



A teenage girl washes clothes at a river in San Juan district, Guiuan, Eastern Samar. People here do not have running water in their homes and have to go to the river to bathe, wash clothes, brush their teeth and fetch water. Photo: Christina Menina.

## WOMEN'S ECONOMIC EMPOWERMENT AND CARE (WE-Care) MID-TERM EVALUATION REPORT Philippines

### External evaluators:

**Dakila Kim Yee, Danica Magoncia and Nasrudin Buisan**

**WE-Care aims to confront unpaid care work as a gender equality issue by addressing the 4Rs of care work, namely recognition, reduction, redistribution and representation. