evidence on WE-Care's overall aim of women and girls having more choice over how they spend their time; on the reduction observed in time required for unpaid tasks; on the redistribution of responsibilities for care tasks between women and men in the household; and on recognition of unpaid care by decision makers and in policies at local, national and global levels. It concludes with findings on the positive and negative unintended effects of WE-Care interventions (looking beyond the scope of the project objectives), followed by a discussion on sustainability of achievements and a summary of learning considerations for similar initiatives on UCDW.

Project description

The project's overall objective was to support women and girls to have more choice and agency over how they spend their time and have the ability to engage in social, personal, economic and political activities.

According to the project's Theory of Change, this goal could be achieved if the time women and girls spend on UCDW tasks is reduced as well as redistributed to men and boys and from the individual to state and/or private institutions through, for example, legislation, policies, practices, provision of services and infrastructure, and if more development actors are involved in addressing it. To bring this change to life, WE-Care offered a distinctive combination of a range of localized interventions that aimed to address the unequal distribution of UCDW through four outcomes:

- **Outcome 1 (Reduction):** The intensity and amount of time required for unpaid care tasks is reduced.
- **Outcome 2A (Redistribution):** More participation of men and boys in care activities and more equitable distribution of unpaid care work between men and boys and women and girls in households and communities.
- **Outcome 2B (Redistribution):** Media and advertising increasingly present shared care roles.
- **Outcome 3 (Local and national recognition):** Decision makers (including government, service providers and private sector) increasingly recognize the positive role policy and practice can play in addressing heavy and unequal care work.
- **Outcome 4 (Global recognition):** Oxfam, with partners and allies, take joint action to strengthen the quality and impact of WE-Care interventions in and between countries and across the wider sector.

In the Philippines, WE-Care was implemented by five local partners in rural and peri-urban areas covering 124 barangays² and municipalities in the regions of the Autonomous Region of Muslim Mindanao (ARMM), Central Mindanao and Eastern Visayas, and by a national advocacy partner. In Zimbabwe, the project was led by three local and three national technical partners covering 17 wards³ in the districts of Bubi, Masvingo, Gutu and Zvishavane. Globally, WE-Care engaged with women's rights and civil society partners, international organizations, academics and the private sector around the theme of UCDW.

As a multi-country project, teams and partners were able to create and adapt activities according to what was considered most relevant to their context using the tools, approaches and strategies developed together with the global team. Partners would then implement activities with support from local, national and global stakeholders, e.g. community members, local, religious, traditional and political leaders, the media, national government, global institutions and Oxfam allies.

WE-CARE IN NUMBERS

During the project's life, over 79,000 people, mostly women and girls, have benefitted directly and more than 300,000 people indirectly through the construction and repair of water points, distribution of time and labour-saving equipment such as water containers, and social norms interventions, e.g. community awareness activities, training of care champions (men, women or couples willing to show public support and lead discussions on the theme) and involving school groups. We have engaged 1,365 decision makers and over 6,400 development professionals through meetings, training, publications and participation in events, and reached 34 million people through our online, TV and radio campaigns.

UNPAID CARE AND DOMESTIC WORK AND WOMEN'S ECONOMIC EMPOWERMENT

Unpaid care and domestic work (UCDW) describes unpaid, direct care of persons and domestic work for family members and other households in contrast to 'housework' or 'paid domestic labour' (Esquivel, 2013). The theme has emerged as an important topic of discussion not only in academia but also as a target to be achieved under Sustainable Development Goal 5. Evidence suggests that globally, most unpaid care work is undertaken by women and girls from socially and economically disadvantaged groups (Chopra and Zambelli, 2017; ILO, 2018; Rost and Koissy-Kpein, 2017). The most recent data from the International Labour Organization (ILO) reports that women undertake 76.2% of the total amount of unpaid care work globally, which is 3.2 times more time than men. This means that on average, women spend 4 hours and 25 minutes doing unpaid care work per day compared to an estimated 1 hour and 23 minutes for men (ILO, 2018). This increased participation of women (and girls) in unpaid care work limits their participation in economic, social and political spheres and constrains their ability to seek employment and income, also increasing their risk of economic disempowerment (Razavi, 2007).

Evaluation design

The final evaluation had two main objectives: to understand if change happened as a result of WE-Care interventions, and how it happened in light of the different 'pathways of change' identified by the project's Theory of Change.

To answer these questions, the teams and partners decided to examine the impact of the different outcomes in participants' lives, the synergy of effects between outcomes, possible unintended effects (positive and negative) of WE-Care interventions, and factors enabling the sustainability of results. A mixed-method approach was considered most appropriate to answer these questions, covering:

- **Quantitative approaches** using Oxfam's Household Care Survey to assess average effects of 'treatments' (project interventions), i.e. access to water infrastructure and/or to time- and labour-saving equipment, participation in social norms activities and/or social norms training, by comparing similar groups of treated and control households and individuals within the sample.
- **Qualitative approaches** to produce a more in-depth analysis of how changes in the lives of women and girls took place and evolved, employing a review of secondary data and primary data collection from a sample of people benefitting directly and indirectly from WE-Care interventions through inter-generational trios, in-depth interviews, focus group discussions (FGDs) and key informant interviews with selected local, national and global stakeholders. A small group of non-participants was added to serve as a control group. Qualitative data was then coded and analysed according to the indicators defined for each evaluation question.
- **Participatory approaches** undertaking participant observation and employing participatory ranking exercises as part of FGDs, also coded and analysed against the evaluation indicators.

Training with national researchers and data collection was conducted between May and July 2019 in the provinces of Eastern Samar, Leyte, Maguindanao, North Cotabato and Sultan Kudarat in the Philippines and in the districts of Bubi, Masvingo and Zvishavane in Zimbabwe. A total of 849 women, men and children participated in the survey in the Philippines and 776 in Zimbabwe, representing 369 and 329 households in each country. In each country, the evaluation teams conducted six inter-generational trios, six in-depth interviews, six to seven FGDs and six to seven key informant interviews, reaching a total of 74 interactions.

METHODOLOGICAL CHALLENGES AND LIMITATIONS

Methodological challenges and limitations should be considered when interpreting the evaluation findings. Sampling limitations (i.e. selection of households with both women and men present, focus on areas where partners were active, small sample sizes) imply that findings should not be taken as representative of the geographical areas where the survey was conducted. The small size of the sample of non-participants (individuals who were not involved in WE-Care interventions) and selection bias limited the potential of comparability with groups of project participants (for both the qualitative and quantitative findings). For the quantitative findings, the absence of a strict control group without any treatment made it more likely that participants outside the treatment groups identified had actually received some form of treatment from WE-Care or other Oxfam projects operating in the area (especially in the Philippines).

KEY EVALUATION FINDINGS AT A GLANCE

HER TIME, HER CHOICE

Women involved in WE-Care reported having **more time to spend on activities of their choice**, including paid work.

Women in areas where water and laundry points were built or repaired spent **twice as much time on paid work and farming activities** in the Philippines and about **33% more on paid tasks** in Zimbabwe.

REDUCTION

New or improved water infrastructure reduced the time women in both countries spent on care work as a main task compared to women with no access to these infrastructures.

REDISTRIBUTION

In the Philippines, having a household member participating in awareness-raising activities about UCDW was estimated to have increased the time men reported spending on main care tasks by:

over an hour
(from 2 to 3 hours on average)

Qualitative findings suggest that **outcomes of social norms interventions** depend on different factors:

- ✓ **participation** of both men and women
- ✓ **frequent visits of care champions** when men and boys are at home
- ✓ **training/skills** of facilitators
- ✓ **repetition of messages** through different channels

- ✓ Women and girls interviewed told us that what used to be intense physical activities for women, such as fetching water and washing clothes, are now being done in a **faster, easier, and healthier** manner.

RECOGNITION

Significant **national and global level changes** delivered by WE-Care:

Enabling of **8 local legislative bodies** in the Philippines to include UCDW discussions in local planning and budgeting, and support sustainability of achievements

Creating opportunities for the participation of WE-Care implementing partners at the **62nd and 63rd Commission on the Status of Women**
Profiling of WE-Care in global events, such as the **Social Behavioral Change Communications Conference, Women Deliver Conference, and World Water Week**

Including **WE-Care policy asks and evidence** in key documents across the Oxfam confederation (World Economic Forum inequality report 2019), international organizations (OECD), and private sector partners (Unilever)⁵

Raising UCDW issues to be the key theme of **Oxfam's inequality report for 2020**

At the local level, most stakeholders interviewed in the Philippines and Zimbabwe identified **water infrastructure as the greatest contribution of WE-Care**, emphasizing the low set-up costs of the solar panel technology.

The active involvement of participants and local authorities in **water infrastructure consultations and local legislation negotiations** contributed to ownership and might support sustainability of achievements.

WATER AND SOCIAL NORMS

The combination of interventions contributed to reduction and redistribution of UCDW from women and girls to men and boys:

- ✓ **new and improved water and laundry infrastructure** reduced women's time on unpaid tasks
- ✓ **social norms awareness-raising activities** increased men's time spent on unpaid tasks

WE-Care participants reported that this combination was key to achieve equal distribution of unpaid care tasks.

UNINTENDED EFFECTS

- ✓ improved **relationships** in the household
- ✓ increased **self-esteem** and sense of dignity
- ✓ improved **food security** and income
- ✗ perceived increase of **time spent** on UCDW due to closer water points and TLSEs—if men are not involved
- ✗ **men refraining from doing the tasks** that are now 'easier' for women
- ✗ perceived increase in levels of **acceptance of gender-based violence** related to care tasks

For more information about the WE-Care programme, visit: www.oxfam.org.uk/care.

KEY FINDINGS

The evaluation findings provide evidence that in two years of implementing different WE-Care activities, the project was successful in reducing women's time required for care tasks and in promoting recognition of unpaid care in policies at local level. It also made considerable, though uneven, progress towards more gender-equitable distribution of care work, contributing towards shifting both norms and behaviour around UCDW. Findings, however, must be read carefully and within their methodological limitations.

Women and girls' use of their time on activities of their choice

Women involved in WE-Care reported having more time to spend on activities of their choice, including paid work. In both countries, the evaluation could not confirm that this change was attributable to WE-Care interventions.

Women benefitting from WE-Care interventions, especially new or improved water and laundry infrastructure and distribution of time- and labour-saving equipment (TLSE), indicated being able to juggle their everyday activities in more convenient ways, e.g. being able to spend more time on their farming and income-generating activities without worrying about having to fetch water at certain times. They also described spending more time on social and leisure activities, e.g. visiting friends and neighbours, attending social events, having more time to nap, rest and/or having more time for themselves, although in Zimbabwe some contrasting views emerged, e.g. having no time to rest apart from when they sit down to eat.

The evaluation found evidence of positive effects of WE-Care interventions on women's time spent on paid work in areas where water and laundry points were built or repaired. Women in these areas were estimated to have spent on average twice as much time on paid and farming activities in the Philippines, and about 33% more time on paid tasks in Zimbabwe, compared to women from villages with no new WE-Care water infrastructure. In the Philippines, a similar positive effect was reported by women who participated in social norms interventions. These findings, however, should be taken carefully, as in the Philippines other Oxfam projects on resilience and women's economic empowerment were being implemented in the sampled areas, alongside WE-Care. This increase in time spent on paid work has not translated into a higher share of women in the household indicating paid work as their main or second main occupation.

The evaluation also analysed multitasking, i.e. undertaking multiple activities simultaneously, as another measure of women's choice of activities. Findings show that changes in multitasking can indicate both positive and negative outcomes for women. When women and girls described redistribution of UCDW from women to men and boys in their households, multitasking was beneficial, as some spent their additional time on activities of their choice, not necessarily related to UCDW. However, when UCDW was not redistributed (particularly when men participated less or

were not participating), women and girls indicated that they used their additional time to do even more UCDW.

REDUCTION

New or improved water infrastructure reduced the time women in both countries spent on care work as a main task. The infrastructure, combined with TLSE, made water- and laundry-related tasks 'easier' and allowed participants to do them 'faster' and in a 'healthier' manner, as they reduced the effort required to perform these intense physical activities.

Evidence suggests that the new or improved water points might have been effective in reducing women's time spent on care work, though the effect might have only been on care work as a main task (primary activity). The evaluation shows that in the Philippines, women with access to new or improved water infrastructure reduced their time spent in care as a main activity by over 2 hours, while in Zimbabwe they reported spending nearly 1 hour less on average on these same tasks. At the same time, the total number of hours spent on all care responsibilities, including supervising dependants, seems less affected. Participants interviewed reported that the new or improved water infrastructure was closer to their households than government-constructed water points, which were often far away. Women also reported that the new water infrastructure was easier to use, citing previous difficulties in pumping water manually (in Zimbabwe), or describing situations where water was not available and had to be purchased (in the Philippines). The new water infrastructure facilitated water-related tasks, particularly laundry activities, with women reporting that they can now wash their clothes at the laundry points and not in the river where the water is not clean.

In both countries, survey findings were inconclusive about the effect of receiving TLSE (e.g. pushcarts, wheelbarrows, water containers) on women's time spent on care work as their main task or on their overall care responsibilities, including supervision tasks. In the qualitative interviews, however, participants reported that the TLSE allows them to collect water less frequently, facilitates multitasking, and supports different care tasks in the household, e.g. water buckets can be used to collect fuel as well as water, while pushcarts can be used for water- and laundry-related tasks. Before WE-Care, women would spend more time making multiple trips to carry water for daily tasks or to take clothes for washing.

Qualitative findings suggest that women who benefitted from both the new or improved water infrastructure and the TLSE indicated that it is now 'faster', 'easier' and 'healthier' to carry out domestic tasks, due to the reduced effort required to undertake intense physical activities such as operating bush pumps or carrying heavy water containers to collect water and do laundry. The evaluation showed that a large majority of participants (villagers as well as key informants) stressed that women were those who benefitted

the most from the water infrastructure and TLSE, probably because they undertake these activities the most.

Although the findings are positive overall, in both countries some participants indicated challenges regarding the quality of the water infrastructure and the sustainability of the TLSE. These results indicate that differences in implementation might have affected the overall effects of the intervention for certain groups, i.e. participants in areas where these challenges were observed may not have experienced a decrease in the time and effort they spent on care as main activity or water- and laundry-related tasks to the same extent as participants in the sampled areas.

REDISTRIBUTION

Having a household member participating in any social norms activities – which aimed to increase awareness of the importance of care work and to promote shared responsibility for care tasks – increased the time men reported spending on care work as a main task. However, qualitative findings suggest that when participation in social norms activities is not active and frequent, men’s engagement in unpaid care tasks is sporadic, or redistribution takes place among women, including older girls and female adolescents of the same household.

Evaluation findings for **redistribution** are not consistent. On the one hand, there are important findings pointing to an increase in the time men reported spending on unpaid care tasks which might be attributable to some of the interventions implemented by the project, thus contributing to challenging existing gender norms⁴ that position women as main carers and responsible for household chores. On the other hand, qualitative evidence shows that challenges persist, as these norms are not easy to change in a short time frame and still limit men’s sustained participation in UCDW. The evaluation shows that some gender norms identified at baseline still prevent men from participating in unpaid care tasks; in the qualitative component of the evaluation, men expressed fear of being mocked, disrespected or perceived as being less masculine if they participated in care work.

There is evidence from the Household Care Survey that participation in norms-changing interventions, e.g. social norms activities, incentivize men to increase their hours spent on care as their main activity compared to men that were not involved in these activities. The increase was clearer in the Philippines. There, having a household member participating in meetings about UCDW was estimated to have increased the time men reported spending on care as a main activity by over an hour (from 2 to over 3 hours on average per day). Social norms interventions might have had a stronger impact on men’s hours spent on water-related tasks compared to men in households not involved in these activities, even though the actual effect sizes were relatively small in both countries. Participants’ testimonies in the qualitative component add weight to these findings: men

who participated more in UCDW and/or who expressed the importance of sharing UCDW were more likely to have attended the project’s social norms interventions.

The Household Care Survey also indicated that water-related interventions, i.e. new or improved water infrastructure and/or access to TLSE, might have increased men’s hours spent on any care work by over an hour on average in the Philippines, but were not affecting men’s behaviour regarding time spent on water-related tasks (with the exception of the TLSE-only intervention in this same country). Participants of the qualitative components of the evaluation reported that combining the water infrastructure and TLSE with the social norms activities was very important to achieve an equal distribution of UCDW. The quantitative analysis also suggests some complementarity as well: for instance, the water infrastructure seems to have been more effective at reducing women’s number of hours spent on UCDW, whereas the social norms interventions combined seems to have been more effective at increasing men’s contribution to UCDW.

The evaluation found different ways that redistribution was happening in households. There was qualitative evidence that redistribution of UCDW was taking place between women/girls and men/boys in their households. Evaluation participants reported that men and boys participate more in certain tasks, particularly the collection of water/firewood (in both countries) and cooking (especially in the Philippines), as men were motivated by the greater availability of TLSE and the proximity of water points.

There was also qualitative evidence, however, that redistribution was taking place among women in the household, particularly between mothers, older girls (from 8–9 years old) and female adolescents and/or mothers and daughters-in-law. This responds to existing unequal gender norms but also indicates an unintended effect of the TLSE intervention: on some occasions, access to TLSE appeared to contribute to women and girls doing more UCDW, as men perceive that women, older girls and female adolescents can make use of the TLSE to carry out tasks without their assistance and therefore reduce their contribution, particularly in tasks related to water collection and laundry. Some men interviewed indicated that when they participate in unpaid care tasks, they do so only for certain chores (particularly water and fuel collection) or only on certain occasions, such as when their wife is tired or busy.

The qualitative findings suggest that outcomes of social norms interventions depend on different factors: participation of both men and women in workshops, frequent visits of care champions when males are at home; training/skills of facilitators; and repetition of media messages through different channels.

Young participants highlighted the importance of sharing UCDW, suggesting that change may be happening among younger generations. Most of them, however, reported that they still undertake UCDW in line with gender expectations.

RECOGNITION

The WE-Care programme considers that when decision makers, e.g. government officials, local leaders and private sector leaders, recognize UCDW as a significant issue, it is easier to achieve changes in policy, investments and promotion of shared care work.

In the Philippines, there were significant changes in policy in eight local authorities connected to WE-Care interventions and successful engagement with the Philippines Commission on Women at national level. Progress in Zimbabwe was hindered by the novelty of the topic, greater interest of stakeholders in water infrastructure, and political and economic challenges. At the global level, there were visible achievements on learning and in engaging Oxfam allies and partners in incorporating UCDW in their agenda. These included influencing one target international organization to recognize WE-Care work and policy asks in policy documents, and strengthening partnerships with the private sector to engage in addressing UCDW.

The evaluation found that WE-Care was effective at ensuring commitments from decision makers at local level in the Philippines, and at promoting inclusion of the topic of unpaid care in different policy arenas that can contribute to improving the lives of women and girls. At national level, the WE-Care influencing partner in the Philippines was successful in positioning WE-Care at national level and

creating opportunities for participation of implementing partners at the 62nd and 63rd Commission on the Status of Women (CSW). In Zimbabwe, political and economic crises hindered the national influencing partner capacity's efforts to mobilize decision makers.

At the local and national levels, most decision makers interviewed had a clear idea about the objectives of WE-Care and the importance of policy and practice to address heavy and unequal unpaid work; this was especially the case among women decision makers who were more familiar with the topic. Decision makers also observed that WE-Care helped them to better understand the needs of the wards or the barangays where they work.

In both countries, most stakeholders interviewed identified the water infrastructure as the greatest contribution of WE-Care at the local level, emphasizing the low set-up costs of the solar panel technology. In Zimbabwe, although WE-Care objectives were clear to local decision makers, the novelty of the topic and stakeholders' greater interest in the water infrastructure compared to the actual recognition of UCDW acted as constraints to achievements in this area. Decision makers highlighted the limited capacity of their organizations to create awareness of UCDW issues and to include them in their agendas without support from the national government. In the Philippines, there is evidence that government officials were regularly incorporating and

sharing messages about UCDW, and decision makers in both regions where WE-Care was implemented acknowledged the role of the continuous support offered by Oxfam and partners, and the positive impact of engagement between stakeholders for the implementation of UCDW-related initiatives.

Findings on **recognition at the global level** showed that there were several achievements under the WE-Care influencing strategy. Examples include the high profile of WE-Care at the Social and Behavioural Change Communications conference (April 2018); the inclusion of a section on UCDW in the Oxfam 2019 World Economic Forum report *Public Good or Private Wealth?*⁵ and significant media uptake of care-related key facts (January 2019); having UCDW selected as the key theme for the forthcoming Oxfam inequality report 2020; the inclusion of WE-Care policy asks and evidence in the OECD policy report *Breaking Down Barriers to Women's Economic Empowerment: Policy Approaches to Unpaid Care Work* (March 2019);⁶ profiling at the 'Women Deliver' global meeting (June 2019) of the joint Oxfam-Unilever publication, a *Business Briefing on Unpaid Care and Domestic Work: Why unpaid care for women and girls matters to business, and how companies can address it*;⁷ and a publication for WASH practitioners for World Water Week summarized evidence and learning on integrating unpaid care work in WASH interventions (August 2019). Despite these significant achievements, internal and external stakeholders interviewed acknowledged that the WE-Care influencing strategies could be clearer. This could either reflect that the more structured approach to influencing strategies on UCDW (guided by a global strategy and plan after years of a piecemeal approach) was not yet mature enough to be visible, or that communication about these strategies has not been efficient in promoting stronger mobilization of these allies in taking forward WE-Care policy asks.

Learning between countries and across in-country regions has been crucial for the success of the project, as country teams share experiences, reflect, discuss what works and what doesn't work, and why. There were significant advancements in the outcome of taking joint action with partners and allies to strengthen the quality and impact of WE-Care interventions and supporting learning between country and global teams, e.g. examples of uptake, replication or interest in WE-Care learning and tools by partners, Oxfam allies (in development and humanitarian programmes), national governments, international organizations and academia. Although learning between countries and across in-country regions has been crucial for the success of the project, the evidence available to the evaluation was not enough to affirm that this aspect of the outcome had been fully achieved, and there is scope for further enquiry on this aspect in particular.

SYNERGY OF EFFECTS

The evaluation examined the assumption established by previous WE-Care research and evaluation that pointed to

the positive effect of combined interventions to increase women's choice of activities by addressing UCDW, when compared to single interventions addressing only one outcome.

The qualitative findings suggest that the combination of interventions, i.e. new and improved water and laundry infrastructure, access to TLSE, and social norms activities and training, contributed to reduction and redistribution of UCDW between women and girls, men and boys. An interesting lesson regarding implementation arose from the evaluation discussions, where participants and stakeholders did not perceive or did not understand social norms activities to be as valuable as water-related interventions.

It can be inferred from the evaluation findings on reduction, redistribution and recognition that the combination of water infrastructure, TLSE, social norms activities and policy engagement contributed to the reduction of time spent on UCDW for women and girls, the redistribution of UCDW between women and girls, men and boys, and the recognition of UCDW policies, especially at local level. Survey findings pointed to positive effects for women and men of combined interventions, especially access to new or improved water and laundry infrastructure and social norms interventions. Reports from both countries show that social norms activities were less valued or less understood by policy stakeholders and participants in comparison to the water-related interventions.

UNINTENDED EFFECTS

The evaluation, mainly through its qualitative component, examined positive and negative unintended effects of WE-Care to understand what processes might have been initiated, hindered or set in motion beyond the scope of our interventions.

WE-Care contributed to benefits beyond the scope of its outcomes at individual and household levels in the areas where it was implemented, including reaching the most marginalized people. However, targeting, spill-over effects and sensitivity in mediating water-related conflicts could be improved. Negative unintended effects included perceptions of increased time spent on UCDW for women and girls, as water is easier to access, and a possible trend towards an increase in acceptance of violence against women and girls for neglecting care tasks.

In terms of **positive unintended effects**, participants in both countries indicated that having access to water improved relationships in the household, e.g. stronger family relationships in the Philippines, couples reporting increased intimacy, men being more understanding of their wives' heavy care duties and women having more time to socialize at the water points in Zimbabwe. Also in Zimbabwe, improved access to water contributed to participants' increased self-esteem and sense of dignity, as people feel proud of wearing clean clothes, and other health and hygiene outcomes, e.g. cleaner households, children having more

access to drinking water with reduced health hazards, better hygiene conditions in schools for girls during their periods, and perceptions of reduced maternal and infant mortality during birth in health centres. Improved food security and income was also mentioned, as water points allowed women to cultivate communal vegetable gardens in Bubi, Zimbabwe. Girls in Zimbabwe reported feeling less exposed to physical harassment as their queueing time at water points has decreased.

Participants and key informants noted that elderly people, disabled people, and young girls were the marginalized groups that benefitted the most in Zimbabwe, while in the Philippines they identified adolescent girls, the very poorest people, and women-headed households as the most-benefitted marginalized groups. In both countries, however, participants indicated that targeting strategies and consultation processes could be improved to better address the needs of these groups.

Spill-over effects on communities that were not included in WE-Care interventions were observed in both countries. While in Zimbabwe, these communities perceived being excluded from using the new or repaired water points, in the Philippines, participants indicated that they were welcome to collect water from the new or repaired infrastructure, although on a first come, first served basis. Within the villages, participants reported that improved access to water reduced conflicts related to queueing, but said that the location of water infrastructure caused disputes.

Participants and non-participants in both countries also identified **unintended negative effects**. Women and girls made reference to a perceived increase in time spent on UCDW (particularly fetching water) as a result of WE-Care water-related interventions, due to better access to water points and to TLSE that made water collection easier (thereby freeing time for other care tasks or meaning men were less likely to help), while men reported that they indeed refrained from water collection as it is now easier for women, adolescent girls and children to do it. Improved access to water also led to reinforcement of gender norms, i.e. women taking better care of their husbands and children and fulfilling traditional gender roles of being good wives and mothers.

According to the Household Care Survey, WE-Care participants' levels of acceptance of violence against women for neglecting care tasks were low in both countries but pointed towards an increase in the number of women and men accepting these behaviours among men in the Philippines, alluding to a potential risk of a negative effect of WE-Care interventions. Although participants of the qualitative component expressed disapproval of the use of physical violence in response to UCDW issues, and in Zimbabwe men mentioned having a better understanding of the role UCDW plays in triggering sexual and gender-based violence at home, women in both countries noted that arguments over UCDW still take place. Women participants in

the Philippines indicated that they were criticized by neighbours or spouses when they rest, after having reduced their time spent on UCDW.

SUSTAINABILITY

The WE-Care teams were successful in putting mechanisms in place that might support the sustainability of the achievements beyond the lifetime of the project. The evaluation, through its qualitative component, found positive enabling factors to support the sustainability of WE-Care achievements at community and local level, especially with the Women's Economic Empowerment and Care Ordinances (WEE-Care Ordinances) in the Philippines. However, financial constraints to maintaining water infrastructure, lack of coordination between government agencies and of capacity to maintain the work on social norms are challenges to sustainability, together with the need to address the persistence of gender norms that hinder different dimensions of the work.

In both countries, findings suggest that perceptions of ownership among participants at community level and by local authorities at local level encourage sustainability of WE-Care achievements. Active involvement of participants and local authorities in the consultation and construction processes of the water infrastructure and negotiations of the WEE-Care Ordinances were mentioned as important in fostering a sense of ownership in Zimbabwe and in the Philippines, respectively. Key informants at local level indicated that the use of low-cost technology for the water infrastructure, i.e. solar panel systems, contributed to reducing maintenance costs and improving sustainability, which they appreciated.

The existence of the WEE-Care Ordinances in seven municipalities and in one city in the Philippines is evidence of a strong enabling factor to support the sustainability of WEE-Care at the local level in this country. Local authorities expressed their commitment to addressing UCDW and implementing the WEE-Care Ordinances.

Interviews with key informants found that sustainability of results is challenged by lack of funds (in Zimbabwe), lack of coordination between different government agencies and of capacity to lead new activities (in the Philippines), and the perception of the need for continuous training to enable care champions to carry on with social norms activities (in both countries). The persistence of gender norms was also identified as a challenge for sustainability in both countries. In Zimbabwe, key informants observed that in water committees, women were sometimes unable to challenge authority or to express their priorities in the presence of men. Although the participation of women in water committees is crucial and could challenge existing power dynamics, women's involvement must be promoted and planned carefully, with adequate provisions to assist them to perform these tasks and challenge these dynamics.

At the national level, sustainability may depend on the ability and willingness of decision makers who already know the work of WE-Care to engage other key agencies and government officials, and on Oxfam's capacity to communicate on WE-Care's scope and long-term outcomes. Continuous engagement of allies and capacity to communicate are also challenges for the sustainability of results at global level.

Learning considerations and policy implications

The learning considerations presented here are the evaluation's team reflections on improvements for programming in similar areas, based on evidence from the evaluation and good practices in the sector.

REDUCTION

- **Ensuring relevance and sustainability of water infrastructure.** In-depth consultations with community members and social and technical assessments can help ensure that water points are rehabilitated/constructed in locations that benefit the most marginalized people and largest number of households. According to the evaluation findings, these consultations were shown to improve feelings of ownership of communities and decision makers. Follow-up, regular visits and proper training on maintenance for members of water committees can help WE-Care partners to ensure that emerging technical challenges are addressed as well as ensuring the long-term functioning of water points. The inclusion of women in water governance spaces should be done with care and with additional provision of support to ensure women's meaningful participation, as findings show possible backlash for women.
- **Targeting to ensure effective selection and distribution of time- and labour-saving equipment.** Adequate targeting of households eligible to receive TLSE is crucial to ensure it benefits the most vulnerable households, with clear and simple targeting criteria established in consultation with villagers and through fair procedures, and selection of appropriate TLSE based on consideration of households' economic situation. Formal and regular mechanisms of accountability can reduce uncertainty about TLSE distribution and increase trust.

REDISTRIBUTION

- **Improving training activities on social norms.** The greatest change often comes from approaches that build on opportunities for people to discuss and reflect on messages about changing gender norms and then do things differently as a result. To be effective in creating these opportunities for dialogue, social norms activities need to be organized in advance and held at different times of the day, so members of the community are aware and can plan to participate accordingly, especially men and boys. It is important to continue targeting youths, as they can help shape a new

norm for their peers. Selection of care champions needs to be done carefully, with training to build the skills needed to convey the project message and engage people. Training should also be continuous, to ensure that messages are repeated regularly and complement other approaches. This can also avoid messages being misunderstood and ensure that redistribution of UCDW in the household occurs through the increased involvement of boys and men rather than older girls and female adolescents.

- **Strengthening messages around UCDW.** Messages *about social norms and UCDW in some cases were effectively recalled by certain groups of participants (particularly youths), showing that activities and messages tailored to different types of reference groups* (e.g. elderly people, middle-aged men, village leaders, adolescent boys, school teachers, etc.) are effective. Tailored messages that resonate with each group's practices and beliefs and that enable people to see things from other groups' points of view can be persuasive and motivate change from all fronts. Giving people access to new information about the benefits of their actions can also be effective. Materials need to use simple language, be visually appealing, with good use of pictures and/or diagrams that can be understood by individuals with low levels of literacy, and emotionally engaging.
- **Increasing support for long-term change.** Changing gender norms is a long-term, gradual process. Evidence suggests that people are more likely to make behavioural changes if these are broken down into small and easy actions, and if they can be persuaded that other people are changing how they behave too (Marcus, 2015). To improve the effectiveness of interventions over time, more than one approach can be used to reach different audiences and to reinforce messages. In addition to the media channels used by the project, other approaches can be implemented at scale to reach larger numbers of people: drama/street theatre, conversations, posters, leaflets, training, community-based dialogues, public events, etc. The different ways of raising awareness and communicating change reinforce and build on each other, and are especially important when TV or radios are unaffordable for the poorest households.

RECOGNITION

- **Engaging community, local and national-level institutions.** WE-Care has been remarkable in aiming for UCDW interventions that can improve the context where they operate in the long term, through advocating with government at different levels and institutions. WE-Care should continue engaging with duty-bearers and institutions in the wider community who act as drivers of new practices around UCDW, e.g. school authorities, mayors, chiefs, community and religious leaders, government officials and private sector leaders. Involvement of institutions at different levels (community, local and national) and across different departments (e.g. WASH, gender, health, social protection) can boost efforts towards the recognition of UCDW. Coordination capacity should be considered, however, to ensure that these engagements are sustainable.

- **Strengthening influencing strategies.** Guidance on how to introduce UCDW topics in other interventions or areas of work and clear policy actions can help increase engagement, together with analyses that consider what are decision makers' existing interests. At the global level, tailoring messages to different allies and stakeholders about the project's aims, their role in achieving the objectives and how to address current challenges led to visible influencing results.

SYNERGIES OF EFFECTS

- **Continuing to support a systemic approach and involving local institutions in supporting change.** Effects of WE-Care interventions are greater when the project's components are combined and implemented together, rather than in parts. The support from local authorities as care champions for the approval of WEE-Care Ordinances in the Philippines shows that these effects can be set in motion when recognition activities take place at the local (district/provincial) and national levels.

UNINTENDED EFFECTS

- **Supporting positive unintended effects and improving safer programming.** WE-Care contributed to benefits beyond the scope of its outcomes at individual and household levels in the areas where it was implemented, but negative unintended effects point towards the need for more intentional approaches that incorporate discussions about targeting, gender-based violence and conflict sensitivity as an active part of all interventions and messages.

SUSTAINABILITY

- **Sustaining practices and relationships through gradual exit strategies.** Support from decision makers and local leaders at various levels is crucial to ensure sustainability, as they can continue advocating for the inclusion of UCDW in the local and national agenda. Maintaining constant communication and investing in these relationships can be important for follow-up and implementation of future projects in the same areas, as well as working towards a more 'gradual' exit strategy where decision makers at all levels are clear about their role once the project ends.

1. Introduction

The Overseas Development Institute (ODI) was commissioned by Oxfam GB, Unilever and the Surf laundry brand to conduct the final evaluation of the *Work your Dreams project*, which is the largest component of Oxfam's Women's Economic Empowerment and Care (WE-Care) programme. In this report, for the sake of simplicity, the project is referred to as the WE-Care project.

The final evaluation has two main objectives:

- To provide Oxfam, donors, partners, beneficiaries and stakeholders with information about what changed due to the intervention, through a rigorous assessment with the support of data collected at baseline and during the mid-term evaluation.
- To learn more about selected components of the WE-Care Theory of Change (ToC) in different country contexts (the Philippines and Zimbabwe) by testing different pathways to understand how change happened.

The WE-Care project was implemented by Oxfam GB, Oxfam in the Philippines, Oxfam in Zimbabwe, and their partners from October 2016 to September 2019, with a total budget of about €5m. Implementation at country level started in January 2017 and concluded between March and August 2019. The final evaluation was conducted between March and August 2019, focusing on the work that took place in the Philippines and in Zimbabwe, and activities and results achieved at global level.

The project aimed to tackle the problem of the unequal distribution of unpaid care and domestic work (UCDW) and heavy, time-consuming tasks that negatively affects women and girls' overall wellbeing and how they choose to spend their time, which is often dictated by perceptions of gender roles related to care. **Its overall objective was to enable women and girls to have more choice over how they spend their time and therefore enable them to engage in social, personal, economic and political activities.**

The report starts with a brief summary of the global evidence and challenges around UCDW, followed by an overview of Oxfam's approach to UCDW and a presentation of WE-Care, including a ToC detailing the different outcomes and activities covered in the evaluation (section 1). Section 2 describes the methodology for this evaluation, outlining the evaluation design and methodological limitations. Section 3 presents the findings around impact, starting with a brief background on UCDW in both countries. The section presents the findings according to the different pathways outlined in the ToC, i.e. reduction (outcome 1), redistribution (outcomes 2A and 2B) and recognition (outcomes 3 and 4). It then discusses the synergy of effects between these components and the findings on sustainability of results. The section concludes with an analysis of positive and negative unintended effects of the intervention. Finally, section 4 presents the conclusions and section 5 outlines the learning considerations and policy implications for the project moving forward.

1.1 Evidence and challenges around unpaid care and domestic work

Unpaid care and domestic work is understood as the work that is carried out in homes across all communities and societies that involves meeting the needs of families, and involves both housework (cooking, cleaning, washing, ironing) and direct care of people (Chopra and Zambelli, 2017). It is widely understood that unpaid care work supports our standard of living and the composition of relationships within households and communities (Budlender, 2007; Esquivel, 2013). Care has also been considered essential for survival and personal wellbeing (Folbre, 2018).

Global recognition of issues around UCDW are reflected in Sustainable Development Goal (SDG) 5 under target 5.4: 'Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate' (United Nations, 2015). This target recognizes the contributions of UCDW to other individuals and society, highlighting its value. The target is also inspired by the Triple Rs framework, which focuses on recognizing, reducing and redistributing UCDW (Elson, 2008) (see section 1.2). This framework inspired the conclusions of the Commission on the Status of Women (CSW) in 2016, which call on governments to implement measures to recognize, reduce and redistribute care work by 'prioritizing social protection policies, including accessible and affordable quality social services, and care services for children, persons with disabilities, older persons, persons living with HIV and AIDS and all others in need of care, and promote the equal sharing of responsibilities between women and men' (CSW, 2016:6). Furthermore, UCDW has been positioned as a major human rights issue by the United Nations Special Rapporteur on Extreme Poverty and Human Rights, whose report argued that heavy and unequal care responsibilities are a major barrier to gender equality and to women's equal enjoyment of human rights (Sepulveda, 2013). The report identifies government and employers as duty bearers with responsibilities to recognize, value, reduce and redistribute unpaid care work, shifting the framing of care from a private issue to a public responsibility.

In spite of the progress, literature has emphasized that the benefits of care to households and society have been persistently unrecognized and the involvement of women in these activities has been taken for granted (Chopra, 2013; Kabeer, 2018; Rost and Koissy-Kpein, 2017). For example, a review that examines public policies in the social protection and the early childhood development (ECD) sectors in low- and middle-income countries highlighted the noteworthy invisibility of unpaid care concerns: only 25 out of 107 social protection policies and 41 out of 270 ECD policies expressed an intent to address unpaid care concerns, and most focused on redistribution of care from households to the state rather than from women and girls to men and boys (Chopra, 2013).

Various factors add to and reinforce a difficult care workload for women and girls. For example, lack of access to water and electricity leads to women and girls having to walk long distances to collect water and firewood (Chopra and Zambelli, 2017). Seasonality also affects the intensity, time and effort required of women and girls to undertake certain UCWD. For example, in the hot season women need to collect water several times a day or have to spend longer queueing to fetch water. Governments' limited economic investments in infrastructure and basic care services contribute to women and girls' increased time spent in providing the bulk of care services (Folbre, 2018). Most importantly, gender norms influence how care responsibilities are distributed between men and women. Social gendered norms which emphasize the role of women as the main carers and in charge of the household (while men are the economic providers to the household) leave women in a weak bargaining position regarding UCWD within their households and societies (Feinstein et al., 2010; Folbre, 2018; Leon-Himmelstine and Rost, 2019). These norms are intensified during partnership and parenthood; global evidence suggests that women spend more time on UCWD when they marry and become mothers, while married men spend less time on such tasks compared to married women (OECD, 2019). Finally, households' circumstances and their strategies to reduce or avoid shocks and stresses also play a role. For example, short-term migration of men intensifies

women's agricultural work without there being a reduction in the UCWD they perform (IFAD, 2016).

Unpaid care work, when in excess and when involving a high degree of physical and mental exertion, undermines the wellbeing of unpaid carers and diminishes their overall enjoyment of human rights (ILO, 2018; Sepulveda, 2013). Evidence from Nepal, Rwanda and Tanzania (Chopra and Zambelli, 2017) shows that when women combine unpaid and paid work (usually an essential survival strategy for their households), they report negative physical and mental consequences such as incurring injuries, lacking adequate rest or recreation, and constantly worrying about the effects of their work on the wellbeing of their family, especially their children. Lack of time was reflected in mental stress, fatigue and fewer hours of sleep. The same study also observed an intergenerational transfer of care work to adolescent girls and older women who were responsible for providing UCWD to their households without men's involvement, reflecting what other studies have also observed in the context of Zimbabwe (Makina, 2009), the Philippines and Uganda (Rost and Koissy-Kpein, 2017) and Haiti (Roelen et al., 2019).

Diverse interventions aiming to tackle issues around unpaid care have emerged in different developing countries to the benefit of women and girls. Infrastructure projects have been shown to have positive impacts on the reduction of UCWD for women. Social norm activities (covering topics such as

division of labour in the household, prevention of domestic violence, or women's participation in decision making) have contributed to men's increased participation in household chores, increased participation of women in activities of their choice, and a reduction in men's dominance in household decision making (Doyle et al., 2018; IFAD, 2016; Robbins, 2014).

1.2 Oxfam's approach to unpaid care and domestic work and the WE-Care programme

Tackling the existing inequalities in UCDW cannot be achieved without taking actions and implementing care policies that lead to effective recognition, reduction and redistribution of care work between men and women, and between different members of the household and the state. Oxfam's approach is inspired by Dianne Elson's (2008) 'three Rs' framework, which aims to define specific objectives of care interventions:

- 1. Reduction of UCDW** involves shortening the time that women and girls spend in such work, especially when it involves difficult tasks, mainly by improving social or household infrastructure (e.g. improvements to collecting water and fuel, piped water systems, solar water pumps, laundry points, provision of care services, efficient stoves).
- 2. Recognition of UCDW** encompasses the full recognition of the nature, extent and role of unpaid care work in any given context (Esquivel, 2013), and challenges existing gender norms that undervalue UCDW and makes it invisible in policy design and implementation.
- 3. Redistribution of UCDW** means changing the redistribution of time and responsibility for providing unpaid care between women and men, and between families (particularly poor families) and the state and employers (Sepulveda, 2013). Redistributing responsibility for care away from (poor) families requires officials to commit to policies and investments that redistribute the costs of care to the state and employers. Redistributing UCDW between women and men in the household implies challenging the gender norms that associate care with femininity, and challenging customary norms, institutions and regulations that reproduce these stereotypes (Esquivel, 2013).

Development organizations working on the theme suggested the inclusion of a fourth R to give prominence to the importance of carers' involvement in decision-making processes around the theme:

- 4. Representation of carers** in decision making, so carers' interests and needs are reflected in policies that shape their lives.

Oxfam also references the 'care diamond' of Razavi (2007) as a useful conceptual tool to illustrate that unpaid care work is provided, paid for and/or facilitated by four groups of stakeholders: families and households, the state, the market and employers, and civil society organizations. The care diamond is relevant to Oxfam's work on UCDW as its approach supports the premise that UCDW is a social good. As such,

societies should guarantee more and better quality of care rather than placing care responsibilities onto women or considering care as a 'burden'. Thus, the government and employers also have the responsibility to invest in infrastructure and care services that facilitate UCDW (Rost and Koissy-Kpein, 2017).

Oxfam has been at the forefront of efforts to address this issue through its WE-Care programme. WE-Care started in 2013, with the purpose of developing new methodologies and producing evidence about unpaid care work in different contexts to influence the design of development initiatives and policy. The programme currently provides funding in six countries (Ethiopia, Kenya, the Philippines, Tanzania, Uganda and Zimbabwe), with WE-Care methodologies used in 23 countries around the world. Activities at regional and global levels focus on shifting the heavy and unequal responsibility for UCDW away from women and girls, towards a model where care and domestic work is recognized, valued and shared by all. Both the existing literature and research commissioned by WE-Care through the qualitative and quantitative methodologies it developed finds that household characteristics such as household size and presence of young children, access to time- and labour-saving equipment (TLSE), public care services and infrastructure, and policy changes and interventions that encourage positive gender norms on sharing care work, have shown to be key factors that can affect reduction and redistribution of UCDW.

1.3 WE-Care project

This is the largest project of the WE-Care programme and is a partnership between Unilever and its laundry brand Surf and Oxfam GB, Oxfam in the Philippines and Oxfam in Zimbabwe and their partners. **The project's overall objective is to enable women and girls to have more choice over how they spend their time and therefore enable them to engage in social, personal, economic and political activity. It proposed to do that through four main outcomes:**

- **Outcome 1 (Reduction):** The intensity and amount of time required for unpaid care tasks is reduced.
- **Outcome 2A (Redistribution):** More participation of men and boys in care activities and more equitable distribution of unpaid care work between men and boys and women and girls in households and communities.
- **Outcome 2B (Redistribution):** Media and advertising increasingly present shared care roles.
- **Outcome 3 (Local and national recognition):** Decision makers (including government, service providers and the private sector) increasingly recognize the positive role that policy and practice can play in addressing heavy and unequal care work.
- **Outcome 4 (Global recognition):** Oxfam, partners and allies take joint action to strengthen the quality and impact of WE-Care interventions in and between countries and across the wider sector.⁸

WE-Care aimed to target different groups in each country at the household level. In the Philippines, the project aimed to target women and girls, men and boys but also farmers, fisherfolk, labourers, indigenous people, internally displaced people and unemployed people, all these in areas with limited access to water. These groups were involved in consultations regarding WASH scoping and community mapping that would inform the relevance of the intervention and guide recommendations on which infrastructure work to prioritize. Similarly, in Zimbabwe, WE-Care targeted women and girls, men and boys and also farmers, miners, labourers and unemployed people, all these in areas with limited access to water. Zimbabwe also included members of women's groups, health workers and child health workers among other stakeholders and village members, to conduct consultations on the WASH scoping and community mapping.

In the Philippines (see Figure 1), the project was implemented by six local partners in rural and peri-urban areas covering 108 barangays and municipalities in the regions of the Autonomous Region of Muslim Mindanao (ARMM), Central Mindanao and Eastern Visayas, and by a national advocacy partner. In Zimbabwe (see Figure 2), the

project was led by three local and three national technical partners covering 17 wards in the districts of Bubi, Masvingo, Gutu and Zvishavane. Country teams and partners were responsible for selecting the intervention sites, choosing from areas where partners were already active and that could benefit most from the interventions, supported by local government assessment of water needs and in agreement with local leaders. Selection of participants was done based on the various assessments conducted by the partners in all wards/barangays selected, and could vary depending on the region and the outcome in question.

Over 79,000 people, mostly women and girls, benefitted directly, and more than 300,000 people benefitted indirectly. 1,365 decision makers and over 6,400 development professionals were involved in the project. The project reached 34 million people through its media engagement.

As a multi-country initiative, WE-Care had a general framework of tools, approaches and strategies around each outcome, developed jointly between global and country teams and adapted locally by partners with support from stakeholders, e.g. community members, local religious, traditional and political leaderships, the media, national government, global institutions and Oxfam allies.

FIGURE 1 PROJECT AREAS IN THE PHILIPPINES

FIGURE 2 PROJECT AREAS IN ZIMBABWE

Theory of Change

The WE-Care approach is based on the assumption that **change is more likely to happen and be sustainable where direct interventions to decrease care workloads are combined with interventions that change attitudes, policies and practices around UCDW, so they will be sustained and have impact in the long term as they address multiple factors that influence the distribution of UCDW and help create a critical mass around innovations to address it.** As care workloads and time spent on difficult tasks are reduced and redistributed, women and girls will have more time available and therefore will be able to engage in economic, political, social and leisure activities of their choice. The project's Theory of Change (ToC) (Figure 3 below) shows how the different outcomes and activities under the project contribute to this main objective.

Activities under outcome 1 were expected to contribute to the improvement of water and laundry infrastructure in the areas considered most in need (according to the social assessments led by partners and consultations with local authorities), with the construction or repair of piped water systems, taps, laundry facilities and water pumps. Together with the distribution of TLSE that can facilitate difficult care tasks (those that are most time-consuming and require most energy, such as water collection, laundry, fuel collection) and with adequate training for local people to manage the improved infrastructure and keep it functional, these outputs would guarantee the effective implementation of the infrastructure and the TLSE technology. This would lead to increased access to water and a reduction in the difficulty of related tasks, thereby reducing the time and intensity of UCDW and leading to women and girls spending less time on these tasks.

FIGURE 3 WE-CARE THEORY OF CHANGE

For outcomes 2A and 2B, activities aimed to start generating awareness among individuals, communities and leaders about UCDW as they are now engaged in discussions about the theme, and to support the widespread promotion of positive messages about UCDW through different media. The awareness-raising activities and leaders' outreach start influencing change in attitudes and practices, leading to more people in the community approving of men and boys doing more care work. With more community approval, men and boys are not ashamed to do more care work and start doing it, also contributing to a more equal distribution of unpaid care work in the household. This change is supported by the positive messages about UCDW in the media, which creates a safer environment for shifts in norms around care. These shifts in attitudes and norms around men's participation in UCDW also support reduction of UCDW for women and girls, as men and boys are now more likely to engage.

On outcome 3, activities were intended to lead to the development of specific evidence and policy asks around UCDW at local and national levels, and to establish engagement and influencing channels with relevant stakeholders on the theme of UCDW. The combination of relevant evidence and strong policy asks changes how decision makers debate around UCDW, leading to increased visibility of UCDW in policy spaces and culminating in shifts in perception to support it, where decision makers finally

recognize the positive role that policy and practice can play in addressing heavy and unequal UCDW. The partnerships that are formed along the way with decision makers at all levels and in different spheres (e.g. government, NGOs, private sector) also contribute to the 'critical mass' around UCDW that the project aims to create with joint actions and resources, including actions with the private sector.

Activities on outcome 4 should lead into the identification of the most influential spaces and persons that could take the evidence on UCDW compiled by WE-Care and the policy asks developed to the global spaces the project aims to influence. The combination of sound policy asks and strong relationships with allies and stakeholders would then open space for participation in influential policy processes with targeted global organizations in the development and private sector. The project's strong influencing capacity and evidence makes pressure on decision makers more effective, leading to the incorporation of UCDW in debates and practice by Oxfam, partners and allies, and recognition of WE-Care commitments by international organizations and the private sector. Sharing evidence and promoting learning across countries should also contribute to strengthening partnerships and joint action, with learning circulating between country teams and across the sector also leading to UCDW debates and practices being taken up by Oxfam, partners and allies.

2. Methodology

This section presents the evaluation design, data collection process and the limitations and challenges faced during data collection and analysis.

2.1 Evaluation design

Mixed methods were selected as the most suitable methodology for this evaluation as we aimed to understand if change happened after WE-Care through an assessment of its impacts, and to find out how change took place by testing the pathways that could explain such changes. Moreover, the restricted sample size of the quantitative component of the evaluation made it unclear whether the quantitative data alone would be sufficient to establish causal links. The evaluation applied a series of tools across the three methods used in this research:

- i) Quantitative – employing Oxfam’s Household Care Survey.
- ii) Qualitative – employing intergenerational trios, in-depth interviews, focus group discussions (FGDs) and key informant interviews.
- iii) Participatory – undertaking participant observation and employing participatory ranking exercises as part of FGDs.

Details on the methodology can be found in the Annex, as follows: the evaluation questions; social and economic profile

of the sampled areas; description of the qualitative data collection tools; rationale for the quantitative design and data analysis; limitations and challenges; tables for the quantitative analysis presented in the report; and the evaluation matrix.

The quantitative branch of the evaluation aimed to explore the impact of the project through average treatment effects and obtain generalizable findings across the population group sampled. It was originally envisaged as a panel or repeated cross-section survey, which is why the same sampling methodology was used as for the baseline. This means that in each household, one man and one woman were interviewed in the same areas as in the baseline survey. Also, if children aged 8-21 years were present, they were interviewed too, with a separate (short) children’s questionnaire. However, the link between the baseline and the endline survey was difficult to establish, due to limited information on interviewees in the baseline survey and changes in project areas during the two years of implementation. Considering those limitations, the analysis focused on creating groups of treated and non-treated households and individuals within the sample based on exposure to the different project interventions and on selection of observable characteristics (e.g. household size, age) in the endline survey only (for more information, see Annex).

BOX 1 AVERAGE TREATMENT EFFECT ON THE TREATED (ATT)

If this evaluation aimed to compare two individuals – one being ‘treated’ (i.e. involved in or affected by a specific project intervention) and one not – the evaluation team could simply compare the two individuals with each other. For example, if we aimed to measure the impact of a job intervention on wages, the evaluation team could have asked both individuals how much they were earning after they had the opportunity to participate in the programme. The impact would be the difference between the two wages. The problem the evaluation team faced is that both participants were not identical, so they were not equally likely to participate in the programme. Moreover, they might not have been selected for ‘treatment’ by the WE-Care project managers for some reason in the first place. In order to make the two individuals comparable, the evaluation team controlled for observable characteristics using responses to other questions in the Household Care Survey.

The analysis relied on a method involving two steps: first, it tried to find comparable individuals/households in the treated and control groups, and matched them. Individuals were matched on characteristics such as age, educational status, etc. Households were matched on household size, dependency ratio, wealth, etc. Once those comparable individuals/households were matched, we calculated the average of the variable of interest (e.g. hours spent on any form of care work) in the treated and the control group. Then we established the difference between the averages of the treated and the control groups, which is called the ‘average treatment effect on the treated’ (ATT). All impact figures presented in the text are ATTs, unless otherwise specified. The confidence intervals in the graphs are only approximate (see Annex for more information). For an accessible introduction to matching, see chapter 7 of Gertler et al. (2016).

To conduct the quantitative analysis, the project interventions were categorized in six treatment types based on monitoring data and on recall responses from the survey, as described below:

- *Water treatment*: including all households that lived in areas receiving some water-related infrastructure (based on monitoring data).
- *TLSE treatment*: all households with at least one individual saying they received some time- and labour-saving equipment (TLSE) from the Oxfam project.
- *Water and/or TLSE treatment*: all households being either in the water or TLSE group.
- *Social norms treatment*: if at least one member of the household participated in a community meeting organized by

Oxfam or if they were in touch with a community care champion, they were considered as treated in the 'social norms' group.

- *Training treatment:* if at least one person in the household participated in some training by Oxfam on unpaid care and domestic work, they were grouped in the training group.
- *Any norms activities treatment:* all households having received either the social norms or training intervention were grouped in the 'any norms activities' group.

It is important to mention that those types of treatment were not conducted independently, and they were not mutually exclusive. One household could have received different types of treatment from the project. The 'control' groups are groups that did not receive that specific treatment. This means that the control groups are not pure control groups, as they might have – and in fact are highly likely to have – received some form of treatment from the project, particularly in the Philippines.

There were two distinct models to match treated and control groups on observable characteristics:

- **Household model:** this model included the three first treatment groups, using household characteristics such as household size and highest age of the respondents in the household, among others. The reason for this choice was the assumption that the TLSE was distributed based on household characteristics.
- **Individual model:** this model included the last three treatment groups, as participation in those activities was more likely to be based on individual characteristics. All the covariates chosen for the model were time-invariant characteristics that are very unlikely to have been affected by the project (for more details, see Annex).

The hours spent on care work for adults were assessed using a 24-hour recall method. Interviewees were asked what they were doing in each of the hours from 3am the day before to 2am that morning. Then they were asked what else they were

doing in the same hour, and whether they were caring for children or other dependants. For the analysis, time use was organized in two categories. If respondents mentioned a care activity for the main activity in the hour, it was counted as 'primary care'. If respondents reported spending time on care work as either a primary, a secondary (e.g. cooking while attending to the informal business they run at home) or a supervision activity (e.g. taking care of children), it was counted as 'any care'. All results presented in the text are the average treatment effect of the treated results (see Box 1) after matching on observable characteristics in the endline survey, unless otherwise specified. Table 1 presents the overall characteristics of the quantitative sample.

The qualitative and participatory methodologies enabled the research team to produce a more in-depth analysis of how changes in the lives of women and girls took place and evolved. To do this, the qualitative research tools enquired about the situation before and after the project, while they also compared the outcomes between and across villages which received different components of the intervention, e.g. some villages in our sample benefitted from the water infrastructure and TLSE, while others benefitted from the water infrastructure but not the TLSE. These comparisons allowed the evaluation to explore the effects of each component, their relationship and the potential unintended effects.

The sample of participants and the tools employed for the qualitative component are shown in Table 2. The sample of the qualitative tools aimed to gather participants with different characteristics (men, women, adolescents between 11-18 years old, young adults between 18-35 years old, elderly people) and their households (women-headed households, men-headed households with wives working formally or informally) that would enable researchers to compare the effects of WE-Care on different individuals. The qualitative sampling also included non-WE-Care participants with similar characteristics to participants.

TABLE 1 SAMPLE SIZES FOR QUANTITATIVE SURVEY

		Philippines						Zimbabwe			
		Respondents						Respondents			
	Province	Women	Men	Children	Total		County	Women	Men	Children	Total
	Cotabato	85	54	14	153		Bubi	102	96	28	226
	Eastern Samar	105	105	109	319		Masvingo	110	106	49	265
	Leyte	61	59	55	175		Zvishavane	117	111	57	285
	Maguindanao	61	32	7	100						
	Sultan Kudarat	56	45	1	102						
	Total	368	295	186	849		Total	329	313	134	776

TABLE 2 SAMPLE AND QUALITATIVE TOOLS ACROSS SITES

Tool	Target group	Zimbabwe	Philippines	Total
Key informant interviews	Local, national and global stakeholders	6	7	13
Intergenerational trios	Three members of the same household from different generations (same gender)	Participants 4x3=12	Participants 4x3=12	36
	Participants	Non-participants 2x3=6	Non-participants 2x3=6	
Focus group discussions with participatory exercises	Women and adolescent girls; men and adolescent boys	Participants 5 groups	Participants 4 groups	13
		Non-participants 2 groups	Non-participants 2 groups	
In-depth interviews	Women and adolescent girls; men and adolescent boys	6	6	12
Total		37	37	74

2.2 Data collection process and research ethics

Data was collected in selected project sites in Zimbabwe and the Philippines. In Zimbabwe, data was collected in Bubi and Masvingo for the qualitative component, while the quantitative component included these two districts and Zvishavane. In the Philippines, both the qualitative and the quantitative data collection took place in Eastern Visayas and the ARMM. A summary social and economic profile of the evaluation sites can be found in the Annex.

The selection of research sites was informed by the baseline data collection sites, accessibility of locations, most mature implementation sites, findings from the baseline and midline reports, and by the topics of most interest to explore as shared by country teams through initial conversations. Recruitment of evaluation respondents was carried out with the assistance of Oxfam staff and partners.

National researchers were recruited to lead data collection and contribute with insights to the tools and data analysis. The evaluation team led an in-person technical training to the quantitative and qualitative teams administering the Household Care Survey (HCS) and the qualitative tools. Fieldwork took place between April and early July 2019. All tools were translated into local languages and piloted prior to the data collection to reach a sound meaning of terms within and across countries. Translating the HCS proved difficult and time-consuming, so for some local languages only the most important and most sensitive sections of the tool (the informed consent and the vignettes) were translated.

To ensure that the principles of research ethics were respected, these topics were included in training for the evaluation leads and data collection teams in both

countries. The evaluation protocols and data collection instruments were submitted to the ODI internal research ethics committee. The committee assists ODI researchers to comply with key ethical principles when conducting research with vulnerable populations. The committee reviewed the ethics protocol, the research data collection tools and the full research protocol, making sure that participants' integrity was respected and that their identity, and the information they provided, was safe and confidential. An informed consent process was carried out and consent forms were developed and used, with participants having the right to withdraw at any stage of the research. Children and adolescents were asked directly for their consent for participation and it was also sought from their parents/guardians. A careful system was employed to store and manage the data, including a process to use pseudonyms and codes to ensure data protection and the confidentiality of respondents.

2.3 Limitations and challenges

This evaluation has certain methodological limitations that have implications for the findings presented in this final report. Below we present a brief summary of them, as identified by the evaluation team (Box 2). A more detailed description of the challenges and limitations can be found in the Annex.

Overall, the main implication of these challenges and limitations is that the results presented in this evaluation have to be read carefully and taken as representative of a limited cross-section of the project reach, i.e. project participants within sampled communities with possibly biased views of unpaid care work due to their individual and household characteristics.

BOX 2 LIMITATIONS AND CHALLENGES

Qualitative: perceptions and insights shared by participants do not necessarily represent the effects of the project in their region or district as a whole; subjectivity of the data; lack of young participants; tendency of interviewees to wish to please the interviewer or expectations of receiving further Oxfam support; selection of participants at times biased; selection of non-participants who were not necessarily comparable.

Quantitative: small sample size reduces the likelihood of finding effects; sample selection not credibly random; very small control group (Philippines); little regional overlap with baseline due to changes in implementation areas (Zimbabwe); matching algorithm often inefficient; other Oxfam interventions taking place in some of the sampled areas.

Overall: short time available to complete the evaluation; security issues in some areas of ARMM and Central Mindanao (Philippines).

3. Findings

This section presents the evaluation findings, discussing the results around WE-Care's intended impact of women and girls being able to use their time on activities of their choice, and answering the questions about whether and how the outcomes of the project on reduction, redistribution and recognition of UCDW led to the expected changes locally, nationally and globally.

First, the report provides a brief overview of UCDW in both countries, according to the perceptions of project participants. Following this, we present the findings related to time use for women and girls, with a focus on whether women were more able to spend their time on activities of their choice following the project. We then present the outcomes observed on reduction and redistribution of time spent on UCDW for women and men. The report outlines the results on recognition of UCDW based on an analysis of the outcomes on influencing decision makers and decision-making processes in both countries (locally and nationally) and at global level. Based on that, we present an analysis of the synergies between the different outcomes. The report then presents the positive and negative results observed beyond the scope of the project objectives, or the unintended outcomes of the intervention. Finally, we present the perceptions of different key informants regarding the project's sustainability at the community, local and national levels.

3.1 Background on unpaid care and domestic work in Zimbabwe and the Philippines

The intergenerational trios and in-depth interviews offered rich data regarding the existing gendered division of UCDW that persists in the lives of women and men in both countries. The data shows that overall gender norms on UCDW remain strong, and our findings resonate with those of previous studies and evaluations of WE-Care (see Karimli et al., 2016; Oxfam, 2017; Oxfam, 2018; Samman, 2018). The

main implication of the findings we present below is that WE-Care's interventions took place within a broader system of norms that take time to change. The persistence of the unequal division of UCDW between women and men (and also girls and boys) can be explained by gender norms that mandate certain kinds of behaviour, and very often these norms are also upheld by several different factors such as values or ideologies, economic, political and legal-institutional factors (Marcus and Harper, 2015) that are not likely to change over a short period of time.

In both countries, the qualitative data documents the context that the project was operating in, with a strong gender division of UCDW. In Zimbabwe, grandmothers and mothers expressed the importance of teaching their daughters from an early age about loving their husbands and doing UCDW such as fetching water and firewood, sweeping, cooking, washing dishes, looking after their vegetable garden and caring for children, elderly people or other adults in need of care. Some adolescent girls interviewed (with ages ranging between 12-15 years old) explained that the division of labour between women and men is 'common knowledge'. Similarly, in the Philippines, grandmothers and mothers said that they were taught to be 'obedient' and to keep the house clean for their husbands when they return from work. Young girls expressed feeling obliged to 'help' their mothers, although they also noted that mothers do more than they do while boys do less, unless asked. Women respondents in both countries said they started to undertake UCDW before the age of 10 or during their primary school years. UCDW intensified when they reached adolescence and when they got married, some of them before the age of 18.

The quantitative data confirms the underlying clear division of labour regarding UCDW in the areas where the project operated. In a comparison of the simple averages shown in Figure 4, there are clear differences in the time women and

FIGURE 4 TIME SPENT ON UNPAID CARE AND DOMESTIC WORK (INCLUDING SUPERVISION TASKS) IN THE SAMPLE

Note: This graph shows the simple averages of hours spent on care work, by country, year of survey, sex and age category. Note that the care work measured for adults is based on an hour-by-hour recall, whereas that for children is based on a simple summary, so they are not directly comparable.

girls spend on unpaid care and domestic work compared to men and boys. While in the total baseline sample in the Philippines, the time spent on any care work (which includes unpaid care done as main activity and as supervision) for women was 12.1 hours, it was only 5.4 hours for men. In the total endline sample (including not-treated households), the average time women spent on any care work was 12.8 hours, while men only spent 5.3 hours. In Zimbabwe, the picture is similar. In the baseline, women spent 11 hours on any care, while men spent only 3.1 hours, on average. In the endline, women spent 10.4 hours on any care, while men spent about 3.2 hours. The difference between women and men even holds for children: on average, boys spent less time on care work compared to girls, though the differences in terms of total hours are smaller (which in part could be a result of the shorter and simpler time measurement of children's care work in the survey). These averages include both those receiving the different types of treatment and those not receiving any treatment, which is an important reason for a lack of difference between the two in the simple averages.

In both countries, men emphasized in the qualitative interviews that, from an early age, parents taught them to do certain chores such as collecting water and firewood, and to generate an income for their future households, fulfilling their roles as providers. Men in Zimbabwe also said that they were taught to herd the cattle and to chop wood, while men in the Philippines emphasized that they do the 'heavy' household chores such as carrying heavy laundry. Some men in both countries also reported that having children can reduce the amount of UCDW they do as the tasks can be assigned to the children instead, particularly from the age of 9-10 years old. This finding resonates with other studies, which have observed that marriage and fatherhood reduce the time that men spend on UCDW (Ferrant, 2019).

Although younger generations appear to have more egalitarian attitudes towards the division of UCDW, as we will show (see section 3.3.2 on redistribution), young participants still indicated that the tasks they perform in their households are those expected from them according to their gender, echoing the observations of other studies (Chopra and Zambelli, 2017; Kabeer, 2018). For example, girls as young as 9-12 years old reported helping their mothers with washing dishes and mopping or sweeping the floors, and their involvement in UCDW increases as they reach adolescence. Fathers in Zimbabwe reported that their sons do not sweep or mop unless their female relatives are busy or absent. Similarly, in the Philippines adolescent girls shared that they are mostly in charge of fetching water, washing dishes and cooking. At school, boys and girls have cleaning tasks according to gender (e.g. girls sweep the floors, boys take out the rubbish), although in Mindanao men and women of a variety of ages also mentioned being taught at school that UCDW should be shared.

Seasonality also affects the amount of UCDW that women and men undertake. The farming season was mentioned as a particularly busy time in Zimbabwe. In addition to their UCDW,

women join and help in farming activities such as using the hand plough or selling extra crops, at the request of their husbands. By contrast, in the Philippines men and women emphasized that their UCDW tasks increase when either the husband or wife migrates internally or abroad. Further research could explore the effects of migration on household arrangements and UCDW.

Women in both countries said they carry out UCDW because it is expected of them by parents/carers or husbands, or because they want to help their families. These expectations are combined with a sense of obligation, as women believe UCDW to be their responsibility; this is in contrast to men, who are expected to engage in paid work. Women also attribute more value to UCDW than men do, since it mostly falls to them:

'You don't look at the work you do because to you it looks like you aren't doing anything, but when you are asked further, that's when you realize the work you do is actually important.'

Woman, 46, Masvingo, Zimbabwe

Women are also engaged in paid work, and some women consider their income-generating activities to be as important as UCDW to support their households:

'When I am farming, I work hard so I can attain tangible results. I can sell the produce and get the money I need to buy anything for the household or anything I want, and also have money to pay for school fees.'

Woman, 52, Masvingo, Zimbabwe

Men in both countries consider that undertaking UCDW can potentially compete with their paid work, which they prioritize because it provides them with an income. Although some men reported that UCDW is important, men in the Philippines also perceive it as embarrassing because they see it as an indication of femininity. Similarly, in Zimbabwe, men perceive UCDW as embarrassing and a sign of not being respected or loved by their wives, which deters them from sharing chores equally:

'If my wife refuses to give me bath water when I come back from wherever I am coming from, it just shows that the love is no longer there. Now I will start thinking she has another lover.'

Man, 62, Masvingo, Zimbabwe

As can be observed in this quote, both women and men in Zimbabwe perceive that UCDW is not only women's obligation but also a demonstration of love.

The qualitative data also indicates that some gender norms related to UCDW are more flexible in both countries, with both men and women participating in fetching water and firewood, childcare and farm-based activities, which for some women is considered as unpaid work when the harvests are for household consumption. Cattle care in

Zimbabwe also emerged as an activity that can be done by both women and men, while cooking emerged as an activity done by both women and men in the Philippines. In both countries, when women and men who referred to the importance of undertaking UCDW were asked about what has prompted change regarding the perceived value of UCDW by men, some considered that higher levels of education have played a role. Some men also reported having taught their sons how to do UCDW so they can become independent and won't rush into marriage just because they want a woman who does all UCDW for them. The social norms activities by WE-Care were also mentioned by some participants as an important factor in prompting change, as we will show in the following sections.

3.2 WE-Care impact: women and girls' use of their time on activities of their choice

As mentioned above, the final objective of the project is to enable women and girls to have more choice over how they spend their time. The evaluation showed that being able to **juggle their everyday activities** in more convenient ways is deemed to be a very important positive outcome for women. For example, some participants in Zimbabwe explained that before the project they had to prioritize fetching water very early in the morning to avoid the busiest times, whereas now they can go to their gardens or to sell in the market in the mornings, knowing that when they return they will still have access to water, due to improved water infrastructure that

has reduced queuing times. In the case of young women and girls, mothers perceived that the water infrastructure has allowed their daughters to fetch water either before leaving for or when returning from school without this making them tired, as they now only have to 'open a tap' and can choose the time when it is most convenient for them to go. In the Philippines, women also reported being able to work on their farming activities **constantly**, unlike in the past when they had to interrupt their farming to fetch water.

Women also expressed that as a result of the project, particularly the water infrastructure and the TLSE, they can undertake **multiple activities simultaneously**, which saves them time and effort. This is particularly the case in Zimbabwe (Bubi), where WE-Care installed some water points close to community gardens and distributed TLSE to be used by participants at these gardens, e.g. wheelbarrows, rakes, picks, hosepipes, sprays and forks. These gardens were funded by WE-Care following a request from villagers, and only began to be used after the water points had been constructed. As a result, women said they spend more time at the gardens, where they can do different activities at the same time such as washing clothes and watering their garden while their washing dries. Similarly, in the Philippines (in Mindanao), women explained that thanks to their stoves they can cook and clean at the same time, or they can cook faster while they get ready to go to work, also showing the positive effects of the TLSE on reducing time to undertake these chores.

These findings can indicate a positive or a negative effect of project objectives, depending particularly on the involvement of men and the redistribution of UCDW. On the one hand, **multitasking** suggests a possible reinforcement of the unequal division of UCDW, when women and girls still undertake most of the UCDW with no support from men and boys and with no effects on their time use on activities of their choice beyond UCDW. On the other hand, findings also suggest that when men and boys participate in UCDW, women benefit from multitasking, as they described how UCDW is distributed in a way that means they can now put their time towards other activities of their choice that are not necessarily related to UCDW.

Women respondents mentioned their increased participation in **social activities** of their choice after the WE-Care project; this was particularly the case for those who benefitted from water points and TLSE. For example, in Zimbabwe, some participants indicated that they have more time to maintain relationships with friends, to visit family members and to attend community events such as church or school meetings. In the Philippines, women and girls mentioned that they have more time to visit neighbours and friends and to initiate new friendships. These participants described how they find these visits helpful because they develop more 'knowledge and awareness' and can express themselves 'more freely' by socializing with more people in a day.

Different opinions emerged regarding time for **leisure and relaxation** in both countries. In Zimbabwe, some women observed no effect of the project interventions, as they reported not having time to rest (apart from when they sit down to eat). Other women said the project has given them more time to take breaks. Women in the Philippines who emphasized the positive effects of the water points mentioned that they use their additional time to watch

television, just sit down or nap. Some women in Mindanao also mentioned that they now have more time for beauty activities or looking after themselves. In both countries, women who head their household or care for children or grandchildren were those who expressed having less time to rest.

Some women in both countries also indicated their involvement in **income-generating activities** such as farming or selling in the market, as well as attending savings groups in Zimbabwe. Women in the Philippines mentioned that as a result of the project, they can now spend more time on income-generating activities, particularly part-time jobs such as weeding, cutting grass and doing laundry for other households. One woman in the Philippines said the stove provided by WE-Care had helped her to increase her income as she now sells *kakanin* (snacks) that she can easily cook on the stove, confirming the positive effects of TLSE beyond reduction of time on UCDW. While the qualitative data cannot attribute a direct effect of WE-Care on involvement in income-generating activities, some women in both countries indicated that they can now spend more time in paid activities. Their narratives also displayed the value that they attribute to their paid and unpaid work. While some women perceive their paid activities as beneficial because they allow them to increase their income, others also said they have no time to rest even if taking part in the project, echoing the findings of other studies (Chopra and Zambelli, 2017; Kabeer, 2018), which show that women who engage in economic activities are also in charge of undertaking most UCDW.

The survey supports the qualitative findings regarding a potential positive effect on the hours that women spent on paid or farming activities as a consequence of the introduction of the water and laundry points (Figure 5).

FIGURE 5 DIFFERENCE IN HOURS SPENT ON PAID WORK FOR WOMEN IN AREAS WITH/WITHOUT NEW WATER INFRASTRUCTURE

Note: This graph shows the difference between the hours spent on paid/farming work for women living in areas with new water infrastructure, those without, and the approximate 95% confidence interval, by country.

FIGURE 6 IMPLEMENTATION FLOW FOR ACTIVITIES ON OUTCOME 1

In the Philippines, women in villages with new water and laundry points are estimated to have spent on average 1.3 hours more on paid or farming activities compared to the women from villages without new water points, which is about twice as much time. In Zimbabwe, women might have spent about 1.2 hours more on average on paid or farming activities, which is equivalent to a 33% increase compared to women who did not have access to new water infrastructure. There is also an indication that all social norms interventions together might have had a positive effect on the hours that women spent on paid activities in the Philippines, though there is no effect of the social norms interventions in Zimbabwe. It is important to remember, however, that in some of the sampled areas in the Philippines there were also two other ongoing Oxfam projects, including one on women's economic empowerment.

At the same time, this increase has not translated into respondents mentioning paid work as their main or secondary occupation. The only thing that seems to have significantly increased the likelihood of this is participation in social norms activities in the Philippines. There, women in the respondent households were twice as likely to be classified as working in a paid job if someone in the household participated in social norms activities, rising from 19 to 38%.

The following sections will present the linkages that exist between the different WE-Care components and their influence on the outcomes and pathways that led to the impacts that our data displayed.

3.3 Pathways of impact

In this section we explore the ways in which the WE-Care project contributed to changes in women and girls' use of their time on activities of their choice, considering the effects that follow from the project ToC, namely: the effects of the provision of water infrastructure and laundry points and TLSE; the effects of social norms activities, training on social norms, exposure to media messages about UCDW and the achievements on influencing decision makers on UCDW. We also assess findings on the emerging 'synergy' effect: exploring if awareness raising, training activities and media sensitization contribute to a reduction in time spent on UCDW, and if better provision of water and TLSE contribute to changes in perceptions about UCDW.

3.3.1 Reduction

The findings presented under reduction refer to the results of activities conducted under outcome 1 of the WE-Care project. This outcome concentrated most on activities and outputs related to access to water and distribution of TLSE that would, ultimately, lead to a reduction in the time women and girls spend on UCDW. The activity flow for this outcome is described in Figure 6 above.

The overall implementation process was relatively similar in both countries, and in both cases, some disruptions occurred during different steps, e.g. delays in assessments and studies due to the rainy season, technical difficulties in drilling, and external political or economic challenges affecting construction. As mentioned, in the Bubi district in Zimbabwe, implementation of water points was accompanied by the development of vegetable gardens near the water points. Also in Zimbabwe, the social feasibility assessment incorporated women's requests for covered spaces to protect users from weather conditions, lower basins for elderly and disabled people, basins at adequate height to minimize back pain, as well as tables for changing babies. Table 3 below describes the types of infrastructure built or repaired and TLSE distributed.

All TLSE was distributed before March 2019 and all water infrastructure work had been completed by August 2019. At the end of implementation, 58 barangays received some kind of new water infrastructure or repair to existing infrastructure in the Philippines, and 10 wards had been covered in Zimbabwe. A total of 94 barangays received some type of TLSE in the Philippines, and 3 wards in Zimbabwe.

The findings display perceptions of a reduction in time taken to collect water in Zimbabwe and to cook in the Philippines due to the greater availability of water infrastructure, i.e. laundry points, water points and TLSE, according to the narratives of participants. Prior to the water infrastructure being installed, water sources were often far away, water was not available and had to be purchased (in the Philippines) or women struggled to manually pump for water (Zimbabwe). Women also shared that before the project they had to wash their clothes in the river where water was not clean, and they had to spend more time making multiple trips as they couldn't carry large bundles of clothes. Women reported that they can now wash their clothes at the laundry points or can carry more clothes using pushcarts.

TABLE 3 INFRASTRUCTURE BUILT OR REPAIRED AND TIME- AND LABOUR- SAVING EQUIPMENT DISTRIBUTED

Philippines	Zimbabwe
<ul style="list-style-type: none"> • 29 piped water schemes and hand pumps built or rehabilitated • 37 taps and water pumps built or rehabilitated • 13 laundry points built • 11,682 families received 125-litre water containers, 'super kalan' efficient stoves, pushcarts, gas ranges, basins and rice cookers (1 motorcycle distributed to a small enterprise to support water distribution) 	<ul style="list-style-type: none"> • 11 piped water schemes and hand pumps built or rehabilitated • 9 laundry points built • 300 families received 20-litre buckets, solar lamps, wheelbarrows, solar irons, buckets, water bottles (50 mobile phones distributed to care champions to support WE-Care activities)

Regarding TLSE, participants in both countries said that this has enabled them to collect water less frequently, whereas before they were doing so several times a day. For example, in Zimbabwe, wheelbarrows were seen as important because participants can now carry several buckets of water at a time, reducing the time they spend fetching water. Participants in the Philippines also indicated that stoves allow for more efficient cooking as they can be left unattended, firewood is not needed, and pans are quicker and easier to clean. Some TLSE can also be used for other purposes; for example, some participants in Zimbabwe use wheelbarrows to carry firewood. In the Philippines, participants use the water drums provided to keep their clothes or important items dry when it rains. Pushcarts in the Philippines have been particularly useful not only for carrying laundry but also for carrying heavy items and disposing of rubbish. Stoves are also considered useful in case of natural hazards such as floods, as they are portable.

Although some men in both countries mentioned that the water infrastructure has reduced the time they spend fetching water, a large majority of women and men (key informants included) stressed that those who benefit the most from the water infrastructure and TLSE are women, probably because they carry out most water-related activities:

'I think it benefitted the women most, because we are the ones who were doing the labour-intensive work, like operating the bush pump, pushing the wheelbarrow with a baby on your back. It was most difficult for the women. Now it's a lot easier because women just fetch water from a tap.'

Woman, 45, Bubi, Zimbabwe

'It [fetching water] would no longer last for an hour; it would be around 30 minutes.'

Woman, 64, Visayas, Philippines

In the Philippines, these findings are supported by the consolidated results of the Community Monitoring, Evaluation and Learning (CMEL) group, which was led by Oxfam's partner in Eastern Visayas, the Philippine Rural Reconstruction Movement (PRRM). This found that 90% of survey participants agreed that most TLSE is used by mothers, compared to 55% who agreed that TLSE is used by fathers (CMEL, 2019).

The Household Care Survey results also suggest that having access to water points might have reduced the number of hours women spend on care work, particularly on primary care (see Figure 7). In the Philippines, women living in a village with new water and laundry points are estimated to

FIGURE 7 DIFFERENCE IN HOURS SPENT ON PRIMARY CARE WORK FOR WOMEN WITH/WITHOUT ACCESS TO NEW WATER INFRASTRUCTURE

Note: This graph shows the difference between the hours spent on primary care for women living in areas with new water infrastructure and those without, and the approximate 95% confidence interval, by country.

have reduced the time they spent on primary care work by 2.2 hours, a reduction of about 21% when compared to women with no access to water infrastructure. In Zimbabwe, the impact is smaller and less certain; women might have reduced the time they spent on primary care work by 0.9 hours, or about 16%, when compared to women with no access to the project water infrastructure.

Any care work, which includes primary care activities, secondary care activities and supervision tasks, also might have reduced in both countries due to the water points, but the standard errors are much larger, suggesting less certainty, particularly in Zimbabwe. It is peculiar that the number of hours spent on water-related tasks⁹ did not decrease significantly, if at all, for women in the Philippines as a consequence of the water points. Maybe the availability of additional water increased water usage, and hence the overall time spent on water-related tasks remained similar. For women in Zimbabwe, however, there was a large reduction in time spent, by about 0.9 hours per day, which means women in Zimbabwe with access to new water points or laundry facilities are estimated to be spending nearly half the time on water-related tasks than is spent by women in areas with no water infrastructure from the project. This is supported by the qualitative findings in Zimbabwe, where women perceived that the water infrastructure not only reduced their time spent on water-related tasks but allowed them to do multiple water-related tasks at the same time, particularly when the water points and laundry points were close to each other.

The impact of the distribution of the TLSE is less pronounced and less clear in the survey. In the Philippines, women receiving TLSE reported spending less time on main and any care work, but the size of the effect is small and uncertain. In Zimbabwe, there was no estimated difference between women with new TLSE and those without, with regards to main and any care hours. This suggests that the water points might have been more effective in reducing care work, though the effect might have only been on primary care work while the effect on any care was less pronounced. However, participants' perceptions suggest that when they benefitted from water infrastructure and TLSE together, they were able to collect water faster and less frequently.

Different opinions regarding the sustainability of the water points installed and the availability of the TLSE were shown by evaluation respondents of the qualitative component in both countries. In relation to the water points, for example, in Zimbabwe (Masvingo) some participants shared concerns regarding leaking taps and the lack of window panes and a guard room. These participants also indicated that the water yield in their only borehole was not sufficient and as a result, water shortages were experienced by the school and the health clinic, which used the same source of water. This relates to contextual as well as technical issues: Zimbabwe faced a severe dry season in 2019. In the Philippines, participants observed that the water points are sometimes crowded, there is insufficient water, and for some people

they are still far away. These results indicate certain limitations in the achievement of WE-Care's goal of reduction, as these participants might have not experienced a decrease in time spent on tasks related to water collection and ultimately on UCDW as a whole. In spite of these perceptions of certain participants, a majority indicated the positive impact of the water infrastructure on their lives.

Regarding TLSE, some participants of the qualitative component of the evaluation in Zimbabwe said that they were still waiting to receive the TLSE they had been promised by partners (buckets, irons, wheelbarrows or water containers) or had only received certain parts of it (for example, one household received an iron and a solar battery, but not the solar panel to charge the iron). This is explained by challenges faced by WE-Care during implementation in Zimbabwe; the project changed partners to distribute TLSE, and the country's economic crisis delayed the arrival of TLSE for Masvingo. In Bubi, women reported that care champions benefitted the most from the distribution of TLSE (lamps, water buckets and mobile phones to conduct their activities) and said further clarity about the targeting was needed. This can be explained by partners' decision that care champions were in most need of TLSE, rather than allocating it to households further away from the water points as WE-Care intended. In Bubi, respondents also noted that the TLSE provided could only be used in the community garden (where the water infrastructure was also installed) and not for personal use. However, women perceived this as an advantage as it meant they could carry out multiple activities simultaneously, as indicated in section 3.2. In the Philippines, some participants also raised targeting inconsistencies with TLSE and observed that targeting was 'selective'. Several participants in Visayas said they do not use the stoves as frequently as they would like because petrol is expensive, so they only use the stoves when they cannot collect firewood, particularly during the rainy season. In Mindanao, participants indicated that they use the stove more frequently, as they mostly received stoves that only require charcoal or small pieces of wood.

These accounts suggest that outcomes on reduction can be challenged not only by the availability of TLSE but also by the suitability of the TLSE to the households' economic situation (e.g. their access to fuel to use stoves in the Philippines, or access to solar panels in Zimbabwe), and are more effective when they are tailored to the target population – such as hosepipes that facilitate the use of the water points by elderly people, as we will show in section 3.5.1 (marginalized groups). Other factors that can challenge the outcomes on reduction include the broader national context (e.g. existing economic crisis, natural hazards) that could affect the delivery of TLSE or delay the construction of water/laundry points. Strong relationships and good communication with Oxfam's partners can also influence the outcomes for reduction, e.g. working with partners to ensure that participants receive TLSE that is complete and arrives on time, or that TLSE is received by those who are most in need.

3.3.2 Redistribution

Redistribution covers all results observed under outcomes 2A and 2B. These outcomes focused on increasing men and boys' engagement in UCDW, and a more equal distribution of UCDW in the household and in messages portrayed by the media through shifts in attitudes and practices that reproduce/reinforce gender norms related to UCDW. The activity flow for this outcome is presented in Figure 8 below.

The assessment process was similar in both countries, covering most project sites for the Rapid Care Analysis (RCA) and a sample of them for the Household Care Survey and social norms FGDs. The development of training materials to be used for the social norms activities during focus groups was coordinated with support from the global team and followed the same structure for the care champions. There was no set of criteria across countries for the selection of care champions, and often partners decided on what would be their characteristics and what support would be provided to them after training. The format and structure of other training on UCDW varied according to the different audiences and from country to country to fit the requirements of different groups (e.g. youth, government, self-help groups). In both countries, media engagement occurred throughout the lifetime of the project, with some involvement of local and regional radio and TV shows, and through a more structured social media campaign in early 2019 in the Philippines (*I Laba Yu*¹⁰). All activities under this outcome

were concluded around June 2019, and all project sites received some kind of activity on social norms.

Although collecting water and sharing other household chores was deemed to be important for women and men, different opinions emerged among evaluation participants regarding redistribution. This section presents findings on two types of redistribution observed: 1) redistribution between women and men; and 2) redistribution among women.

REDISTRIBUTION BETWEEN WOMEN AND MEN

The first group of participants indicated that redistribution of UCDW is taking place between women and men, particularly in the collection of water/firewood and cooking, and particularly in the Philippines. Some of these participants, particularly women, clearly associated these changes with WE-Care and/or Oxfam, especially when men participated in social norms interventions:

'We saw that there was a lot of change when they [men] attended the workshops. Most of them admitted to being oblivious to the work their wives do... they also explained that in the past if they helped their wives with, say, doing the laundry, others would laugh at them, saying they are weak and had been fed love potion. But because of WE-Care, the social norms are changing. Now people understand the importance of helping each other.'
Woman, 46, Masvingo, Zimbabwe

FIGURE 8 IMPLEMENTATION FLOW FOR ACTIVITIES ON OUTCOMES 2A AND 2B

FIGURE 9 DIFFERENCE IN HOURS SPENT ON PRIMARY CARE WORK FOR MEN INVOLVED/NOT INVOLVED IN THE SOCIAL NORMS INTERVENTION

Note: This graph shows the difference between the hours spent on primary care for men living in households that had at least one household member who participated in community meetings on UCDW or was visited by a care champion, those for men in households that did not, and the approximate 95% confidence interval, by country

As the above quotes illustrate, men in both countries who indicated having attended project workshops or having received visits by care champions also indicated participating in UCDW. For example, a male care champion who was interviewed in Visayas spoke of the importance he now places on sharing UCDW and reported sharing tasks with his wife. The results of the CMEL (2019) monitoring in Eastern Visayas also found that most respondents (54%) considered the care work sessions a contributing factor to an improved understanding of UCDW. Similarly, some men in Mindanao reported sharing the messages with others and listening to these messages again in other activities organized by their barangays and at Islamic Symposiums. In both countries, some men expressed ‘having heard’ about men participating in UCDW and attributed the changes to those men’s attendance at workshops or community meetings where they have been taught about these issues. Others explained that they already had knowledge on UCDW issues from their parents or other male relatives, and said that WE-Care only ‘emphasized what was already known’. This evidence shows that the project’s social norm activities did influence the value that men and women attendees attributed to UCDW.

It is interesting to note that the project’s impact seems to have affected women’s expectations of their partner’s participation in UCDW differently in the two countries, as indicated by the quantitative data. In Zimbabwe, there was a strong shift through the project across the different intervention categories. On average, out of a list of seven unpaid care and domestic tasks,¹¹ the extent to which women in Zimbabwe expected men to participate increased by 5 to 15 percentage points across all tasks, depending on the type of WE-Care ‘treatment’. This shows a clear shift in Zimbabwe in women’s expectations of men to participate more in such activities. The fact that the shift was not so pronounced in the Philippines is probably because the

average expectation level was already much higher there, according to the baseline data (about 84.6% in 2017). The project seems to have shifted expectations among women in Zimbabwe towards a level that already existed in the Philippines.

At the same time, there are some strong indications from the Household Care Survey that there has been an actual redistribution of care work from women to men. While the total hours women spent on any care work is likely to have decreased in both countries as a consequence of the new water infrastructure, the responses suggest that being in any norm intervention (social norms treatment or training treatment) incentivized men to increase their hours spent on primary care work compared to men who were not involved in these activities, particularly in the Philippines. There, having at least one household member participating in meetings about unpaid care and domestic work might have increased the time men reported spending on primary care work by over an hour, from 2 to over 3 hours per day on average (see Figure 9). In addition, having access to any TLSE device or a new water point increased men’s hours spent on any care work by over an hour on average.

Reinforcing the findings from the interviews, the Household Care Survey suggests that men tend to spend more time on water-related tasks when they have engaged in the social norms interventions.

While the water-related interventions did not show clear effects on men’s behaviour regarding time spent on water-related tasks (with the exception of the TLSE-only intervention in the Philippines), the social norms intervention was seen to have a strong impact on men’s hours spent on any water-related task, when compared to men in households which had not participated in such meetings. However, the size of the effects is relatively small, of about

half an hour a day in the Philippines and about 20 minutes each day in Zimbabwe, on average. In Zimbabwe, the effect of the meetings and care champions alone, however, was much smaller and less certain.

It is important to mention that even though some of these effect sizes are large when compared to the baseline, men are still far from reaching the number of hours that women spend on care work in both countries. While there has been progress in the right direction, the gap between men and women still looms large.

The change in average hours spent on care work also does not necessarily translate into a change in perceptions about the number of men participating in care work, at least not in the Philippines. When asked how many men in the village conduct at least one hour of care work per day, the average does not change much despite any of the treatments, for both men and women. The situation is slightly different in Zimbabwe: there, the two norms treatments (social norms and training) as well as any norms treatment seem to have had a strong impact on both men's and women's perceptions about how many men in their village spend at least one hour per day on care work. There are big differences between those receiving any social norms intervention and those who are not in terms of their perception of the share of men doing care work in their village: this share is assumed to be between 13 percentage points higher (by women) and 15 percentage point higher (by men) if they live in a household that received any social norms treatment. Similarly, for women, having access to TLSE might increase their perception of the share of men who are doing at least one hour of care work daily.

The survey also suggests that in both countries, there was no clear effect of any treatment on whether men and women think that men should do care activities. There might be a slight trend towards expecting more men to participate in care activities among men and women in Zimbabwe, but the size of that increase is rather small. In the Philippines, if anything, the estimation results indicate that both having access to new TLSE or participating in social norms activities might have actually decreased the likelihood that women expect men to participate in care activities.

The qualitative component of the evaluation offers more insights about the increased but still limited involvement of men in UCDW. It found that among those who reported that men participate in UCDW, some indicated that men participate in these chores only sporadically or on certain occasions. For example, in the case of Zimbabwe, this is often in response to wives being busy, ill or absent:

'I will cook depending on how tired she is. She cannot be tired every day through the whole year.'
Man, 35, Masvingo, Zimbabwe

Similarly, in the Philippines, several participants from both regions mentioned that men collect water only if they are not working or when they are not tired:

'She usually asks me for help in doing laundry. Especially if it's been at least a week since the last laundry session. With all the children's clothes it can get overwhelming, so that's when I help her. But only on Sundays.'
Man, 51, Mindanao, Philippines

In both countries, younger generations appear to have more egalitarian attitudes towards the division of UCDW, as has also been observed in the literature (Kabeer, 2007; ILO, 2018) and previous WE-Care publications (Oxfam, 2017; Oxfam, 2018). Evaluation respondents in their twenties and child evaluation participants often mentioned the importance of sharing chores equally between women and men, as the following intergenerational trio in Zimbabwe illustrates:

Interviewer: *Is it [UCDW] embarrassing?*

Grandfather: *Yes, it is embarrassing, if I have to sweep I would do it very early in the morning... so people don't see me doing it.*

Interviewer: *Is it still the same for you?*

Father: *Now it's different, people won't laugh at you but will understand that it is about time we started helping each other out.*

Interviewer: *What about you?*

Son: *I don't see a problem.*

Grandfather (78), father (62) and son (24), Masvingo, Zimbabwe

Although changes towards a more equal division of UCDW might be happening in younger generations, the data stresses the importance of the social norms activities to achieve redistribution of tasks in the household, particularly beyond water-related activities, as the following section shows.

REDISTRIBUTION AMONG WOMEN

A second group of participants in both countries indicated that most UCDW is still undertaken by women. When UCDW is shared, this is between women (particularly between mothers, older girls and female adolescents and/or mothers and daughters-in-law). This reflects the gendered division of UCDW before WE-Care (as shown in section 3.1) but also an unintended effect of the project, as we will show in section 3.5 (unintended effects). Redistribution of tasks among women was illustrated by the following woman while she described her daily activities:

'When my daughter-in-law is available, she assists me with fetching the firewood, and if the firewood is too much to carry then my husband gets the scotch cart and the cows and helps us to ferry the load back home. It takes us about three to three-and-a-half hours to gather and collect the firewood. When we return from collecting the firewood, I prepare dinner or my daughter-in-law prepares the dinner while I take care of her two-year-old child. My husband will be sitting on his chair relaxing in the evenings and in the mornings while I'm going about

the various tasks I have highlighted already; he will be basking in the sun or close to the fire if it's too cold to go outside. I rest when I sit down to eat. I still have to fulfil my duties as a wife of allowing my husband to enjoy his conjugal rights no matter how tired I am from the day's activities.'

Woman, 52, Masvingo, Zimbabwe

In the Philippines, women often justified their husband's lack of participation in UCDW with the excuse that men are often tired from their daily paid work and are already fulfilling their obligations, as providers of the household. Some men also shared that they did not participate in UCDW because it lessens their 'masculinity' and because other people would think they are 'under the skirt' of a woman. Similarly, in Zimbabwe, some men made reference to shared beliefs that men who carry out UCDW are 'bewitched', which can also explain their low participation. This is accompanied by men's feelings of embarrassment or their view that it is a sign of disrespect from their wives when they have to participate in UCDW, as mentioned in section 3.1. These findings confirm what Pearson (2000) describes as 'the impressive resistance of men to an equal involvement in domestic work', despite the positive examples supported by WE-Care interventions.

Our data can be interpreted in different ways. It can indicate that gendered norms around UCDW, as described in the section on the background of UCDW in the two countries

(section 3.1) and mapped in previous WE-Care social norms reports (Oxfam, 2017; Oxfam, 2018; Samman, 2018), are still very 'sticky', as both men and women have not changed their behaviour towards more equal roles in the household, even though they report that they do share tasks when they are probed about the effects of WE-Care on the division of UCDW in the household. Another possibility is that some men do participate in UCDW, but in some cases they might feel ashamed of admitting this in public and prefer to emphasize that it only happens sporadically. This resonates with evidence elsewhere, which suggests that men often do not display their contributions to housework in order to preserve their masculine image (Kabeer, 2007). The qualitative and quantitative findings indicate that these beliefs are more difficult to change when men and boys do not attend the social norms activities. However, our participants also observed certain limitations of the diverse social norms and media components of the WE-Care project. Men and women who attended made reference to the following challenges:

- These activities were mostly attended by women, as reflected by the fact that women were more able to recall the content, the expected outcomes and the stories that were shared during the workshops. According to evaluation participants, men participate less in the workshops because they are working or have migrated. In the Philippines, the qualitative data from interviews and FGDs indicates that the social norms activities were not as valued by participants in

Visayas as in Mindanao (probably because in Mindanao messages were also shared during important gatherings such as the Islamic Symposium, or took place more frequently than in Visayas), as more men in Mindanao reported having attended and finding the content of the workshops important. Men who attended in Visayas were associated with a fishermen's organization, according to one male care champion, but he also considered that beyond that group it was difficult to convince men to attend because the workshops took place during their working hours. The same care champion also noted that in his fishing association other men were asked to become care champions, but not everyone was willing to become active in the role because they preferred to work in paid or better remunerated activities.

- Care champions and male advocates are mostly received by women and children during their visits. For example, in Bubi in Zimbabwe, participants of one FGD with 13 men commented that they had not heard of care champions and did not know what they were. Other participants in Masvingo considered that care champions were not properly trained. The lack of effects created by care champions can also be explained by the limited time they had to conduct their activities. Furthermore, the lapse of time between being trained and starting their activities might have diluted their knowledge. FGD participants who were care champions in Masvingo indicated that they were trained in June 2018 but only began to work in April 2019 due to lack of materials to help them conduct their activities. Care champions in the Philippines did not necessarily remember the topics and/or messages that they learned from WE-Care, probably because what they learned in the training was also likely to have been diluted due to a time lapse.
- Women reported not always sharing the content of the workshops with their husbands, although the reasons behind this are not very clear. One reason might be fear of violence and conflict. For example, in Zimbabwe, some women mentioned that asking their husbands for support in household chores could be interpreted as a complaint or as undermining his role as head of household, triggering physical violence. In the Philippines, one care champion mentioned that if wives asked their husbands to participate in household chores it would create conflict. Some women in the Philippines indicated that when they shared the workshop message with their husbands, they laughed at or made fun of it.
- Participants observed that workshops took place only a few times, were unplanned and lacked coordination.
- Some women in the Philippines reported finding the workshops too long and said they competed with other activities that they prioritized, mainly income-generating activities.
- Messages from the workshops or care champions were at times misunderstood or not shared adequately. For example, some men in both countries who attended workshops said

that they considered it important for their wives to receive 'help' with their UCDW, so they had introduced a division of labour in their households whereby girls and female adolescents now do more UCDW rather than men providing help.

- Despite monitoring data showing that the social media campaign *I Laba Yu* reached over 30 million people in the Philippines on Facebook, Twitter and Instagram¹² and had engagements, e.g., likes, shares, retweets, comments from around 1,750,832 people, most participants in both countries had not heard of any social media content relating to UCDW or WE-Care. Two participants in Zimbabwe reported having heard about UCDW issues on the radio a year ago (radio activities reached around 3 million people in the country), but they were unable to recall the messages that were shared. The limited access to social media channels, e.g. Facebook, and the lack of electricity in Zimbabwe were cited as reasons why participants do not use these channels frequently. In the Philippines, youth in Mindanao who are involved in WE-Care through the 'T'nalak Mindanao' group, an alliance of 1,000 members of young people, indicated that they have seen WE-Care content on Facebook and have shared it at times. Older participants were not aware about social media, and discussions around radio/TV/visual advertising were largely descriptive with no evidence of their impact on UCDW, apart from the leaflets.

Thus, the qualitative data indicates that some men participate more than others and, in relation to all the WE-Care components, their participation seems to improve when they were also exposed to new messages around UCDW, particularly through their involvement in the social norms activities. The age of men who are more willing to participate varied, but those who are younger (in their twenties and early thirties) expressed more willingness to participate in UCDW. However, it will be important to address the challenges our participants observed about the social norms activities and media campaign to improve the results that have been already achieved on the redistribution outcome.

3.3.3 Recognition

Findings in the recognition section cover results achieved under outcomes 3 and 4, and refer mainly to influencing decision makers and allies to achieve policy change. They are presented here according to the level where they occurred: local, national and global. As these are influencing outcomes, their activity flow varies according to the context.

Findings are based on key informant interviews with stakeholders and secondary data from monitoring activities. Key informants included local authorities, policy makers and other public policy decision makers, e.g. the Philippines Commission on Women (PWC), and relevant stakeholders who played an important role in shaping attitudes and behaviours, were in key positions that allowed their involvement in WE-Care activities, or who have been involved

in influencing interventions to address unpaid care, e.g. encouraging the introduction of certain laws or committing to invest in water infrastructure.

3.3.3.1 Local level

In the Philippines, local-level influencing activities took place at the barangay, municipal and provincial levels. In Zimbabwe, activities were focused at district, village and ward levels. Decision makers and service providers that were interviewed for this evaluation in both countries talked about the important role that WE-Care played in contributing to policy and practice related to UCDW. They presented several reasons for their motivation to support it and outlined the benefits they expected to observe.

PHILIPPINES

Context and implementation flow of influencing activities at the local level

Influencing activities in the Philippines were more structured than those in Zimbabwe and had a clear goal: the implementation of Women's Economic Empowerment and Care Ordinances (WEE-Care Ordinances). The ordinances are pieces of local legislation that represent a critical first step in ensuring government commitment to and investment in UCDW at local level. They create an official commitment by local government to address unpaid care in their planning and budgeting, and commit local governments to ensuring greater participation of women in community planning, research and evidence-generation on UCDW. As they are legally binding, they can help improve women's access to care-supporting infrastructure and services. **Figure 10** presents the activity flow for local-level influencing activities in the Philippines which have the approval of WEE-Care Ordinances as an outcome.

Outcomes

Within 30 months, WE-Care in the Philippines was directly involved in the approval of eight WEE-Care Ordinances in the project areas of Tacloban City, Paya and Salcedo in Eastern

Samar, Quinapondan in Maguindanao, and Mao, Bai Saripina, Bagumbayan and Datu Abdullah Sangki in Sultan Kudarat. The local council representative for Tacloban City perceived the WEE-Care Ordinances as a main achievement of WE-Care, as they provided a definition of UCDW that was incorporated in the local Gender and Development (GAD) document. This interviewee also noted that the project helped promote recognition of the economic value of UCDW and contributed to the GAD's efforts to address gender stereotypes in the portrayal of UCDW.

The evaluation found that all key informants spoke about the importance they place on recognizing UCDW and the role that policy and practice can play in addressing it, and especially of how they perceived Oxfam and its partners as key in advancing the work on the issue:

'Oxfam and SIKAT made a very big contribution to my work, and not only on this ordinance but also on the reconstruction work in the area. The ordinance would not be possible if Oxfam and SIKAT were not there to support, and it will help Salcedo.'

Local council representative, Salcedo

Women interviewed shared their in-depth knowledge on the constraints they face when experiencing UCDW inequalities, and expressed their interest to continue lobbying at the local and national levels to promote recognition among other stakeholders. They also reported that their previous interest in the topic was a motivation to support WE-Care.

Decision makers also emphasized the importance of Oxfam's continuous presence in their respective regions. For example, one key informant from East Visayas indicated that Oxfam was the only organization that stayed after the humanitarian emergency triggered by Typhoon Haiyan and it greatly contributed to the reconstruction work in the area. The official also observed that Oxfam and partners clearly understood the water challenges and the lack of infrastructure at local level:

FIGURE 10 IMPLEMENTATION FLOW OF INFLUENCING ACTIVITIES AT LOCAL LEVEL IN THE PHILIPPINES

‘The contribution was positive, especially when talking about understanding the challenges related to access to water. Oxfam and PRRM engaged in the discussions on how we can assist people to lessen the burden related to this with ideas that are cheap and feasible.’ Government official, Tacloban City Housing and Community Development Office

The evaluation shows that key informants from Mindanao and Visayas highlighted the positive impact of their engagement with other stakeholders regarding the implementation of UCDW-related initiatives. For example, one key informant from Visayas indicated that he was able to meet with government agencies, other NGOs, mayors and other officers in Mindanao, where they had opportunities to discuss progress and to check and validate the effectiveness of the strategies implemented in both regions. Another interviewee mentioned that WE-Care benefitted his work by deepening the understanding of water infrastructure and the needs of the community. This shows that WE-Care contributed to decision makers’ knowledge on UCDW issues and to the development of new skills and opportunities within their respective areas of work.

Although some interviewees described their organizations as more ‘technical’, they introduced social norms activities. These were mentioned as particularly important for introducing the topic at the barangay level:

‘With support from Oxfam and PRRM, we could organize seminars with men on care and gender. Participants then became community facilitators for the theme. They developed a play to talk about UCDW. Now there is a model to discuss the theme in the community: how important it is to reduce the burden of care, to participate in community discussions, to prioritize where to spend more on, and to prioritize care as a necessity.’ Government official, Tacloban City Housing and Community Development Office

The evaluation found evidence that corroborates this, with participants in Visayas indicating that a councillor (woman) attended one meeting in their barangay and introduced an ordinance which showed the importance of sharing UCDW, and men in Mindanao who observed

that messages around UCDW had been introduced during various meetings and activities promoted by the barangay, showing that messages have been shared regularly:

*‘For example, if there’s a meeting for 4P’s beneficiaries [the conditional cash transfer programme of the Philippine government] or senior citizens, if there’s an opportunity to discuss the inputs from the seminars, they integrate it into the agenda. Also in our general assemblies, which we hold twice a year. They hold follow-up lectures on that.’
Man, 31 Mindanao*

ZIMBABWE

Context and implementation flow of influencing activities at the local level

It is important to understand the context – the political and administrative structure of local power in Zimbabwe – in which the recognition outcome developed. Districts are managed by a district council consisting of elected ward councillors, with the size of councils varying from district to district. The Chief Executive Officer, who is also the District Administrator, is appointed by the Minister of Local Government and has the primary responsibility for chairing various Rural District Development Committees (RDDCs) such as water, land and food. Each district is formed of a group of wards, with elected ward councillors heading the Ward Development Committees (WADCOs), which are responsible for planning and coordinating all development activity at that level. The villages, as the last layer in local governance, also have Village Development Committees (VIDCOs), which are chaired by village heads and consist of at least six elected members from among the villagers. The WADCO draws its members from leaders of its constituent villages, i.e. village heads and secretaries of the VIDCOs. The WADCO receives development plans from its constituent VIDCOs and consolidates them into a ward development plan, which is then forwarded to the Rural District Council (RDC) to be consolidated into district annual and five-year plans. These are all important structures where the recognition of UCDW can lead to changes in local practices and consequently in the lives of people in these communities. They were affected by the political and economic instability in Zimbabwe, i.e. a coup in 2017, elections in mid-2018 and an ongoing cash crisis.

FIGURE 11 IMPLEMENTATION FLOW OF INFLUENCING ACTIVITIES AT LOCAL LEVEL IN ZIMBABWE

The activity flow for local-level influencing activities in Zimbabwe is presented in Figure 11.

Outcomes

Recognition goals at the local level in Zimbabwe have been partly achieved. Although WE-Care objectives were clear to local policy makers and they included these in their discussions, the novelty of the topic and stakeholders' greater interest in the water infrastructure compared to the actual recognition of UCDW acted as constraints. Decision makers' perceptions have not shifted towards supporting care at the local level as a topic on its own, as they see Oxfam's main contribution as improving access to water through new technologies.

All key informants had a clear idea about the main objectives of the project and the importance of the linkages between its different components. They also acknowledged the role and contribution of WE-Care at local government level in improving recognition of the importance of addressing heavy and unequal UCDW:

'Care champions come here to the training centre... then these issues are debated; it will be an open forum, they present. At the end of the day, you see that people appreciate that we must share the burden of household chores, which is well appreciated, including lessening the burden [of UCDW].'

Government official, District Administration, Bubi

However, key informants indicated that UCDW was still considered a new topic of discussion on the agenda. The evaluation found evidence that the novelty of the topic limited the interest of certain key informants and their understanding of the project beyond the water outcomes, particularly for men. Furthermore, one key informant noted that UCDW issues have not yet been discussed in other departments or at different levels, which can challenge government officials' understanding of the initiative and their capacity to address UCDW in their own work:

'From the ward level, we find that other government workers are not much involved. It was difficult for them to understand what the project is really about. They need to be oriented, so they integrate the [UCDW] issue when they do their programmes. Those are the people that have direct contact with the community. Whenever they implement different programmes, they need to integrate these issues... if the national level does not promote and bring new ideas it won't be done, even in schools, churches, all institutions.'

Health service provider, Ministry of Health, Masvingo

Outcomes on recognition in Zimbabwe also depended on the type of organizations Oxfam approached to be involved in WE-Care. The District Water and Sanitation Committee (DWSC) has been the platform most used by WE-Care to discuss and lobby on issues of recognition of UCDW. Key informants in

Masvingo observed that the objectives and the work of WE-Care were presented and discussed frequently at monthly meetings chaired by the DWSC, where all government ministries at the local level are represented, including NGOs. In Bubi, the DWSC has already begun engaging on UCDW discussions with the Provincial Water and Sanitation Committee (PWSC). The project work was also presented and discussed within other local departments such as the District Development Committee (DDC) and the Rural District Council (RDC), but key informants considered all these organizations to be mainly operational, meaning water remained the main topic of discussion during meetings rather than recognition of UCDW, limiting the intended outcomes of these engagements. It was acknowledged, however, that WE-Care was an 'eye opener'; one key informant observed that several local authorities were not previously aware of the water problems affecting villagers and the consequences for schools, hospitals or livelihoods.

Women key informants mentioned their interest in the social norms activities on gender and UCDW, but most still emphasized that the main contribution of WE-Care was the installation of the water infrastructure. They also do not consider that their agencies have the capacity (or even the responsibility) to incorporate UCDW topics, believing the issue should be under the Ministry of Women's affairs.

Key informants expressed views that the project was aligned to their key priorities on water availability and accessibility, especially Oxfam's contribution of bringing new technology (such as solar panels) that involved low set-up costs, rather than centralized water points that require the use of bush pumps powered by diesel. They reported that the project contributed to the 'know how' related to solar panels:

'The solar systems have already been taken on board by the whole government; in terms of policy, this is the way to go. Even constructors are switching to solar. Oxfam gave us four solar systems and they are well positioned in the district.'

Government official, District Water and Sanitation Subcommittee Chairperson, Masvingo

One key informant observed that WE-Care positively influenced perceptions of local decision makers about equal responsibilities between women and men when they engage in other services and programmes provided by the local authorities, but the evaluation found no evidence that this was happening systematically:

Facilitator: *'And in other programmes, do you talk about unpaid care?'*

Key informant: *'Yes... we said yesterday that males are also allowed to join [other] programmes, not only mothers. We want to see males coming to collect medicines, to do new things, not just the fathers may help with hanging a mosquito net.'*

(Health service provider, Ministry of Health, Masvingo)

3.3.3.2 National level

Context and implementation flow of influencing activities at the national level

Most of the work on recognition at country level concentrated on engaging decision makers at local level, as they are the ones with immediate power and responsibility for community life, e.g. water infrastructure, health support. However, in both countries, teams also aimed to engage with decision makers at national level, with different objectives and different levels of success. The flow of activities at national level is similar for both countries and is summarized in Figure 12 below.

In the Philippines, engagement with decision makers was led by the national influencing partner PKKK, and in Zimbabwe, by influencing partner Women's Coalition of Zimbabwe (WCoZ). The partners' responsibilities involved developing national policy asks together with Oxfam and other partners, direct engagement with government agencies, networking internally with other women's rights organizations and promoting awareness-raising events at national level about UCDW.

Outcomes in the Philippines

In the Philippines, the main achievements reported through annual reports referred to the successful positioning of WE-Care at national level, which was visible in the participation of a WE-Care delegation at the 62nd and 63rd Commission on the Status of Women (CSW). Starting with the signing of a Memorandum of Understanding between Oxfam in the Philippines, PKKK and the Philippines Commission on Women in October 2017, PKKK was included in the Philippines' official delegation to the 62nd CSW, in March 2018. This ensured the participation of WE-Care representatives in the 'Agree to Agri: Unearthing the power of rural women' side event. PKKK also worked with other WE-Care teams to present contributions towards the **63rd Commission on Status of Women Agreed Conclusions Zero Draft**. Other relevant engagements were initiated with support from PKKK or the team's advisors, e.g. presentation of Household Care Survey findings to the Philippines National Statistics Agency, participation in two forums on UCDW and informal work/provision of childcare at local level, but these are yet to yield concrete influencing outcomes.

Only two key informant interviews were conducted at national level in the Philippines, as this was not the focus of the evaluation. One of these key informants, a national government representative working at a local office, mentioned that WE-Care was influential in her work at the national level, as she lobbied for the inclusion of UCDW in family development sessions for conditional cash transfer beneficiaries. The same key informant also mentioned the inclusion of UCDW during awareness-raising activities within the Department of Interior and Local Government, particularly a talk during International Women's Day. Both interviewees at national level said they have used and shared Oxfam's reports with partners and other government departments. While one reported that increased knowledge about the '4Rs' framework was useful in interactions with other key stakeholders, the second interviewee said that advocacy for further recognition of UCDW at the policy level beyond WE-Care continues, with key policies being pushed at national level. These include the Solo Parent Act, which provides benefits and privileges to single parents, and the reviewing of the Day Care Act to achieve a fairer redistribution of unpaid care.

Outcomes in Zimbabwe

In Zimbabwe, annual reports show that activities at national level were severely affected by the political instability since 2017, with changes within the government that brought Robert Mugabe's 30 year presidency to an end in 2018. Although WCoZ successfully organized a 'Meet the President Dialogue' event in the run-up to the elections, attended by the now Zimbabwean President Emmerson Mnangagwa and several high-ranking officials, the impact of other mobilization efforts before the election were lost due to the change in government. Despite work to re-engage decision makers in the post-electoral period, which focused on mobilizing members of the new Women's Caucus and key Parliamentary committees, and a new partnership with the Southern African Parliamentary Trust to support in this task, major influencing outcomes were yet to be observed at national level in Zimbabwe in the timeframe of the evaluation. Because no major outcomes were identified, no key informant interviews were carried out with national-level stakeholders in Zimbabwe.

FIGURE 12 IMPLEMENTATION FLOW OF INFLUENCING ACTIVITIES AT NATIONAL LEVEL IN BOTH COUNTRIES

FIGURE 13 IMPLEMENTATION FLOW OF INFLUENCING ACTIVITIES AT GLOBAL LEVEL

3.3.3.3 Global level

Context and implementation flow of influencing activities at the global level

The work developed under outcome 4 is framed as recognition because it refers to the goal of strengthening the quality and impact of WE-Care across countries (through learning) and the wider development sector, reinforcing its importance and helping to profile issues of UCDW globally, contributing to recognition. It is put at global level because it was mostly led by the team of global advisors at Oxfam GB, with contributions from partners, country teams and internal Oxfam allies. The evaluation team used secondary data from the annual reports, monitoring data from the influencing processes, and interviews conducted with partners and global stakeholders at the mid-term evaluation to analyse progress towards outcome 4. The analysis will focus first on the influencing activities (including allies' and stakeholders' perceptions of WE-Care), followed by an analysis of learning activities.

Influencing activities

Influencing activities at global level were guided by the Global Influencing Strategy (GIS), developed around April 2017 and covering the period from 2017 to 2020, and systematized in the Global Influencing Plan (GIP) launched in April 2018, both coordinated by the WE-Care Global Influencing Adviser. The evaluation was not intended to examine whether the outcomes on the GIP were achieved, but it analysed how WE-Care contributed to the progress observed towards these outcomes in the 12 months covered by the plan, according to secondary data provided by the GIP monitoring system (WE-Care GIP Q1 and Q2 progress briefing, November 2018 and April 2019 respectively).

The GIP was organized around six main outcomes led by the WE-Care Global Influencing Adviser but implemented with contributions from other WE-Care advisers, allies within Oxfam GB/Oxfam confederation, Unilever and external

stakeholders, e.g. INGOs and women's rights organizations. The plan had a specific set of indicators and planned periodic reviews for every quarter, where the team should evaluate the different influencing strategies and progress towards the outcomes to propose adjustments, as influencing goals were more vulnerable to rapid contextual changes. The activity flow for influencing at global level is presented in Figure 13 above.

These activities contributed to the following outcomes of the GIP:

- **GIP Outcome 1:** Target companies include new commitments to address women and girls' heavy and unequal unpaid care work into ethical sourcing policies, strategies and/or plans.
- **GIP Outcome 2:** Influential international organizations and SDG machinery provide new/strengthened guidance to Southern governments on implementation and reporting on SDG 5.4, where the guidance supports WE-Care priority asks for governments.
- **GIP Outcome 3:** UN agencies, global donors and international finance institutions (a) increase pressure on and/or support Southern governments to invest more in care-supporting infrastructure and services and to facilitate effective participation of women's rights organizations (WROs) in policy-making processes, and (b) make commitments or recommendations to increase financial and/or technical support to Southern WROs and men's organizations to advocate on unpaid care.
- **GIP Outcome 4:** Economic opinion leaders produce, publish and/or endorse the 'economic case' for investing in care-supporting infrastructure and services.
- **GIP Outcome 5:** Target companies launch new initiatives and/or expand existing initiatives to promote more equal sharing of UCDW between women and men through their advertising campaigns (and other corporate communications).

The assessment concluded that WE-Care contributed to engaging Oxfam allies and partners to recognize and give

visibility to UCDW in their agenda, influencing one target international organization to recognize WE-Care work and policy asks in policy documents, and strengthening partnerships with the private sector to engage in addressing UCDW.

On the GIP outcomes 1 and 6, progress observed refers mainly to the inclusion of unpaid care work indicators in the scorecard developed as part of the Oxfam GB 'Behind the Barcodes' campaign for supermarkets, and the publication of the *Business Briefing on Unpaid Care and Domestic Work: Why unpaid care for women and girls matters to business, and how companies can address it* (June 2019).¹³ The latter was initiated as part of the GIP outcome 6, which referred directly to the partnership between Unilever and Oxfam GB, but ended up being considered as an achievement towards the GIP outcome 1 as the document provides guidance to companies on commitments they can take on addressing UCDW more broadly (beyond advertising). In both cases, the WE-Care Global Influencing Adviser worked to establish relationships with internal allies in the Oxfam GB campaigns team and with Unilever. The adviser strengthened these relationships by providing technical support in developing the UCDW indicators for the Oxfam scorecard, and designing and overseeing the consultancies to gather the case studies that informed the business brief, and actively shaping the publication.

Progress observed on the GIP outcome 2 included the positive reception of the side event 'Towards a policy scorecard on unpaid care and domestic work (UCDW): expert

consultation on the margins of CSW63 (13 March 2019)' at the 63rd CSW, where WE-Care was the lead organizer. Here, WE-Care advisers for influencing, UCDW and research prepared an external concept note, in consultation with various stakeholders, and a preliminary desk review to support the proposal of a scorecard for policy recognition of UCDW. In March 2019, the OECD Women's Economic Empowerment Advisory Group published the policy report *Breaking Down Barriers to Women's Economic Empowerment: Policy Approaches to Unpaid Care Work*,¹⁴ with direct references to the work of WE-Care (specifically its role in evidence production, the private sector partnership with Unilever, and Rapid Care Analyses), aimed at national governments. The publication was the culmination of a series of meetings that the WE-Care team of advisors and allies within Oxfam GB have been attending since 2018, where they presented the policy asks developed, evidence on the WE-Care initiatives and tools produced by the programme.

According to monitoring data, the GIP outcome 3(a) saw the most substantive progress in the one year of the GIP implementation. Achievements documented include:

- The high profile of WE-Care at the Social and Behavioural Change Communications conference (April 2018).
- General policy ask on the need to address UCDW and time poverty included in the *Oxfam Comments on the World Bank's Working Draft of The World Development Report 2019 'Changing Nature of Work'* (June 2018).¹⁵

- WE-Care policy asks included in the Oxfam 2019 World Economic Forum report *Public Good or Private Wealth?*,¹⁶ with one of the report's three overall policy recommendations focused on these WE-Care asks, and UCDW meaningfully articulated throughout the report, including a box showcasing unpaid care work in the executive summary and a three-page dedicated sub-section on the theme. The report was downloaded more than 34,221 times and is Oxfam GB's most-downloaded publication to date.¹⁷
- WE-Care messages/asks were included 11 times in briefs prepared for Oxfam International Executive Director Winnie Byanyima's participation in various high-level policy spaces and media engagements between November 2018 and April 2019, based on statistics and asks prepared by the WE-Care Global Influencing Adviser. This included mentions of UCDW in the ILO Global Commission on the Future of Work (reflected in the Commission's recommendations) in January 2019, during the Davos panel of the Fourth Social Revolution in January 2019, and during the World Bank Gender Advisory Council Spring Meetings in April 2019. The briefings also informed several media opportunities in December 2018 (Project Syndicate) and February 2019 (BBC, The Washington Post).
- Unpaid care 'killer stats' and topline asks on UCDW were included in the Davos 2019 public/media engagement strategy, and in Winnie Byanyima's social media engagement related to the killer stats. This had reached about 4,000 interactions (views, retweets, likes) by 1 February 2019. According to secondary data (two Oxfam allies working with Winnie Byanyima), the tweet on care was the highest performing of all of Oxfam's Davos 2019 social media assets.¹⁸
- The gender blog post written by the Oxfam GB Gender Policy Adviser to promote the WE-Care and broader gender asks in the Davos report, *Feminist solutions to man-made economic inequalities*,¹⁹ was Oxfam GB's second most read blog post of 2018/2019, with 1,556 readers.²⁰
- Policy asks on increasing financial and/or technical support to Southern WROs and men's organizations to advocate on UCDW were reflected in the recommendations of the final OECD policy report *Breaking Down Barriers to Women's Economic Empowerment: Policy Approaches to Unpaid Care Work* (March 2019), based on contributions from WE-Care allies and advisers (as previously mentioned).
- A publication for WASH practitioners for World Water Week (August 2019), summarized learning and evidence on integrating unpaid care work in WASH interventions.
- The visibility provided by the Davos report and the support provided to other teams within Oxfam (Oxfam GB campaign team, gender team, Oxfam International office, Oxfam International campaign and gender teams, Oxfam International office of the Executive Director) on the theme of UCDW culminated in the decision, by Oxfam International, to choose UCDW as the main theme of the next Oxfam global inequality report, to be launched in February 2020 during the World Economic Forum annual meeting in Davos.

Although the monitoring report does not acknowledge significant progress on GIP outcome 4, the 2017 Household Care Survey was used as the basis for a paper on UCDW and fiscal policy that was presented at the International Association for Feminist Economics (IAFFE) in 2017 and published by the Levy Economic Institute of Bard College in 2018. A second IAFFE presentation took place in 2019 on UCDW, inequalities and intersectionality.

Allies' and stakeholders' perceptions of WE-Care

As part of the mid-term evaluation process, an external consultant conducted seven key informant interviews with internal Oxfam GB and Oxfam International allies and external stakeholders from INGOs and the private sector targeted in the GIP to assess, among other themes, how strategic stakeholders, internal and external allies perceived WE-Care's role in specific policy-making discussions on UCDW. This evaluation analyses this data as a proxy indicator of WE-Care's contribution to the GIP outcomes, assuming they reflect the visibility of the work done by the WE-Care advisers and direct engagement, with the caveat that it only covers the first six months of the GIP (interviews were conducted between November and December 2018).

According to the data, allies and stakeholders' perceptions of WE-Care differed according to their level of engagement with the project, i.e. awareness about activities and objectives varied depending on how much direct contact they had with the WE-Care team. Interviewees mentioned some elements that were already being covered by the GIP influencing strategy, e.g. the importance of creating spaces to discuss and share information with other teams across Oxfam, having a clear message about what WE-Care wants to achieve and what it is about (evidence production versus advocacy), and adapting messaging so corporate partners can better understand their role in addressing UCDW inequalities as current challenges. The fact that some of these strategies were not recognized reflect either that the more structured approach to influencing strategies on UCDW (guided by a global strategy and plan after many years of a piecemeal approach) was not yet mature enough to be visible, or that communication about these strategies has not been efficient in promoting stronger mobilization of these allies in taking forward WE-Care policy asks. The evaluation could not explore these hypotheses but can leave them as questions for future enquiries.

Learning activities

Learning between countries and across in-country regions has been crucial for the success of the project, as country teams share experiences, reflect, discuss what works and what doesn't work, and why. Learning activities happened across the lifetime of the project. Project documentation shows that there were plans for capacity building and training on the tools to be used by country teams and partners, and learning events were budgeted at all levels (two at global level with both country teams, and bi-annually in country). Stakeholders in local government positions valued visiting the other project sites, e.g. leaders from

Visayas visited Mindanao, and took those visits as an opportunity to continue learning and to make adjustments in their activities when needed.

Secondary data shows that there were some advancements in documentation of good practices and knowledge exchange at local, country and global levels, with some examples of uptake and replication, but the evidence was not conclusive as to whether the learning outputs mapped were enough to achieve changes described at outcome level.

The mostly anecdotal evidence available shows that:

- At local level, partners in both countries reached about 2,090 people through replication of training and use of project learning tools (e.g. the Rapid Care Analysis) in other activities they promoted beyond WE-Care. The evaluation was not able to verify the number of people reached by partners beyond the lists of participants provided or to assess the impact of these interventions.
- At country level, teams and partners promoted project materials with government agencies in the Philippines (e.g. presentation on the Household Care Survey methodology for the Philippines Statistical Authority, inclusion of questions from the HCS on local data collection processes) and with other INGOs and international organizations in both countries (e.g. UN Women, ActionAid). The country teams had a very important role in disseminating learning about WE-Care within their Oxfam teams, with reports by country coordinators of unpaid care work being incorporated into new practices by humanitarian teams in both countries (e.g. cash-for-care in humanitarian interventions in the Philippines, humanitarian response to typhoid outbreak in Harare, Zimbabwe). In the Philippines, monitoring data shows that the cash-for-care initiative in the humanitarian response in three municipalities in northern Luzon (Alcala, Delfin Albano, and Connor) reached 468 households (around 2,340 women and girls, men and boys). Still in the Philippines, the inclusion of questions from the HCS in the Salcedo municipality community-based municipal survey will engage about 5,100 households (around 5,100 women and men as individual respondents). Due to resource and time priorities, the evaluation was not able to verify the monitoring information provided or to conduct further interviews with stakeholders and individuals involved.
- At global level, learning dissemination concentrated on the production of knowledge pieces and participation in events. The project reached more than 37,000 downloads (including of the flagship *Public Good or Private Wealth?* report,²¹ co-authored by two WE-Care advisors) with the nine publications it produced in the three years of implementation, and engaged around 1,970 people through 26 events, talks, seminars and webinars. Tools dissemination resulted in evidence of five Oxfam teams applying the HCS methodology in non-WE-Care research pieces in the period (GRAISEA 2 project baseline in Vietnam, Cambodia, Pakistan

and Indonesia, and the 2019 inequality report in India), and at least two Oxfam teams producing Rapid Care Analysis reports in development (various instances in Tajikistan²²) and humanitarian (*Cox's Bazar in Bangladesh*) settings between 2017 and 2019, with evidence that uptake was related to the dissemination work led by WE-Care teams, i.e. follow-up and requests for support via email, participation in dissemination events.

3.3.4 WE-Care components and synergy of effects

As stated in WE-Care's Theory of Change, reduction, redistribution and recognition of UCDW are expected to be achieved through a combination of improved water infrastructure and TLSE, as well as change in gendered norms through attendance of community workshops, household visits from male advocates and care champions, and other social norms activities. Media also plays an important role, as increased exposure to media that displays equal sharing of UCDW can motivate behavioural change, together with the recognition of UCDW in policies and practices by decision makers at all levels. This section will briefly present findings about the interaction of these components of the project.

'In times when the woman is under pressure the water is now easily accessible, so I can fetch my wheelbarrow, load my containers and go and fetch the water. I don't have to worry about how long it will take me to pump the bush pump and how much time I will take to get back home. I just take my wheelbarrow and containers, go and fetch water and take it home.'

Man, 40, Masvingo, Zimbabwe

Overall, the evaluation confirms the importance of combining the different WE-Care components. The qualitative data suggested that men who did not participate in the social norms activities were those who appeared to contribute less time to UCDW. At the same time, the quantitative data indicates that the training and the social interactions through meetings and the care champion apparently did have a fairly large effect on the hours spent on care work directly, either on primary care or any care, for men. The evaluation also found that men are more motivated to participate in certain chores when these tasks are easier for them, i.e. fetching water (both countries) and cooking in the Philippines. Furthermore, women who associated changes with WE-Care observed that men in the community now fetch water and firewood, and agreed that their husbands participate in such tasks especially when the water points are closer to their homes. Similarly, some men in both countries (although mainly in the Philippines, and mostly participants from Mindanao) indicated that having access to water and the TLSE motivates them to participate in those tasks:

‘Men used to only work in the farm but now they help out more. The men, even if they are already tired after coming home from the farm, still fetch water, but it’s okay because the water is closer now.’

Man, 35, Mindanao, Philippines

Similarly, the social norms activities created awareness about women’s workload and the importance of sharing UCDW, although messages need to be shared carefully to avoid unintended effects, e.g. the redistribution of chores to older girls, adolescent girls and women, as we will show in section 3.5, or men’s resistance to participation, as indicated in section 3.2.2. These findings show that complementing the water infrastructure/TLSE with social norms activities is deemed very important to achieving an equal redistribution of tasks.

Findings also showed that effects can be strengthened when advocacy/recognition activities take place at the local (district/provincial) and national levels. For example, in the Philippines, participants mentioned the inclusion of UCDW topics during other meetings (e.g. Islamic Symposium, cash transfer training activities, barangay meetings), which helped to reinforce the messages shared by WE-Care. Likewise, the support from local authorities as care champions in the Philippines ensured the adoption of WEE-Care Ordinances as well as investments in water infrastructure and water-related activities.

One of the areas where the evaluation saw some clear synergy between the different components of WE-Care was the impact on attitudes towards sharing work more equally in hypothetical scenarios. As part of the Household Care Survey, respondents were presented with vignettes about

hypothetical couples showing different distributions of paid work and UCDW (see Table 4). After the text had been read to them, respondents were asked whether they (strongly) approved or (strongly) disapproved of this way of sharing household tasks. It is important to note, however, that the responses to the vignettes are most likely to suffer from a response bias, as answers to those questions are more likely than others to have been influenced by respondents wanting to please the Oxfam enumerators – the vignettes cover exactly the kind of questions that the respondents are most likely to link directly to the WE-Care project.

There is a fairly consistent finding that the social norms interventions with community meetings and community care champions possibly reduced both women’s and men’s approval in the Philippines and Zimbabwe of the vignette presenting a couple with very unequal care work (see Table 4). In the Philippines, particularly for men in households, participating in the social norms intervention might have been the reason for them being an estimated 15 percentage points less likely to (strongly) approve of this vignette than those who had not participated. In Zimbabwe, the effect seems to have been much stronger on women; those participating in the social norms intervention were much less likely to (strongly) approve of the unequal distribution of care work vignette than those who had not, by an estimated 35 percentage points. Interestingly, participation in the training seemed to have had no such effects on people’s responses to the vignettes. Reaffirming the assumptions of the synergy of effects, there was some effect among those receiving TLSE in Zimbabwe: women in households with TLSE were much more likely to disapprove of the unequal distribution of care work vignette, while for men there was a smaller and less certain effect.

TABLE 4: VIGNETTES IN THE HOUSEHOLD CARE SURVEY

Type of vignette	Women’s version	Men’s version
Vignette representing very unequal distribution of work	‘My husband Brian works as a carpenter, he leaves the house early and comes back in the evening. After preparing breakfast for my family, I work in the field in the mornings. I return to prepare lunch for my children. I fetch water and firewood, make sure the house and compound are clean. When my husband comes back from work he is very tired. I bring him water to wash his hands and serve him food. I do the dishes and prepare the beds for all of us.’	‘I work as a carpenter, I leave the house early and come back in the evening. After preparing breakfast for the family, my wife, Susan, works in the field in the mornings. She returns to prepare lunch for our children. She fetches water and firewood, makes sure the house and compound are clean. When I come back from work I am very tired. My wife brings me water to wash my hands and serves me food. She does the dishes and prepares the beds for all of us.’
Vignette representing equal distribution of work	‘Ever since we got together, my husband John and me have shared responsibilities. We get up around the same time, prepare breakfast, clean the house and help the children. We work on our farm together. When we come home from the field, he carries the vegetables and I carry some firewood. We both go and fetch water whenever we need it. I take the lead on cooking but my husband helps me chopping vegetables and cleaning the kitchen and compound.’	‘Ever since we got together, my wife Sarah and me have shared responsibilities. We get up around the same time, prepare breakfast, clean the house and help the children. We work on our farm together. When we come home from the field, I carry the vegetables and she carries some firewood. We both go and fetch water whenever we need it. She takes the lead on cooking but I help chopping vegetables and cleaning the kitchen and compound.’

FIGURE 14: DIFFERENCE IN RESPONSES TO UNEQUAL DISTRIBUTION OF CARE WORK VIGNETTE BY PARTICIPANTS INVOLVED/NOT INVOLVED IN SOCIAL NORMS INTERVENTIONS

Note: This graph shows the difference between the percentage of respondents (strongly) approving of the vignette with the couple that share their housework very unequally – in households with social norms interventions, those without, and the approximate 95% confidence interval, by country and sex.

What is also interesting is that there seems to have been much less of an effect of the project on the vignette showing an *equal* distribution of care work. The only strong effect shown was between women in Zimbabwe who lived in villages with new water infrastructure compared to those in villages without water infrastructure. Women in villages with the new water infrastructure seemed much more likely to approve of an equal distribution of care work, though the reason for this is not entirely clear.

While the evidence above suggests that there might have been a difference in perceptions of norms surrounding equal sharing of care responsibilities due to the project, the quantitative survey shows that evidence is not consistent on the impact of the different interventions on perceptions of care activities (seen as reproductive work) compared with farming/construction/trading activities (usually paid, seen as productive work). Adult respondents were asked to rank six activities from most to least skilful and from most to least valuable.

For skills required to perform care tasks, women who received TLSE in their household in both countries tended to rank unpaid care and domestic tasks lower in terms of skills, while men receiving any norms treatment tended to rank them higher – compared to their respective control group not receiving that specific treatment. Interestingly, in the Philippines a pattern emerged where all infrastructure and TLSE interventions tended to make people rank care tasks lower in terms of the skills they require, while all norms interventions made them rank it higher.

A somewhat similar pattern emerges from the ranking exercise on the value of each activity, though the patterns are only clear in the Philippines. Again, women in the Philippines who only received TLSE ranked care activities as

less valuable compared to those who didn't receive it, while men in the same country with any norms treatment ranked care tasks higher. In Zimbabwe, there are no clear patterns on the value ranking as a consequence of the project, though women ranked care work as being less valuable if they went to community meetings on UCDW or had a care champion visit their home.

While survey findings pointed to positive effects of different interventions for women and men, especially access to new or improved water and laundry infrastructure and social norms interventions, results from the focus group discussions for both countries show that the majority of participants perceived water-related interventions as more important and beneficial for the household than social norms activities, which was echoed by policy stakeholders in both countries.

3.4 Looking beyond project objectives: positive and negative unintended effects

This section reports the unintended effects beyond project objectives that were observed during the evaluation. Although the research teams probed for unintended effects through specific questions, most of the findings that we present emerged when we explored the responses to other types of questions and encompass the views of the project of different types of informants, e.g. WE-Care participants, non-participants and decision makers.

3.4.1 Positive unintended effects observed

This section presents findings related to unintended positive effects observed from the data collection. Unintended effects here refer to themes that are beyond the scope of the project's original proposal, and that were not necessarily

explored or intentionally promoted by the teams involved in implementation.

SANITATION AND HYGIENE

In Zimbabwe, at the household level, having access to water improved sanitation. Women emphasized that they can now wash their dishes, clothes and blankets, and can keep their house clean. Children also have water at their schools (although with some shortages) in Zimbabwe. Before WE-Care, children would spend the 'whole day without drinking water', but now they can drink water and can keep the school toilets clean. This is improving health and sanitation, including that of girls during their periods. In Bubi, however, not having flush toilets where the water infrastructure has been installed, particularly at the laundry points where women spend longer periods of time, can challenge the positive hygiene and sanitation outcomes, as participants indicated concerns about open defecation.

HEALTH

In Zimbabwe, the improved water infrastructure also reduced health hazards as clean water helps participants to avoid disease. Women reported that they no longer suffer chest or back pains due to using heavy bush pumps, or headaches from carrying water containers on their heads. Children have also benefitted as the water they drink is safer, and their mothers indicated that they suffer less frequently from diseases such as cholera, typhoid or other stomach infections. Furthermore, the increased availability of water in the health clinic in one of the areas supported by the project in Zimbabwe is contributing to perceptions of reduced maternal and infant mortality during birth, as reported by participants and key informants. In the Philippines, participants made no comments regarding unintended effects of WE-Care on psychosocial or physical health and wellbeing.

SENSE OF DIGNITY AND STRENGTH OF RELATIONSHIPS IN THE HOUSEHOLD

In Zimbabwe, improvements in hygiene and cleaning appear to have contributed to participants' increased self-esteem and sense of dignity. Women reported that their husbands are not 'going after clean ladies' any more and men feel proud of wearing clean clothes that are not discoloured or stained. The relationships between husbands and wives have also improved because wives can provide clean clothes for their husband that are not washed with water from the river. Husbands indicated that their marital relationship has also improved because wives are less tired and their sex life has improved. Men also observed that water is available when needed and wives do not complain about not having access to water or suffering pain as a result of water collection.

In the Philippines, participants also mentioned stronger family relationships when they share UCDW. For example, in some households the pushcart provided by the project motivated all members of the family to do the laundry together during the weekends, as they can all place their clothes in the pushcart and go and wash their clothes together, rather than washing

in turns. Another participant indicated that before WE-Care, men had to borrow wheelbarrows from their neighbours, which discouraged them from collecting water due to feelings of shame, but now men feel motivated and participate in water collection because they have their own wheelbarrows.

GENDER-BASED VIOLENCE

Gender-based violence, which includes physical, emotional and psychological violence, was also explored by the evaluation teams, particularly acceptability of the use of violence towards women due to conflict around UCDW.

Women in Zimbabwe shared particular benefits for young women after WE-Care interventions, as they reported not having to queue for long periods to fetch water, which meant they avoided physical harassment from young men. Also in Zimbabwe, men who participated in social norms activities mentioned having a better understanding of the burden of UCDW on women and the role it can play in triggering gender-based violence in the home. They were more aware of their wives' tiredness and expressed being more understanding and willing to help with UCDW.

The quantitative results on respondents' attitudes towards violence against women related to unpaid care were not clear. Surprisingly, there are several results alluding to an increase in acceptance of violence against women for neglecting care tasks. However, since the acceptance of violence against women is low in both countries across both sexes, the small sample sizes make the analysis more unreliable. Nevertheless, while it is good to see that regardless of the project – looking only at the simple average across both countries – the acceptance of violence against women appears to have decreased substantially in Zimbabwe, the increase in acceptance of violence against women in the Philippines is a cause for concern (see Figure 15). It is important to note, however, that actual experiences of violence in the past 12 months 'often or sometimes' for women aged 15–49 had decreased from 7.3 to 4.5% between 2008 and 2017 in the Philippines, according to the Philippines Demographic and Health Survey (PDHS) 2018.

FOOD SECURITY AND INCOME

In Zimbabwe, having a WE-Care water point close to the communal garden appears to be very important for enabling women to improve their food security and that of their household, as women in Bubi explained:

'It was difficult for me to use the bush pump, but now that there is water I have my eight [vegetable] beds, and the beauty of the garden is that I now get vegetables from my own garden. I no longer have to fork out a dollar every day to go and buy. I used to go to bed without food because I did not have food to eat, but now, because there is water, we have grown our own vegetables and we are enjoying this so much.'

Woman, Bubi, Zimbabwe

FIGURE 15 ACCEPTANCE OF GENDER-BASED VIOLENCE FOR REASONS RELATED TO UNPAID CARE

Note: This figure shows the average percentage of respondents finding violence against women acceptable for reasons related to unpaid care, by country, year and sex.

Women working at these gardens also reported an increase in their incomes, as their production has improved because they can water their gardens more frequently and sell more vegetables:

'The nutrition garden occupies me. I now have something to do that can help me generate income. I'm no longer like that woman who sits at home.'
Woman, Bubi, Zimbabwe

Marginalized groups

Participants benefitting from WE-Care interventions and key informants were also asked about the vulnerable groups that benefitted the most from the water infrastructure and TLSE. In Zimbabwe, elderly people, disabled people, young girls (below 10 years old) and adolescent girls, all identified as physically unable to undertake heavy tasks, were identified as key vulnerable groups that benefitted, particularly when the water infrastructure involved the replacement of bush pumps by the installation of tap water. Older women no longer have to operate heavy bush pumps or bend over to wash their clothes. Older women also indicated that they could use the water system more frequently when it was accompanied by a long hosepipe, particularly when they water their vegetable gardens, rather than carrying a bucket. Physical challenges in using equipment (heavy bush pumps) and long distances to the water point posed major challenges for this marginalized group before the project. Young girls considered that it was easy for them to collect

water without having to operate a bush pump, and faster than in the past with the use of TLSE. These findings reinforce the idea that the effects of WE-Care are stronger when TLSE is provided and tailored to the needs of participants.

In the Philippines, young girls, the poorest people and women-headed households were the marginalized groups that benefitted most from WE-Care, according to key stakeholders and participants interviewed. One key informant mentioned that WE-Care still needs to reach more vulnerable people, as he observed that poorer families sometimes did not participate in activities and community decisions because they did not receive anything from the project. One care champion from Mindanao also observed that poorer people were unable to travel to locations where WE-Care activities took place or did not benefit from the water infrastructure because it is too far from them, suggesting that WE-Care needs to benefit locations that are further away. Key informants and care champions also mentioned that they would give more priority to indigenous peoples, senior citizens, people with disabilities and women-headed households if they could do the project again, while they would still include Muslim women among the key target groups. Elderly people mentioned that they would benefit from hosepipes as they still find it difficult to access the water points when these are uphill. These findings again show the need to tailor water points and TLSE according to the needs of participants.

SPILL-OVER EFFECTS

Non-participants in Zimbabwe indicated that they borrow TLSE from their neighbours (these were not WE-Care TLSE, but private) and they also considered that they have reduced their time spent on fetching firewood and water. However, they did not express the benefits of having water infrastructure closer and still walk long distances to fetch water; this was especially the case when their bush pump broke. By contrast, participants in the Philippines indicated that non-WE-Care participants from other barrios and barangays close to the WE-Care water points also benefit from the water infrastructure and are welcome to use it, although they described a first come, first served basis.

REDUCTION OF DISPUTES AT THE COMMUNITY LEVEL

At the community level in Zimbabwe, participants benefitting from the project observed equal benefits for all members of the village when different water points were installed or when the water system was placed in a central location where all villagers can access it. In both countries, the reduction of disputes among villagers was also observed at the community level due to shortened waiting times and queues to fetch water.

TIME TO DISCUSS AND MEET AT WATER AND LAUNDRY POINTS

Women who benefitted from the water infrastructure (including laundry points or water points) also emphasized that they have now more time to socialize with each other and to meet at these water points, as indicated by one woman:

'We get together as women and have fruitful discussions when we meet at the water points and the laundry point. We advise each other on life matters as well as business ideas, and other women learn from these interactions'

Woman, 52, Masvingo, Zimbabwe

These discussions could lead to the provision of mutual support and learning on different topics of interest, as this quote also suggests.

3.4.2 Negative unintended effects observed

This section presents the unintended negative effects observed in the evaluation. Negative unintended effects of the project refer to risks or negative outcomes that were not mitigated during project implementation.

INCREASED TIME SPENT BY WOMEN AND GIRLS ON UCDW

A critical unintended negative effect is the increased time women reported spending on collecting water as a result of WE-Care, particularly due to the easier access to water infrastructure and the TLSE.

For example, in the Philippines, participants from Visayas and Mindanao who noted that UCDW is mostly redistributed among women, observed that older girls and female adolescents participate more as they can now use the TLSE:

'When I am near the pipes, almost all the other people there are girls... I think it's not okay because the pushcart was given for the boys, so that the fetching of water is faster... they say that the pushcart is light, so "you [girls] can do it. It's the girls who should already do this."

Adolescent girl, 16, Visayas, Philippines

In both countries and in all locations, some men mentioned that they have reduced their own time spent on collecting water with the new water infrastructure and the arrival of new TLSE, as now women or children can make use of TLSE and the tap or water pump systems without their help in carrying heavy containers or operating heavy bush pumps.

CRITICISM FROM NEIGHBOURS OR HUSBANDS

Men in both countries consider that violence is not acceptable any more, and rather than resorting to violence they discussed matters with their wives in the event of disagreements about UCDW. However, women spoke of arguments occurring over UCDW, particularly when the food is not ready or the house is uncleaned. A few participants in the Philippines remained silent when they were asked about violence, and one woman indicated the use of harmful words, particularly when she decides to take breaks:

'He got angry when he saw me lying and doing nothing... He told me that I am useless, sometimes this is why I do not want to remain idle... I was angry and I just cry about it sometimes.'

Woman, 26, Visayas, Philippines

Furthermore, some women indicated that refusing to undertake UCDW could lead to violence, although they considered that violence is more an issue of the past:

'We would have come back from the field together. He could say "you are taking too long to cook" because he wants to leave and go drinking, so that would cause the husband to be influenced by his friends and end up beating up the wife.'

Woman, 46, Masvingo, Zimbabwe

Although the qualitative findings overall indicate that participants disapprove of the use of physical violence due to conflict around UCDW, it is possible that some arguments escalate to the level of verbal abuse in the lives of some women.

In the Philippines, a few women who observed that they now had more time to do activities of their choice also mentioned facing criticism from their neighbours or husbands when they are found resting or spending time with friends outside of the home. As one adolescent girl from Mindanao observed:

'Some people say I don't help at home and I just go out with my friends all the time. But it's really just because there is a little less work for me to do now.'

Adolescent girl, 16, Mindanao, Philippines

This suggests that some women face criticism for having some time for themselves, but it also shows that a change in practices and behaviours is taking place where women are spending more time outside of their homes than previous generations of women, whose space was indoors and most of whose time had to be devoted to UCDW, as older participants from the intergenerational trios confirmed.

TENSIONS WITH NON-WE-CARE VILLAGES

Another unintended consequence shared by non-participants in Zimbabwe is the creation of tensions between villages that benefitted from WE-Care and those that did not. In Masvingo (ward 6), non-participants explained that their village and the project village previously shared water points and had a good relationship as they were close to each other. The installation of the water infrastructure in the WE-Care village was accompanied by an agreement among villagers that those who did not contribute to the construction of the water infrastructure could not access water from it. As a result, non-participants cannot approach the project village to access water when their pump breaks down and described the situation as ‘painful’, ‘hurtful’ and ‘unfair’. Men from this village also mentioned feelings of shame as they feel they are not as good negotiators as men from the WE-Care village, and are still not clear about the project’s eligibility criteria. Not having access to water also affects their children, as they do not look as clean as children from the project village and teachers therefore do not give them preference and attention, according to their parents.

Key informants also reported that villagers from marginalized locations (Bubi wards 2 and 21) were promised project infrastructure, but the water system was instead installed in other wards that were not suffering from water shortages, causing dissatisfaction among the villagers that were left out. This is explained by challenges the project faced regarding existing land ownership issues in these villages, which meant it was not feasible to invest in water points. A need for further clarity around these issues and why some locations were selected instead of others was voiced by key informants, as the targeting criteria remained unclear to them.

DISPUTES AT THE COMMUNITY LEVEL

When the water system was installed in a location that was convenient only to certain households, or when only one water point was shared by all villagers (such as the water point in the community garden in Bubi, Zimbabwe), participants mentioned that some disputes occurred among villagers.

REINFORCEMENT OF TRADITIONAL GENDER NORMS

The evaluation observed that improved access to water also led to reinforcement of gender norms, i.e. women taking good (and now better) care of their husbands and children and thus fulfilling traditional gender roles of being good wives and mothers.

3.5 Sustainability

This section presents the findings referring to the conditions for sustainability of new practices and capacities related to UCDW from the point of view of key informants and WE-Care participants. The findings are presented at four levels: community (for villages and wards in Zimbabwe and barangays in the Philippines), local (for districts in Zimbabwe and provinces in the Philippines), national and global.

3.5.1 Community level

At this level we present findings on two components: water infrastructure and the social norms interventions to raise awareness about the value of unpaid care.

WATER INFRASTRUCTURE

Perceptions of community ownership of the water infrastructure are deemed very important for the sustainability of WE-Care achievements. In Zimbabwe, participants benefitting from WE-Care interventions in Bubi expressed positive feelings regarding their inclusion in the project, as well as feelings of collective identity when participating in the construction of the water infrastructure:

‘We came together as a ward when they [Oxfam] came. We came together, we discussed, committees were chosen, and we dug trenches so that we can put in pipes so that we can have water. Today we have water and today we can grow our vegetables in the garden and help ourselves at home.’

Woman, 47, Bubi, Zimbabwe

Community ownership translates into potential commitments from the local authorities. Key informants in Zimbabwe (particularly in Bubi) acknowledged that villagers (as well as themselves) were consulted and involved, which, according to key informants, motivates them to monitor the water quality and to consider investments to improve the water points after WE-Care leaves:

‘We are planning on our own, as an RDC, that if we find water, we want to raise the tanks so that the gradient is enough that the water can reach those last two pipes.’ (Government official, DWSC, Bubi, Zimbabwe)

Ownership was also noted by key informants in the Philippines (who are also motivated by the local WEE-Care Ordinances) as an important factor enabling them to allocate a budget for the maintenance of the water infrastructure.

Conversely, lack of ownership among villagers was observed in some localities in Zimbabwe. While the project clearly offered a solution to the lack of water, these feelings were not accompanied by a sense of deserving. This was illustrated by participants and key informants who expressed that when WE-Care arrived they were very grateful to Oxfam and deemed the project to be a gift bestowed upon them from outside, with others deciding whether and what kind of support they were deserving of. Furthermore, these

participants perceived that if they complained or spoke out, the project would cease:

‘Because we were beggars, we were afraid that if we spoke up the opportunity would be taken away. So we kept quiet.’

Man, 56, Masvingo, Zimbabwe

In other cases, lack of ownership was expressed by feelings of exclusion during decision-making processes. For example, in Masvingo (ward 24), participants during FGDs and in-depth interviews said they were hardly consulted on the ideal points for installation of the water infrastructure, and they disagreed with the chosen location. These feelings could challenge the sustainability of the water infrastructure, as in such cases participants do not perceive that they own or are responsible for the maintenance of the water points.

Participants also talked about their inability to maintain and repair the existing infrastructure in case of major breakdowns, despite the mechanism put in place by the project to support maintenance, i.e. the water committees.²³ These challenges limit the sustainability of WE-Care once the project ends, particularly in villages where participants felt this lack of ownership.

SOCIAL NORMS ACTIVITIES

Regarding the sustainability of achievements of the social norms activities at the community level, some key informants in Zimbabwe and the Philippines indicated that a

key challenge is the persistence of unequal gender norms that are very deep-rooted among villagers:

‘We grew up in a patriarchal society and it’s not very easy to undo overnight. In as much as they [men] are being educated, those who actually understand and receive what is being taught are one or two men or those who are care champions, because they have been directly educated. But for them to now go door-to-door convincing other men is not easy... redistribution of roles is still talked about and not done yet.’ Government official, District Administrator, Masvingo, Zimbabwe

‘When I was in training, I said before, if you have a project to give, you should fix the attitude of the people. Because if you do not fix the people’s attitude, the project will be in vain... That is what we want to change, we who are able to attend the trainings, that people should not make fun of fathers who do laundry, fathers who clean the house, fathers who cook – because that is wrong...’ Care champion, Visayas, Philippines

Key informants in Zimbabwe also observed that persistent gender norms might also challenge the key positions that women were given within WE-Care, such as their role within the water committees. They observed that women are unable to challenge the authority of men or to express their priorities eloquently in the presence of male chairs, due to

power dynamics. This is a scenario that women key informants in local government roles in Zimbabwe have experienced themselves, and they compared their situation with that of their counterparts at the community level. Furthermore, the participation of women in these structures could reduce their time for other daily activities of their choice, challenging outcomes on reduction of UCDW, as also observed by Oxfam's previous WE-Care evaluations (Oxfam, 2018). Thus, although the participation of women in water committees is crucial and could challenge existing power relations, their involvement should be promoted and planned carefully, and provisions made for assisting them to perform their project-assigned roles.

3.5.2 Local level

At the local level, key informants reported different opinions regarding the sustainability of WE-Care's achievements. One enabler that supports the sustainability of the project is its technology. Key informants in Zimbabwe and the Philippines noted that the costs of maintaining water points supported by solar panel systems are expected to be low, although in Zimbabwe questions were raised around the willingness of local authorities to revisit the water points and make sure they are still working.

Additional enabling factors that can sustain WE-Care achievements are more present in the Philippines. For example, one key informant based in the City Housing and Community Development Office observed that local authorities have allocated budget directly to the piped water systems and also to 'basic utilities and care centres'. Data from the mid-term evaluation of WE-Care also confirms strong partnerships with local government and the private sector to support in particular the water infrastructure projects and water provision in resettlement areas (Oxfam, 2018), suggesting that the work related to water is likely to be sustained if these partnerships remain. Similarly, one key informant noted that it is the mayor in Salcedo who personally leads on discussions and the work that takes place regarding the water infrastructure, which also points to commitment among local officers to continue working on the infrastructure.

An additional enabling factor to sustain WE-Care achievements in the Philippines is the intention of decision makers to coordinate events that address UCDW to ensure they reach other government officials and/or beneficiaries of other programmes. For example, one key informant based at the Philippines Commission on Women (PCW) noted that they envisage continued use of existing government agencies and programmes to address and increase awareness of UCDW, as with the national conditional cash transfer programme. This key informant also noted the steps that are being taken by the PCW to continue sensitizing other departments and motivate them to address UCDW topics:

'For the Department of Interior and Local Government, they first expressed the need to change perceptions to talk about UCDW at the local level so they could also talk about reduction and redistribution. They also recommended conducting a summit to sensitize local officials. Here the mayor was able to issue a local ordinance to recognize unpaid care work.'

(Key informant, Philippines Commission on Women)

These accounts show that decision makers in the Philippines not only recognize the importance of including UCDW in their own activities, but also that they are interested in raising awareness about UCDW among other government officials (at local and national levels) and they know which activities need to take place to sustain the achievements of WE-Care. The mid-term evaluation (Oxfam, 2018) also noted that partners were trained on WE-Care methodologies so they can use the knowledge and tools in other activities, suggesting that when these activities take place in the future, partners will be prepared.

Regarding challenges, one key constraint to sustaining current WE-Care achievements expressed by a majority of key informants (particularly local authorities) in Zimbabwe is lack of funds, particularly given the current economic crisis. This limits their access to equipment for infrastructure repairs, e.g. replacement of solar panels if they break and the transport to visit and monitor the villages that benefitted from WE-Care. Furthermore, lack of monitoring and the need to establish accountability mechanisms between these local authorities and Oxfam was not mentioned by key informants, which could hinder sustainability. Similarly, key informants made reference to the lack of capacity of the water committees and the VIDCO to make repairs at the community level. Local authorities also mentioned the lack of resources and capacity of the DWSC and the District Development Fund (DDF) to support villages in the event that major repairs are needed. There were also some differing opinions regarding who should continue funding the water infrastructure. Although they considered that donor support could create dependency, key informants said that their local offices need to partner with donors to continue supporting the water infrastructure:

'Under normal circumstances, the community, those people who are benefitting, must be able to sustain themselves because they make their own contributions, so that they are not spoon-fed every time... The idea is not to say that for any little thing that you need to partner with a donor, it's not good, it has a negative effect.... but where there's an absolute yes is maybe [in the case of] water points, which can affect people who get water from that tap. At times, they might have the desire to fix [the water points] but have no capacity. That's where we need partnerships.'

Government official, District Administrator, Bubi

Lack of money was not mentioned as an issue by key informants in the Philippines, particularly because the budget for maintenance of water infrastructure has been secured through the WEE-Care Ordinances. However, key informants did not have clear views on which institution has the capacity to lead future efforts. The City Housing, the City Social Welfare and Development Office and the City Population Office were mentioned by some key informants as those with the necessary capacities to lead:

‘These offices have the responsibility to deal directly with the public and have much more capacity than my office. We could engage with their focal points, invite them for activities.’

Government official, Tacloban City Housing and Community Development Office

Other key informants in the Philippines thought that the Gender and Development (GAD) focal person and the GAD council should also be involved in future sustainability efforts, along with the barangay chairpersons as champions, although what role each of these actors should have was not mentioned. Thus, a challenge in the Philippines appears to be a lack of coordination between different government agencies and stakeholders once WE-Care comes to an end.

Regarding the social norms activities, key informants observed that care champions will need further training; however, although they considered it important to keep spreading messages around UCDW, they did not mention providing care champions with support to continue their activities. Key informants in Zimbabwe felt Oxfam’s withdrawal should be done ‘gradually’ and considered it important that the ‘handover’ is planned and coordinated between Oxfam and local authorities, particularly the DWSC. In the Philippines, the activities have also been implemented at the barangay level, as mentioned. Key informants stated that participants of these activities then become facilitators, which improves community ownership. However, they also observed a lack of capacity to train these facilitators effectively.

Similarly, local council representatives in the Philippines who are pushing and lobbying for the implementation of the WEE-Care Ordinances said that they needed more information and training on how to explain the objectives of the ordinances to other government officials who are also

responsible for their implementation. One local council representative discussed the issue of defining a clear policy regarding UCDW as a perceived challenge to sustainability:

‘The initial idea when you hear about UCDW is that it can be solved with “payment”. There was the challenge on how to present the theme for the ordinance project. It seemed better to integrate it as one of the many GAD issues. But what do you want the policy to be all about? What should we do? Who will be our targets? This is the challenge for next steps now. We need to present it as an issue that is not stand-alone, so it is easier for people to understand it.’ Government official, Tacloban City

It will be important to address such potential challenges so that the achievements of WE-Care in the Philippines, particularly on recognition, are sustained when the project comes to an end.

3.5.3 National and global levels

The evidence on sustainability at the national and global levels is limited, as this was not the main focus of the evaluation. In Zimbabwe, as mentioned above, activities were disrupted by the political instability. Key informants at the local level observed that while gender is a topic that is discussed at the national level between ministries, this is not the case for specific issues regarding UCDW. In the Philippines, one key informant mentioned WE-Care’s intention to have an impact at the national level and appreciated the activities that took place, especially meetings and workshops with other stakeholders. However, she said she needed further clarity regarding the scope of the project at national level and the long-term outcomes the project aimed to achieve ‘beyond the quick wins’. She also noted that other key agencies at a national event (promoted by WE-Care) were not clear about UCDW issues and highlighted the extensive work that still needs to be done to achieve the recognition outcome. At global level, the increasing visibility of UCDW as a theme within Oxfam and more broadly in the development sector can contribute to the sustainability of WE-Care’s achievements, especially on private sector engagement and learning, but similar challenges, e.g. clarity on the scope and long-term outcomes of the project, and the need for continuous engagement and coordination, have to be recognized.

4. Conclusion

The evaluation has highlighted the effects of WE-Care in the lived experiences of women and girls, as well as the men and boys in their families, of the social organization and provision of UCDW and the implications of this for their lives.

Overall, the largest effects were found **in the reduction** of time spent on primary UCDW for women who have access to new or repaired water infrastructure, while the social norms activities did not necessarily decrease women's primary or any care work. These findings suggest that new water infrastructure seems to have had a direct effect on some UCDW tasks, while norms activities need to be implemented over a longer time frame and with greater frequency to achieve a stronger effect on reducing women's hours of care work.

In both countries, women still devote significantly more time to UCDW than men, often with their work being unrecognized and taken for granted. Similarly, many men are still reluctant to participate in UCDW due to gender norms that influence the roles and practices of women and men regarding UCDW in their homes and societies. Men believe that participation at UCDW lessens their masculinity, that it could be considered a sign of disrespect, lack of love, or that it would lead to mockery, among other beliefs. Despite that, the evaluation findings show that men's participation in UCDW seems to increase with their participation in social norms interventions in the sampled areas in both countries, especially for water-related tasks. As our findings suggest, the social norms interventions benefit from being implemented through multiple and simultaneous approaches of long-term duration that build on each other, if they aim to challenge gender norms that reinforce unequal UCDW. Taking into account the learning considerations that this evaluation has provided, changes to design and implementation may expand WE-Care's positive effects on equal sharing of UCDW.

The significant achievements on recognition at local level, with changes in policy in eight local authorities connected to WE-Care interventions in the Philippines, showed that WE-Care local influencing strategy is strong and can fast-track results in this area. At the same time, the challenges identified in Zimbabwe at the national level point to the importance of identifying the most adequate entry points to engage in local and national political processes, and how important it is to have clear policy asks to support advocacy, along with evidence and champions among decision makers. The achievements at global level also highlight the increasing momentum of the debates on UCDW, and how the WE-Care team understood how to take advantage of Oxfam's institutional position to push forward the message on UCDW.

Thus, the key policy message of this evaluation is that implementing water infrastructure, TLSE and social norms activities in combination contributes to reduction of UCDW among women and girls and redistribution of UCDW between men and women, as men are also motivated to participate. Although the evaluation could not assess their impact yet,

recognition efforts can help sustain achievements in the future, from local to global levels.

Possible future evaluation agendas going forward could include tracing the effects of similar interventions on women's time use, with a focus on women's economic empowerment. Many women who participated in this evaluation were not only carers but also engaged in income-generating activities. Similarly, the trends and effects of seasonality on the lives of women and girls and the social organization of care will be important aspects to explore further. For example, migration (internal, seasonal and international) was an important aspect of the lives of our participants that needs further research. Life-cycle changes, climate change, available economic opportunities for women and men, and other changes in gender norms are all factors that may influence UCDW within households and societies, and need to be further unpacked. A mixed-methods evaluation that follows families and societies over longer periods of time may offer valuable insights on these topics.

Studies accompanied by a robust impact evaluation could improve the ability to show a differential impact more clearly. The evaluation design for future interventions should invest in a stronger analytical impact evaluation framework established from project design, a data collection strategy that is aligned with the chosen framework for baseline and endline, and adequate risk mitigation strategies to address implementation challenges, e.g. changes in project locations, changes in implementation strategies, etc. Moreover, having the same evaluation team responsible for the process from the outset is likely to improve consistency between data collection exercises, and therefore improve the quality of evaluation results.

Considering that WE-Care was focused on rural and peri-urban areas, a future programme which also covers urban areas and a study which compares rural and urban areas would provide a better understanding of how different contexts may also affect the role of gender norms and access to basic services, collective and other resources in both contexts. Ultimately, a more equal division of UCDW that increases women and girls' wellbeing can only be secured by structural and systematic change, with commitments from men and boys but also from local and national governments.

5. Learning considerations and policy implications

Several key policy and programming learning considerations and good practices emerged from our findings related to each of the different WE-Care components. These are presented below.

Reduction

WATER INFRASTRUCTURE

- **Recognizing the role of consultation processes.** To strengthen the effects of the water infrastructure on reduction, in-depth consultations with community members can help ensure that water points are rehabilitated/constructed in locations that benefit the most marginalized people and a majority of households. Consultations with villagers also contributed to feelings of ownership, suggesting that WE-Care participants who had been involved in such consultations might be better positioned to sustain the water points. TLSE and water infrastructure need to be tailored to the needs of marginalized groups, e.g. older women benefit more when the water infrastructure is accompanied by hosepipes so that they don't have to walk uphill or carry buckets for longer than necessary.
- **Ensuring support for sustainability.** The sustainability of the water infrastructure needs to be ensured. Follow-up and regular visits can help WE-Care partners to make sure that emerging technical challenges are addressed as well as supporting the long-term functioning of water points. Not addressing these challenges can compromise the achievements of the reduction outcome, particularly in terms of reduced time taken to collect water and ultimately the reduction of UCDW as a whole. Members of the water committees need to receive proper training on maintaining the water infrastructure and carrying out major repairs.
- **Supporting women to challenge gender norms on water management.** Women members of water committees (a space that is also used to discuss and negotiate issues related to water infrastructure) are contributing with additional time (which may challenge the reduction outcome) and they may be unable to raise their concerns, particularly in the presence of older men, due to gender norms. The inclusion of women members in the water committees needs to be done with care and with additional provision of support.
- **Enhancing technical capacity.** Technical assessments introduced, including those made for installation of the laundry and water points, were significant in changing the standard practice of water engineers, a lesson that can be replicated in other projects with similar aims.

TIME- AND LABOUR-SAVING EQUIPMENT

- **Targeting to reach those most in need.** Adequate targeting of households eligible to receive TLSE is crucial to ensure it benefits those who are most in need. TLSE needs to be targeted to the most vulnerable households, e.g. those who are further away from the water points, those who cannot afford their own TLSE, and those who suffer stigma and/or shame and might not be able to borrow TLSE from their

neighbours. Targeting criteria have to be established in consultation with villagers through established procedures. They need to be clear and simple, so all members of the village can easily understand them.

- **Selecting TLSE carefully.** The economic situation of the households needs to be considered when selecting which TLSE to provide or avoid, e.g. stoves that need costly fuel. In the Philippines, for instance, charcoal or wood-burning firewood stoves were of greater use than those requiring fuel, as fuel costs made the latter unusable for most participants most of the time.
- **Ensuring accountability.** Partners need to ensure that project participants are kept informed in the event of delays of TLSE distribution or other supply challenges. Not informing participants and community members (particularly local leaders) can create discomfort and reduce their trust in and support for the project. Formal and regular mechanisms of accountability can reduce doubts and increase engagement of both WE-Care participants and villagers.

Redistribution

AWARENESS-RAISING AND TRAINING ACTIVITIES ON SOCIAL NORMS

- **Targeting young people.** Youth interviewed in the Philippines recalled WE-Care content on Facebook and found it useful when the messages were memorable to them. In both countries, youth seemed more open to change around UCDW norms. It is important to continue targeting youth, as they can help shape a new norm for their peers. Following up on the results of the 2019 media campaign in the Philippines will also be important.
- **Enhancing the role of workshops and community dialogues.** The greatest change often comes from approaches that build on opportunities for people to discuss and reflect on messages about changing gender norms, and then do things differently as a result, e.g. interactive radio experiences in Zimbabwe or community meetings which allow individuals to express their agreement/disagreement with the new ideas, reflect and create a community dialogue. To be effective in creating spaces for dialogue, workshops need to be organized in advance, at different times of the day, e.g. weekends for working men, after school hours or during school hours for mothers of school-age children, so members of the community are aware and can plan to participate accordingly, especially men and boys who are less likely to attend. It is advisable to start mobilizing men and boys for workshops well in advance. Workshops should not be too long, as they could compete with other priorities of WE-Care participants (particularly income-generating activities).
- **Strengthening the role of care champions.** Care champions not only transmit information; their role is critical because they are also role models. Selection of care champions therefore needs to be done carefully. They need to learn skills tailored to their work, such as how to identify and

address resistance, how to be persuasive, how to share messages with different members of a household or norms enforcers, and how to inspire and motivate community members to think about and do things differently (among other skills). Similarly, care champions need continuous training to ensure that the information they receive is not forgotten or diluted and they are sharing the intended messages during implementation of their activities. Messages need to be repeated, continuous, regular, and cannot be one-off, and care champions' activities need to be complemented by other approaches. Finally, the activities of care champions need to take place when men are at home to avoid only women and children in the household receiving their messages.

SHARING OF MESSAGES AROUND UCDW

- **Targeting messages to reach different groups.** Activities and messages need to be tailored to different types of reference groups and norms enforcers, e.g. elderly people, middle-aged men, village leaders, adolescent boys, school teachers, etc. Targeted activities and messages that resonate with each group's practices and beliefs can motivate change from all fronts. Materials need to use simple language and be visually engaging, with good use of pictures and/or diagrams that can be understood by individuals with low levels of literacy.
- **Providing strong training on messages.** Care champions and facilitators of WE-Care social norms activities need to be clear about the messages that they share. This can avoid UCDW messages being misunderstood and ensure that redistribution of UCDW in the household occurs through the increased involvement of boys and men rather than girls and young children.
- **Creating strong messages.** Enabling people to see things from other people's points of view can be persuasive. For example, discussing the effects of norms around UCDW on women and girls' physical and mental wellbeing with men and boys can motivate them to change their behaviour. Giving people access to new information about the benefits of their actions can also be effective. For example, combining information about the negative health impacts of excessive UCDW and the positive health and economic benefits of sharing UCDW can contribute to changing people's perceptions.
- **Capturing attention through emotive messages.** Emotionally engaging messages and formats tend to have a bigger impact because people pay more attention and find them pleasant and unforgettable (Rimon, 1994). This is something that the project incorporated with the *I Laba Yu* campaign in the Philippines and that similar projects can consider for future media campaigns.

SUPPORTING LONG-TERM CHANGE

- **Recognising that big changes happen in small steps.** Changing gender norms is a long-term, gradual process. This evaluation observed that although some people changed

beliefs and behaviours, there is still opposition to changes that support redistribution of UCDW because of strongly held personal or even religious beliefs. Some participants agreed on the messages shared, but did not apply them or only did so at times. Others agreed, but did not apply the changes because they did not want to be mocked or questioned. Evidence suggests that people are more likely to make behavioural changes if these are broken down into small and easy actions, and if they can be persuaded that other people are changing how they behave too (Marcus, 2015).

- **Using multiple communication strategies.** Effective interventions often use more than one approach to reach different audiences and to reinforce messages. In addition to media channels, other approaches already used by the project can be maximized to reach larger numbers of people: drama/street theatre, conversations, posters, leaflets, training, community-based dialogues, public events, etc. All the different ways of raising awareness and communicating change reinforce and build on each other, and multiple methods are especially important when TV or radios are unaffordable for the poorest households in the rural areas where the project is implemented.

Recognition

ENGAGING COMMUNITY, LOCAL AND NATIONAL LEVEL INSTITUTIONS

- **Creating an enabling environment through policy and policy makers.** WE-Care has been remarkable in aiming for UCDW interventions that can create an enabling environment where they operate in the long term, through advocating with government at different levels and institutions. This was particularly relevant at the local level. The influencing work needs to continue, with special attention to change attitudes and beliefs of decision makers about UCDW, as this evaluation found that some male decision makers were more – and at times only – interested in the water infrastructure rather than acknowledging the complementarities of the different project components.
- **Boosting efforts through coordination.** Involvement of institutions at different levels (community, local and national) and across different departments (e.g. WASH, gender, health, social protection) can boost efforts towards the recognition of UCDW. However, analysing how these stakeholders and departments coordinate or not can guide the strategy followed by the project, to understand the existing limitations, the actors and the capacities that are more likely to support its efforts.
- **Engaging duty-bearers and institutions.** WE-Care should continue engaging with duty-bearers and institutions in the wider community who might also act as drivers of new practices around UCDW. Involving school authorities and engaging religious leaders is important, to promote change beyond the household level. When gender norms are closely linked to religious traditions and values (such as in Mindanao, Philippines), engaging and tailoring

communications to reach religious leaders can amplify effects. In Zimbabwe, village leaders have also been approached by the project. Tailoring messages and communications to them can also be an effective strategy as they can show their engagement in public formal and/or informal commitments.

STRENGTHENING INFLUENCING STRATEGIES

- **Involving care champions in decision-making positions.** Including individuals in different formal and informal decision-making roles, e.g. mayors, chiefs, community and religious leaders, government officials and private sector leaders, as care champions can contribute to the achievement of WE-Care goals at different levels. Care champions not only transmit information, they are also role models.
- **Having clear policy asks.** Guiding decision makers on clear actions that are needed can contribute to achievements towards recognition. Likewise, greater guidance on how to introduce UCDW topics in other interventions or areas of work can help decision makers to address these issues.
- **Building networks through champions.** Evidence in the Philippines suggests that when decision makers are engaged, develop an interest and have started lobbying on the topic themselves, they are more likely to engage with WE-Care outcomes to influence other decision makers and to ensure that commitments are implemented.
- **Engaging continuously with global allies.** Tailoring messages to different allies and stakeholders about the project's aims, their role in achieving objectives and how to address current challenges can strengthen the work that is taking place at the global level, especially for the private sector. Using different dissemination channels and regular interactions with allies and stakeholders can be helpful to promote policy asks and learning on unpaid care work globally.
- **Learning between and across countries.** Learning between countries and across in-country regions has been crucial for the success of the project, as country teams share experiences, reflect, discuss what works and what doesn't work, and why. Similarly, stakeholders in local government positions valued visiting the other project sites, e.g. leaders from Visayas visiting Mindanao, and took those visits as an opportunity to continue learning and to make adjustments in their activities when needed.

Synergies of effects

- **Taking a systemic approach.** Effects of WE-Care interventions are greater when the project's components are combined and implemented together rather than in parts. For example, when women and other members of their household, particularly men, did not benefit from any social norms activity, men were less likely to participate in UCDW even if their household benefitted from TLSE/water points. If messages about changing gender norms are not supported with continued investments in quality infrastructure and

services and policy change, then they are not going to be acted on.

- **Supporting change through local institutions.** Effects can be strengthened when recognition activities take place at local (district/provincial) and national levels. For example, in the Philippines, participants mentioned the inclusion of UCDW topics during other meetings (e.g. Islamic Symposium, cash transfers training activities, barangay meetings), which helped to reinforce the messages shared by WE-Care. Likewise, support from local authorities as care champions in the Philippines ensured the adoption of WEE-Care Ordinances as well as investments in water infrastructure and water-related activities.

Unintended effects

- **Supporting positive and mitigating negative unintended effects.** WE-Care contributed to benefits beyond the scope of its outcomes at individual and household levels in the areas where it was implemented, including reaching the most marginalized people, and contributing to positive health outcomes and improvements in family relationships. However, other areas such as targeting, spill-over effects and prevention of water-related conflicts at the community level could be improved.
- **Improving safer programming.** Negative unintended effects included perceptions of increased time spent on UCDW for women and girls (as water is easier to access, potentially freeing up time for other care work or meaning men and boys are less likely to help) and a possible trend towards an increase in acceptance of violence against women and girls for neglecting care tasks in the Philippines. These point to the need for more intentional approaches that incorporate discussions about gender-based violence as part of interventions and messages.

Sustainability

- **Sustaining practices.** WE-Care offers an entire 'package' of support that needs to continue being implemented over a longer period of time to support substantial change. Support from decision makers and local leaders at various levels is also crucial to ensure sustainability, as these individuals can continue to advocate for the inclusion of UCDW in the local and national agendas.
- **Sustaining relationships.** The good relationship between Oxfam and the local and national governments in the two project countries is a strong enabler towards sustainability. Maintaining constant communication and investing in these relationships can be important for follow-up and implementation of future projects in the same areas.
- **Strengthening exit strategies.** Oxfam and partners can work towards a more 'gradual' retreat, making sure that decision makers at all levels are clear about their role once the project ends so they continue supporting WE-Care outcomes and have the tools to sustain the project's achievements.

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Annex

METHODOLOGY

This annex presents details on: a) the evaluation questions; b) social and economic of the profile sampled areas; c) description of the qualitative data collection tools; d) rationale for the quantitative design and data analysis and e) the evaluation matrix.

a) Evaluation questions

1. The evaluation questions were defined with inputs from the country teams and partners during the evaluation planning stage and refined during the evaluation inception stage. They served as a reference for the evaluation design and scoping.
2. Have the WE-Care interventions led to the increase in time women and girls spent on activities of their choice? If so, how? If not, why not?
3. Have WE-Care interventions led to a reduction of unpaid care and domestic work for women and girls? If so, how? If not, why not?
4. Have the WE-Care interventions led to a redistribution of unpaid care and domestic work to men and boys? If so, how? If not, why not?
5. Have the WE-Care interventions led to a change in how unpaid care and domestic work is recognized?
6. Has WE-Care influenced the discussion around UCDW at the national and international level?
7. What evidence exists of any emergent or unintended effects of the project, especially for women and girls?
8. To what extent were the project activities and objectives inclusive of the interests and demands of the most marginalized groups in the communities where it was implemented?
9. To what extent did the project build adequate conditions for sustainability of new practices and capacities related to unpaid care and domestic work within the broader system where it operated?

b) Social and economic profile of the sampled areas

PHILIPPINES

The region of Eastern Visayas is composed of six provinces – Biliran, Eastern Samar, Leyte, Northern Samar, Southern Leyte, and Samar – and includes one highly urbanized city, Tacloban City, which is also the region's capital. It has a total population of 4.44 million with a population growth rate of 1.5%, according to the latest (2015) census by the Philippines Statistics Authority (PSA). Among the six provinces comprising the region, Leyte (excluding Tacloban City) had the biggest population in 2015 with 1.73 million, followed by Samar with 780,000, Northern Samar with 632,000, Eastern Samar with 467,000, and Southern Leyte with 422,000. Waray-waray is the most-spoken language in the region, as the Waray ethnic group is also the most populous (Ibid).

The region is composed of a group of islands located in the easternmost part of central Philippines – a geographic

feature that makes it extremely vulnerable to strong typhoons emanating from the Pacific Ocean. The region, which has consistently been among the poorest in the country, has an official poverty incidence rate of 38.7, more than double the national rate of 16.5. This means that over 1.7 million people or nearly 300,000 families are not earning enough income to meet their basic needs (PSA, 2016). Eastern Visayas has the second lowest proportion of households that were considered food-secure and the second highest prevalence of malnourished children (in terms of underweight and stunting) in general (World Food Programme, 2017).

Employment rate in the region, as measured by the Philippines government's Labour Force Survey, is at 94.8% as of January 2019, with an unemployment rate of 5.2% and an underemployment rate of 25.1%, which is the fourth highest in the country (Manila Bulletin, 2018). Around 39% of total employment is focused on agriculture (rice and coconut farming), forestry and fishing, with some in construction (8.6%), public administration (6.9%), transport and storage (5.6%), and manufacturing (4.5%). Of the total labour force, only 48% of women aged 15 to 64 years old are employed, in contrast to 77.5% of men, due to women disproportionately attending to unpaid care work (PNA, 2019). Among the women who are employed, most are employed as professionals or skilled workers (75%) in the education and health sectors (mainly as teachers, nurses and midwives), and very few are employed in construction, fishing, transport and storage (>10%). More men are employed in contractual and precarious work (PSA, 2013).

In terms of access to health services, 67.5% of the population has some form of health insurance and the region registered the shortest travel time to a health care facility (32 minutes). However, the region has the lowest percentage (9%) of people likely to have access to water or soap, and only 8% of households have ever had proper sanitation facilities such as flushing toilet, pit latrine or composting toilet (PSA and ICF, 2018).

ZIMBABWE

According to the Zimbabwe National Statistics Agency (ZimSTAT), Masvingo is the second largest province in Zimbabwe, with a population distribution of 11.8%, after Harare province with 16.6% (ZimSTAT, 2012a). At the district level the total population of Masvingo in 2012 was 211,215 (ZimSTAT, 2012b). Over 70% of the population is rural, with only 10% found in urban areas, and an estimated 13% of the population between the ages of 3-24 years has never attained any education – more women (56%) than men (44%) drop out of school. In the province, about three-quarters (74%) of economically productive populations are engaged in agriculture or related occupations that require significant access to water (ZimSTAT, 2012b). While the majority (78%) of households in Zimbabwe have access to an improved source of water, Masvingo lags behind the rest of the country with only 67% of households having access to safe water (piped water systems, bush pump boreholes or protected wells

(ZimSTAT, 2012a). The remaining population, mostly in the rural areas, relies on unsafe water from unprotected wells, rivers, streams and dams (ZimSTAT, 2012a). Over 80% of the population uses wood fuel for cooking, and most women are responsible for fetching both water and firewood at the household level (ZimSTAT, 2015). In rural Masvingo, the structures of local government and traditional leadership shape a critical decision-making hierarchy at both the community and the sub-national institutional levels. These include the Rural District Council (RDC) representatives and traditional gatekeepers including chiefs, headmen, village heads and spirit mediums. These authorities are central in the allocation of essential livelihood resources such as water sources, land, forests, roads and management oversight over community resources in the area.

Bubi is one of the nine districts of Matabeleland North Province in Zimbabwe, with a population of 61,883 inhabitants. The population is young (44%) and mostly rural (91%), and 56% of those employed engage in agriculture-related jobs; Bubi has a proportion of 36% of communal farmers among its employed populations (ZimSTAT, 2012a). Over 80% of households use wood fuel for cooking, while about 30% of the province uses unsafe water, with 35% of these having to walk more than one kilometre for the nearest water point, according to the Zimbabwe Vulnerability Assessment Committee (ZimVAC, 2016). Bubi has one of the highest proportions of food and income insecure households. The province reports the highest proportion of households (16%) consuming borderline diets and the lowest proportion (36%) of children that consume food from at least four food groups; the province records the highest rates of Severe Acute Malnutrition (ZimVAC, 2016).

Zvishavane has a district population of 72,513 composed of 19 wards. The average household size is 4.6, and 98.7% of the population is rural (ZimSTAT, 2012c). The major economic activities are subsistence farming (60.9%), mining and construction occupations (13.9%) and the service sector (9%) (ZimSTAT, 2012c). According to the Parliament Research Department report, the general economic outlook in the constituency is gloomy and infrastructure is poor. The area is also arid and prone to droughts and food insecurity. The same report noted that at least 20% of the population in Zvishavane district is food insecure. In terms of access to water, Zvishavane Ngezi has 11 dip tanks which are operational. The sources of these dip tanks vary, from dams and streams to boreholes, rivers and canals. There are 414 boreholes (only 329 in good condition) and 33 deep wells (only 11 are functional) (Parliament Research Department, 2011), while 64% of the population has access to safe water (ZimSTAT, 2012c). Most households in the district (88.3%) used wood as their main source of energy for cooking and 35% had access to toilet facilities, compared to 16% who had access to toilet facilities at the Midlands provincial level.

c) Description of the qualitative data collection tools

The qualitative tools were designed based on the questions that the final evaluation aimed to answer, taking into

account the areas covered by the Household Care Survey (HCS) and drawing on similar topics but asking questions slightly differently. For example, the HCS and the qualitative tools explore participants' time spent on different activities through participatory exercises, but while the HCS makes a full recall, hour by hour, of what a person does in a day, the qualitative tool asked about the typical activities in a day, giving the participant more freedom to recall his/her activities and then probing on what has changed after the project. Finally, the qualitative tools were useful to further understand household arrangements, gender norms, how change has been taking place, the direct influence of WE-Care, as well as the enablers and barriers to achieving intended outcomes, among other topics that emerged in the data collection. All transcripts were translated and transcribed from their original language into English and coded using MAXQDA by a team of three coders. The coding structure was developed jointly by the evaluation team, then tested with a few transcripts and modified accordingly. To ensure inter-coder reliability, all transcripts for each type of interview, e.g. key informant interview (KII), in-depth interview (IDI) or focus group discussion (FGD) were coded by a single team member.

Intergenerational trios

Intergenerational trios (IGTs) were used to examine if WE-Care interventions led to the reduction and/or redistribution of unpaid care and domestic work based on exploring the experiences of three different generations which were part of the same household about UCDW and the effects that they perceived (if any) after the introduction of WE-Care. IGTs also aimed to explore how experiences and perspectives on gender norms varied across different generations, directly exploring whether WE-Care influenced an equitable distribution of unpaid care work between men and boys and women and girls in their households and communities. IGTs comprised an adolescent girl, her mother and grandmother or an adolescent boy, his father and grandfather. IGTs were conducted with respondents from different wealth or social and ethnic backgrounds and in different situations (e.g. women who work or do not work, women-headed households, elderly head of household, etc.) including both participants benefitting from and those not involved in WE-Care. This sampling allowed the evaluation team to explore if and how the situation of the household influenced norms and the types of UCDW activities that members engaged in according to their different situations. Participants were interviewed all together or individually, depending on timing and availability of family members.

In-depth interviews

In-depth interviews (IDIs) allowed more in-depth exploration of the effects of WE-Care on reduction and redistribution on men, women, adolescent boys and girls. These participants benefitted from the project directly in different ways (as part of the water committee, as participants benefitting from TLSE and water points, or as attendants of community dialogues). IDIs particularly aimed to explore how women/ and girls spent their additional time when they had reduced

their time on UCDW and how men and boys spent their time and if they had increased their participation in UCDW. IDIs also explored the extent to which men have changed not only their engagement but also their perceptions about UCDW activities, the social norms that are more 'sticky' and those that seem 'easier' to change, as well as the factors behind these perceptions. These interviews also explored unintended consequences of the project and the views of participants on inclusion of the most marginalized groups.

Focus group discussions

FGDs were conducted using a participatory ranking exercise with the purpose of motivating participants to recall the components of WE-Care and to consider which ones were more meaningful to them. During the FGDs, participants were asked to name WE-Care components that they could recall with the aim of creating a list that would represent the project activities in their communities. Local evaluation

teams probed to help participants to recall all project components and included in the list those that participants remembered and as they named them, to give them the freedom to talk about the components as they understood them. Local evaluators grouped the activities and components that were mentioned into their respective category: water infrastructure, TLSE, social norms activities, and media. Then each participant was given five beans or tokens and asked to score the components according to their importance and their perceived benefit for the household. This exercise was followed by direct questions about each project component that participants were able to recall, to explore how these connect and take form.

Tables 1A and 2A present the results of the WE-Care scoring exercise. Components with relatively high scores are shown in dark colours and those with lower scores are in lighter colours.

TABLE 1A: OVERVIEW OF RANKING RESULTS BASED ON VOTES DURING FGDS WITH PARTICIPANTS BENEFITTING FROM WE-CARE INTERVENTIONS (ZIMBABWE)

Component		Masvingo FGD (women)	Masvingo FGD (men)	Bubi FGD (women)	Bubi FGD (men)
Water infrastructure	Piped water system	6	16	6	2
	Borehole	0	0	0	20
	Solar pump/panel	0	12	0	0
	Water pump	0	0	5	0
	Water tank	0	3	0	0
	Jojo tanks	0	0	3	3
	Tap	5	0	0	
	Laundry point	1	0	0	0
	Wash line	1	0	0	0
	Hosepipe for communal gardens	0	0	5	0
	Fence	0	0	0	3
TLSE	Wheelbarrow	0	0	0	0
	Wheelbarrows for communal gardens	0	0	3	0
	Spray for communal gardens	0	0	3	0
Social norms activities	Workshops	5	2	2	18
	Village heads' participation in workshops	2	0	0	0
	Care champions	0	1	4	0
	Male advocates	0	0	0	0
	Door-to-door education gardens	0	0	3	0
Media	TV	0	0	0	0
	Radio	0	0	0	0
Total number of votes		20	34	34	46

TABLE 2A: OVERVIEW OF RANKING RESULTS BASED ON VOTES DURING FGDS WITH PARTICIPANTS BENEFITTING FROM WE-CARE INTERVENTIONS (PHILIPPINES).

Component		Visayas FGD (women)	Mindanao FGD (women)	Mindanao FGD (men)
Water infrastructure	Water point (pump/tank)	12	13	15
TLSE	Pushcart	5	0	0
	Water jug	5	0	0
	Stove	2	8	0
	Container drum	1	0	7
Social norms activities	'Care work is Teamwork' activities	0	10	6
	Personal hygiene seminar	0	1	0
	Forum on UCDW	0	0	0
	Rapid Care Assessment	0	0	0
	Orientation on UCDW	0	0	1
	Couples cooking contest	0	0	0
	Islamic Symposium	0	8	0
Media	TV	0	0	0
	Nang Ngumiti and Langit (TV show)	0	0	0
	I Laba Yu poster	0	0	0
	Film viewing/video streaming	0	0	1
	Flyers	0	0	0
Total number of votes		25	40	30

Note: The Visayas team conducted one FGD with male WE-Care participants but the ranking exercise did not take place. However, their opinions were included and reflected in the findings.

This exercise was followed by direct questions about each of the project's components that participants were able to recall, to explore how these connect and take form in each country, what components are perceived as more important by different types of participants, and the role of each of these components in the lives of women and men. Overall, focus groups explored how participants have perceived change and how change took place. Participants of the FGDS included both individuals who directly benefitted from WE-Care activities and non-participants from nearby localities where WE-Care was implemented.

Key informant interviews

Key informant interviews (KIIs) were conducted with local authorities, policy makers, civil society representatives, local leaders, service providers in the health and education sectors (in Zimbabwe), civil society and other public policy decision makers (e.g. the Philippines Commission on women) and relevant stakeholders who played an important role in modelling attitudes and behaviours or who have been involved in influencing interventions to address unpaid care (e.g. encouraging the introduction of certain laws, committing to invest in water infrastructure, or in key positions that allowed their involvement involved in WE-Care activities). These interviews aimed to particularly explore the influence of WE-Care at the local level in each country, the perceptions of stakeholders regarding UCDW and whether

they contemplated issues of sustainability upon completion of WE-Care. Interviews with local leaders and policy makers also explored questions regarding unintended effects of the project from their point of view, and the inclusion of marginalized groups.

The quantitative tool, the Household Care Survey (HCS), was based on the HCS used for the baseline in order to ensure the comparability of baseline and endline. This version includes a household roster with demographic information, education and labour status; a detailed 24-hour activity recall section; information on assets; a water and sanitation module; questions on attitudes towards violence; several questions on norms and expected behaviours around unpaid care and domestic work; and a section on the exposure to the Oxfam project. The surveys were carried out using computer-assisted personal interviews: enumerators either used devices provided by Oxfam or used their own smartphones to record the results from the interviews using the mobile data collection platform SurveyCTO.

Below we present details of the quantitative analysis that was conducted to explore the evaluation questions.

d) Rationale for the quantitative design and data analysis

This evaluation opted to use an average treatment effect of the treated to explore the evaluation questions. The detailed

TABLE 3A: PERCENTAGE OF ALL RESPONDENTS IN THE DIFFERENT TREATMENT CATEGORIES

	Water	TLSE	Any water or TLSE	Social	Training	Any social or training	Any treatment
Philippines	51%	74%	87%	61%	56%	69%	91%
Zimbabwe	9%	26%	33%	57%	55%	64%	65%

methodological choices that oriented the analysis is presented below.

Treatment assignment

Before being able to run any estimations, first the treatment needed to be assigned. It was problematic to only use monitoring data for the assignment of treatment, as that data was not easily available for both countries in machine-readable format. Consequently, matching the monitoring data to the survey was not feasible within the time frame of the analysis. The only information that was included from the monitoring data was the village/barangay that received infrastructure improvements, such as water wells or laundry points. The other information on treatment status was taken from questions outlined below after an introductory sentence, reading ‘Now I want to know if you or anyone in your household participated in or benefitted from activities that have been provided through Oxfam/WE-Care.’

In total, the analysis looks at and compares a total of six treatment arms. The first set of three treatments are those that include physical objects or infrastructure introduced by the Oxfam project. As just mentioned, the first treatment arm was based on monitoring data:

- 1. Water treatment:** Those that lived in villages/barangays that received any form of infrastructure through Oxfam, including piped water schemes, laundry facilities, water points, tap stands, water systems and hand pumps.
- 2. TLSE treatment:** Households were considered ‘treated’ if at least one adult respondent responded with yes to the following question: ‘Did you or anyone in your household receive any time- and labour-saving equipment (e.g. wheelbarrows, solar batteries, tsotso stoves, buckets)?’ (Zimbabwe) or ‘Did you or anyone in your household receive any time- and labour-saving equipment (e.g. pushcart, rainwater collector, solar batteries, solar lamp, super kalan (fuel efficient stove), electric rice cooker)?’ (Philippines). The decision to pool the responses at the household level was taken as it was assumed that the TLSE would be shared within the household.
- 3. Any water and/or TLSE treatment:** If a household was designated as having been ‘treated’ either through the water treatment or with the TLSE treatment, they were considered in this category.

The second set of three treatments were those related to the social activities of the project aimed at norms changes:

- 4. Social norms treatment:** Households were considered ‘treated’ if at least one adult respondent responded with

yes to the following question: ‘Were you or anyone in your household visited by a care champion, or attended community meetings about unpaid care work?’ (Zimbabwe) or ‘Did you or anyone in your household attended community meetings or events about unpaid care work?’ (Philippines).

- 5. Training treatment:** Households were considered ‘treated’ if at least one adult respondent responded with yes to the following question: ‘Did you or anyone in your household receive any training on unpaid care work, or in access to and provision of water (e.g. community-based management, Rapid Care Analysis, garden committee)’ (Zimbabwe) or ‘Did you or anyone in your household receive any training on unpaid care work, or in access and provision of water (e.g. water management, Rapid Care Analysis, gender training, care champion training)?’ (Philippines).
- 6. Any social norms treatment:** If a household was designated as having been ‘treated’ either through the social norms or with the training treatment, they were considered as treated according to this category.

It is important to mention that there not were many households that did not receive any intervention from Oxfam, particularly in the Philippines. That means that non-treated groups are not pure control groups, as they might have – and in fact are highly likely to have – received some other form of treatment from the project.

Estimation strategy

The data used for the quantitative impact evaluation limited the range of available impact estimation techniques applicable to both countries. Applying different estimation techniques that could have potentially reduced biases were considered. However, for the sake of reducing complexity and to aid comprehension, we decided to not apply different estimation techniques in the two countries. There are three reasons why other, potentially less biased techniques, were not pursued:

- 1. Difference-in-Difference:** In the absence of a randomized control trial, the best way to control for unobserved bias is to ask the same people/households again in the endline who were already interviewed in the baseline survey. Then, binominal regression analysis holding household or other community variables constant can provide less biased estimates of the impact of a project. However, for this technique to work, one has to be able to identify the interviewees from the baseline. Unfortunately, other than the

name and the village, too little was known from the baseline survey to find the same respondents again without spending a disproportionate amount of time on such an exercise.

2. Difference-in-Difference with matching: Another opportunity for estimating the impact would have been to use a matching technique to connect households between the baseline and the endline survey, for instance using propensity score matching. That would entail estimating the likelihood of being ‘treated’ by the project in the baseline survey and matching households based on the household and/or individual characteristics. Then, in such a pseudo-panel, one could apply the same Difference-in-Difference analysis laid out above. The problem was that in Zimbabwe, one out of the three surveyed districts was not included in the baseline survey, as the project had moved from some of the districts originally targeted in the baseline survey. Moreover, within Masvingo district, the endline survey covered Ward 26, which was not covered in the baseline survey. This reduced the sample that could be matched at the district level to only about 45%, which would have resulted in very small sample sizes. A matching across districts could be another possibility, but since there are major differences between districts and barangays in both countries this was a less than ideal proposal. For instance, one of the districts surveyed in the baseline but not surveyed in the endline – Caledonia, a suburb of Harare – had the most hours spent on UCDW (primary care work as well as any total care work) among all districts in the baseline.

Taking all these limitations into account, we decided to rely instead on a matching of the treatment group on the non-treated group using propensity score matching. First, participation in the treatment and non-treated had to be estimated using a probit regression. The outcome variable of that probit regression is the likelihood of treatment for one of the six treatment arms. However, treatment assignment is likely to differ between the physical infrastructure and the social norms activities: the first is handed down from the project’s local partner organizations based on a set of certain criteria, while the other is based more on individual perceived need as well as ability to join community meetings or group trainings. Therefore, we devised two probit models, one for each of the treatment sets.

The likelihood of treatment with the first treatment set is based on household characteristics that might have been also used by Oxfam’s local implementation partners when deciding which villages and households to provide with additional water points or TLSE. It includes a dummy for the administrative level 2 (municipality or sub-county), household size, asset index score, maximum age among the two adult respondents (and age squared), and a dummy for the maximum education level of the two adult respondents in the household.

The likelihood of treatment with the second treatment set is based on individual characteristics that are likely to either increase or decrease people’s ability to go to community meetings or training, such as those related to opportunity

costs. The model includes a dummy variable for the administrative level 2 (municipality or sub-county), household size, asset index score, share of men in the household, share of dependants in the household, age of the individual respondents (and age squared), a dummy for the education level of the individual respondent, and a dummy for the marital status of the respondent.

Some other variables most likely would have been much better predictors of being selected for the interventions, particularly those from the first set. However, since the variables have to be independent of the treatment for unbiased estimates, such variables (including those signifying access to water, for instance) could not be included. Moreover, it is important to note that the individual model still predicts a household-level outcome, as participation in meetings is aggregated at the household level. This model has a clear flaw. Still, if a household is coded as having participated in any training or meetings related to WE-Care, the individual living in that household is much more likely to have participated in such meetings personally so it is still helpful to match, however imperfectly, individuals on the likelihood of receiving treatment.

The probit models were estimated by country and by sex. Once the models had estimated the likelihood of being treated, they were used to predict the propensity of being treated. Then, households in the treated arm were matched with households in the non-treated group with a similar propensity score based on Epanechnikov kernel matching. Only households with common support, so a propensity score that was within the minimum and the maximum of both the treated and the non-treated groups, were included in the average treatment effect on the treated estimations. Then the treated group could be assessed looking at the average between the matched treated and non-treated groups. Approximate standard errors are calculated assuming independent observations, fixed weights, homoskedasticity of the outcome variable within the treated and within the non-treated groups, and independence of the probit model.

All estimations were conducted using the ‘psmatch2’-command (version 4.0.12) in Stata 15.

e) Limitations and challenges

From a qualitative perspective, the perceptions and insights shared by participants do not necessarily represent the effects of WE-Care in the region or district as a whole but are particular to the individuals and households taking part in the evaluation.

The reduced number of young participants, representatives of marginalized groups and children was also a limitation. In both countries, young participants aged 13-24 years old beyond the intergenerational trios (where the sample purposely includes a young person) were absent due to lack of communication with the community mobilizers and reduced time to plan for participant recruitment. Thus, perspectives of adolescents, young people and young adults were missing. The lack of participants of younger ages

limited the ability of this evaluation to explore in more depth how change is happening among younger generations who are more likely to be able to choose the kind of UCDW that they undertake. Although a few LGBTQI people, persons with disabilities and ethnic minorities groups were included in the sample, particularly ethnic minorities and people with disabilities, our sample is not representative of the intervention effects on these specific groups. Also, the quantitative survey only surveyed a small number of children in both countries, as they tended to be in school during the time the survey was conducted. Both reduced the representativeness of the findings and reduced the precision of the impact estimations for this group.

The quantitative samples were limited in representativeness due to sample size. Limitations on sample size was partly due to the length and complexity of the HCS, and budget constraints.

Sample selection was limited by the decision to replicate the baseline sampling sample for the endline survey, which was motivated by budget and feasibility. However, it was not possible to establish a clear rationale for why the areas covered at baseline had been selected, as interventions were only detailed after WASH and social norms assessments and as in Zimbabwe the project changed implementation areas at the end of the first year. This meant that there was little overlap between the baseline and the endline samples, making comparison between the two rounds very difficult, particularly for Zimbabwe. Because of these limitations, it was not possible to link the baseline with the endline in Zimbabwe without losing a large share of the sample, and the evaluation team opted to adopt a single analysis strategy for both countries.

The small size of the pure control group that did not receive any direct treatment within the endline sample was another restriction. Considering that, the evaluation team decided to calculate the project effects using a matching technique within the endline sample only, accounting for differences at household and individual levels. The matching algorithms used for this analysis were not always able to clearly reduce the bias between these two groups. Consequently, the results from the estimations based on the household survey have to be read very carefully and taken as representative of a very limited cross-section of the project reach, i.e. project participants within sampled communities. It is additionally important to note that there were other Oxfam projects operating in the sampled areas, particularly in the Philippines (ALERT in Eastern Visayas, EMBRACE in Mindanao). Therefore, people might have possibly assigned some of the treatment they have received to the wrong Oxfam project.

The subjectivity of the data and participants' perceptions regarding the divisions of UCDW as a result of WE-Care interventions have to be considered when interpreting the findings. While such data offers important insights into how UCDW is experienced by different members of the household and how this at times is communicated to the community, it may not provide accurate information about actual behaviour

and behaviour change because participants know the objectives of the project and may have framed their answers according to what the interviewer or Oxfam's partners (who recruited participants) expected to hear. Findings with respect to gender norms change and project sustainability in particular should be interpreted with caution. Moreover, the not unreasonable expectation that the participation or the findings might influence participants' perceptions on their ability to receive further Oxfam support through the same or other programmes might also have biased responses. However, the qualitative data also offers additional explanations of the results that were obtained by the HCS findings and the two data sets complement each other.

Furthermore, the selection of participants by Oxfam's partners for the FGDs and/or in-depth interviews in both countries were individuals with direct involvement in the project, e.g. members of the village development committee, water point chair persons, water point leads, and/or care champions, which also may have biased their responses. This may be because often these individuals are the ones that are most active in community activities and might be easier to recruit as evaluation participants, but also due to an interest from community mobilizers to showcase the best of the project. However, the evaluation teams took this as an opportunity to probe on other project outcomes where these individuals were not directly involved, e.g. on the social norms activities in the case of individuals who participated more directly in the water infrastructure and vice-versa, to understand if and how different outcomes of the project were interlinked and understood by different types of participants.

An additional limitation observed during the qualitative data collection is the selection of some participants who did not benefit from the project, as these individuals were not necessarily comparable with participants. For example, some of them were much better-off than the WE-Care project participants, e.g. with access to tap water in their homes, more educated and with an economic capacity to pay carers who helped them in their daily household chores. This could be explained in both countries again by lack of communication with the community mobilizers and reduced time to plan for participant recruitment. Partners in the Philippines noted that they encountered challenges in relation to demands to recruit non-participants within project sites and the lack of clarification about the characteristics of non-participants during briefings. However, the insights of non-participants were valuable regarding their perceptions of gendered norms around UCDW and the benefits of the WE-Care project observed at the community level, which we included in the data analysis.

The sampling was similarly an issue for the quantitative survey. There was no clear sampling frame available to pre-select households randomly. The evaluation team could only choose the villages to be sampled, and the household selection had to be undertaken by the enumerators. While the importance of random household selection using basic

random-walking techniques was stressed during the enumerator training, a random selection of households could not be ensured, affecting representativeness.

Likewise, interviewing households with husband and wife present at the same time – again, to replicate the baseline survey – is likely to strongly bias the household selection. Many households could not be sampled because the men were outside of the home, for work or other reasons. The sampled households are thus very likely to have specific characteristics that made them different from the other households. Since there is likely to be a connection and correlation between the way the sampled households differ from average households and the variables of interest (hours spent on UCDW, norms towards sharing household work,

etc.), the sample is likely to be biased and not representative of the areas where the survey was conducted.

Although logistical challenges did not affect the findings of this evaluation, such challenges affected the data collection process. One important logistical limitation was the short timeline to complete this evaluation. For example, data collection, translation and transcription, analysis and writing of findings took place in a period of three months and two weeks. Another logistical challenge in the Philippines was the inability of the ODI team to conduct the training and piloting of the evaluation tools in Mindanao, as was initially expected, due to security clearance issues. To solve this challenge, Oxfam Philippines assisted the team by moving the piloting to Visayas and Manila with the Visayas and Mindanao team.

f) Tables for the figures presented on the report

TABLE 3A: NUMBER OF TREATED ADULTS, BY TREATMENT TYPE AND HIGHEST ADMINISTRATION LEVEL

	Province	Household level			Individual level			Total
		Water only	TLSE only	Any TLSE	Social only	Training only	Any norms	
Philippines	Cotabato	112	80	132	62	64	78	139
	Eastern Samar	125	202	210	165	152	176	210
	Leyte	0	62	62	40	30	50	120
	Maguindanao	45	66	82	63	54	69	93
	Sultan Kudarat	67	78	98	68	69	78	101
	Total	349	488	584	398	369	451	663
Zimbabwe	Bubi	0	36	36	112	91	117	198
	Masvingo	22	22	44	72	84	96	216
	Zvishavane	42	105	131	179	177	197	228
	Total	64	163	211	363	352	410	642

TABLE 4A: EFFECT SIZES FOR THE OUTCOMES PRESENTED IN FIGURES 5, 7, 9 AND 14, USING MATCHING, FOR SAMPLED AREAS IN THE PHILIPPINES AND ZIMBABWE

Outcome	Level of analysis	Treatment	Country	Average in treatment	Average in comparison	Difference (effect coefficient)	SE	95% CI	Observations in Treatment	Total observations
Hours spent on paid work for women in areas with/without new water infrastructure (Figure 5)	Household	Access to new/improved water sources	Philippines	2.5	1.3	1.3	0.6	1.214	349	663
			Zimbabwe	4.8	3.6	1.2	0.7	1.282	64	642
Hours spent on primary care work of women with/without access to new water infrastructure (Figure 7)	Household	Access to new/improved water sources	Philippines	10.3	8.1	-2	0.968	1.897	349	663
			Zimbabwe	5.7	4.8	-0.9	0.5	1.014	64	642
Hours spent on primary care work of men involved/not involved in the social norms intervention (Figure 9)	Individual	Social norms intervention	Philippines	3.3	2.0	1.3	0.5	0.898	398	663
			Zimbabwe	1.8	1.5	0.3	0.4	0.783	363	642
Women supporting unequal distribution of care work vignette (Figure 14)	Individual	Social norms intervention	Philippines	0.7	0.8	-0.1	0.1	0.117	398	663
			Zimbabwe	0.4	0.7	-0.2	0.1	0.159	363	642
Men supporting unequal distribution of unpaid care vignette (Figure 14)	Individual	Social norms intervention	Philippines	0.7	0.8	-0.1	0.1	0.130	398	663
			Zimbabwe	0.5	0.6	-0.1	0.1	0.170	363	642

g) Evaluation matrix

Evaluation indicators

Reduction	Average percentage change of primary and any unpaid care work for women who live in geographic locations receiving any intervention, only TLSE interventions or only social norms interventions, by country, age group (controlling for a range of individual and household characteristics)	Outcome 1	HCS
	Average percentage change of hours spent on non-care work as well as paid work for women who live in geographic locations receiving any intervention, only TLSE interventions or only social norms interventions, by country, age group (controlling for a range of individual and household characteristics)	Outcome 1	HCS
	Average percentage change of average hours for any water-related task in geographic locations receiving any TLSE or water infrastructure intervention, by country, sex, age group (controlling for a range of individual and household characteristics)	Outcome 1	HCS
	The extent to which women and girls reported more time spent on economic activities (type of activities, reasons to participate in these activities, outcomes of participation in these activities)	Unintended effect	FGD, IGT, IDI
	What combination of work across the different objectives and strategies are more effective in reducing women and girls' UCDW: - WASH, social norms and TLSE; - WASH, social norms and policy makers - Social norms only; positive messages and policy making, etc.	Impact	FGD, KIs, IGT, IDI
	Women and girls' perceptions of their role in their households related to the distribution of UCDW and the extent to which WE-Care interventions contributed to increase in time spent in other activities (probe for the role of water infrastructure, TLSEs, norm interventions, media)	Outcome 1 and 2	FGD, IDI, IGT
	Women and girls' narratives and examples of having more choice on the activities they engage in including type of activities, reasons to participate in such activities, and outcomes of participation in these activities for their wellbeing	Impact	FGD, IGT, IDI
	Examples of TLSE helping women and girls to engage in paid work (or engage more in other activities of their preference)	Unintended effect	FGD, IDI, IGT
	The extent to which the project is addressing the priorities, needs and problems of the most marginalized groups in the communities of implementation (participants' and local stakeholders' perceptions about the project's ability to include the most marginalized groups as beneficiaries)	Marginalized groups	FGS, IDI, IGT, KII, documentation review
	The extent to which participants and key informants are confident they will be able to sustain the results of WE-Care in the long term (perceptions of participants and key informants about the enablers to sustain WE-Care's results; perceptions of participants and key informants on the challenges to sustain WE-Care results; potential solutions to solve challenges; participants' and key informants' motivation to undertake actions (and what actions) to sustain WE-Care results	Sustainability	Mid-term evaluation, KII
Redistribution	Average percentage change of primary and any unpaid care work for men who live in geographic locations receiving any intervention, only TLSE or water infrastructure interventions or only social norms interventions, by whether they were taught to contribute to UCDW as a teenager or not (controlling for a range of individual and household characteristics, such as region, age of the men, occupation, etc.)	Outcome 2	HCS
	Perceptions/examples of individual characteristics of men and boys (and their households) who are more likely to participate in UCDW and who are less likely to participate (e.g. exploring age, levels of education, upbringing, living in men/women-headed household, working conditions, etc.)	Outcome 2	FGD, IDI, IGT
	Perceptions and examples of how WE-Care might intervene in changing attitudes and practices under certain household circumstances or during certain shocks and stresses, including at the household (e.g. illness, marriage, migration, increased job opportunities for certain members), community (climatic hazards, increased labour opportunities) and national levels (civil or political unrest, change of regime) which affect attitudes and practices around UCDW	Outcome 2	FGD, IDI, IGT
	Examples and narratives of other members of the household who might have benefitted from social norms activities looking at how transmission of messages and information might be shared from participants to non-direct participants	Unintended effects	FGD, IDI, IGT
	Average percentage point change of people's perception of the number of men spending at least one hour on UCDW (q517), by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	Perceptions and examples of project activities (including TLSE, water points, social norms activities) contributing to increased acceptability and participation of men and boys in unpaid care work, including preference for type(s) of activities to undertake	Outcomes 1 and 2	FGD, IDI, IGT
	Ratio between the value of paid/unpaid tasks, by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	Average percentage point change of respondents (strongly) agreeing with the vignettes on shared household responsibilities, by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	The extent to which there are changes in perceptions of and attitudes on the current distribution and how care work should be shared	Outcomes 2	IGT, IDI
	The extent to which there are changes in perceptions and attitudes on how care work is valued and its positive outcome for households and communities	Outcomes 2	IGT, IDI
	Average percentage point change of people saying men should working on UCDW (q518), by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	Increase in the number of different kinds of people (e.g. husbands, wives, daughters, sons, in-laws) demonstrating positive perceptions and attitudes towards taking up more unpaid care work within the household (probe if this is a result for community dialogues, TLSE, infrastructure, piped-water schemes)	Outcomes 1 and 2	IDI, IGT, FGD

Redistribution	Average percentage point change of women wanting their partners/men to help with the seven unpaid care activities (q505/q510), by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	Average percentage point change of responses on why women don't want their partners to help/men don't want to help with the seven unpaid care activities (q506/q511), by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	Average percentage point change of people who think it is acceptable to shame/mock men for at least one care activity, by country, sex, age group (controlling for a range of individual and household characteristics)	Outcomes 2	HCS
	The extent to which the acceptability of violence, shaming and criticism around care work (of women doing less care work or men participating in care work) has shifted/changed as a result of the project	Unintended effect	IDI, IGT
	Average percentage point change of people responding that it is not acceptable for any of the listed reasons to beat (q527)/yell at (q528) a woman, by country, sex, age group (controlling for a range of individual and household characteristics)	Unintended effect	HCS
	Average percentage point change of people's perception of the number of men saying men should and number of women that would want men to do UCDW (q520/q521), by country, sex, age group (controlling for a range of individual and household characteristics)	Unintended effect	HCS
	Perceptions of the type of messages, information and reception channels (e.g. media, community dialogues, talk with care champions/other men) received by men and boys that influenced their participation in UCDW as well as ability to identify them with WE-Care interventions	Outcome 2	F6D, IGT, IDI
	Sources of messages (e.g. media, community dialogue, talks with care champions/other men) and relatedness to WE-Care interventions	Outcome 2	F6D, IGT, IDI
	Perceptions and examples of type(s) of resistance from men and boys to participation in UCDW (type of activities, type of messages or strategies that create more resistance)	Outcome 2	IGT, IDI
	The extent to which the media messages by WE-Care have affected or increased awareness of individuals to the inequalities in the distribution of unpaid care work in their community, and which groups were mostly affected (men/women, boys/girls)	Outcome 2	F6S, IGT, IDI
	The type of media messages that were more memorable and effective on the distribution of unpaid care work within households and the community	Outcome 2	F6S, IDI, IGT
	Women and girls' perceptions of the project (social norms activities) influencing in their decision-making power and confidence to speak out on the time spent on activities of their choice	Impact	IDI, IGT
Recognition	The extent to which decision makers recognize UCDW as a policy issue	Outcome 3	KII
	Strategies used by stakeholders to promote new activities/policies related to UCDW (e.g. use/dissemination of information provided by WE-Care, negotiation, organization of activities)	Outcome 3	KII
	The extent to which target stakeholders perceive UCDW as a theme of high or nascent importance in relevant policy-making process	Outcome 3	KII
	Perceptions of WE-Care effectiveness in engaging local stakeholders in general (e.g. community, government, school authorities) or to increase pressure on them to address unpaid care	Outcome 3	KII
	Type of interventions that stakeholders were involved in related to WE-Care and motivations to support such interventions (e.g. WE-Care involvement pushing for such interventions to take place, increased awareness about UCDW due to WE-Care, fitting political agenda, etc.)	Outcome 3	KII
	Perceptions of actions (investments, policies, interventions by certain actors or levels of government) that need to take place to sustain WE-Care outcomes	Outcome 3	KII
	New interventions/activities/policies that stakeholders decided to promote/support related to WE-Care	Outcome 3	KII
	Perceptions of influence of WE-Care's activities on the global debate around UCDW (e.g. probing on the use of new methodologies, the data generated by the project, the debates raised at different spaces, etc.)	Outcome 4	KII
	The extent to which WE-Care is perceived as a driver or reference point for discussions by target stakeholders in relevant policy-making processes, focusing on stakeholders that were not interviewed for the MTE	Outcome 4	KII, MTE
	The extent to which target stakeholders perceive UCDW as a theme of high or nascent importance in relevant policy-making processes	Outcome 4	KII
	Perceptions of stakeholders of the extent to which their organization has borrowed or adapted any ideas, activities or methodologies from WE-Care	Outcome 4	KII
Unintended consequences	Narratives and examples of unintended effects of WE-Care on the beneficiaries (probing on perceptions of violence, engagement in paid activities, wellbeing of beneficiaries and other members of the household, and other unintended effects that might arise)	Outcomes 1 and 2	KII, IDI, IGT

OXFAM REPORTS

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PHOTOS

Cover: Gina Escorial does laundry while her husband Camilo cleans the house. Photo by Jed Regala.

Page 10: Camilo and Gina Escorial. Libungan, Philippines. Photo by Jed Regala.

Page 13: Ruth Giray does the house chores while her husband takes care of their children. Photo by Jed Regala

Page 17: Care champion couple from Cotabato, Philippines. Photo by Jed Regala.

Page 20: Narciso Gasita Jr cooks rice for his family's dinner in Guiuan, Philippines. Photo by Cristina Menina.

Page 24: Women in Bubi District collect water for a nearby garden. Photo by Ian Nyasha Gadzayi.

Page 28: Women in Salcedo, Philippines, make an extra income with fish drying. Photo by Jed Regala

Page 33: Theresa Mutete waters her vegetables in Zvishavane, Zimbabwe. Photo by Ian Nyasha Gadzayi

Page 41: Theresa Mutete. Zvishavane, Zimbabwe. Photo by Mark Vincent Aranas

Page 48: Camilo and Gina Escorial prepare food in Libungan, Philippines. Photo by Jed Regala

Page 57: A teenage girl washes clothes at a river in Guiuan, Philippines. Photo by Cristina Menina

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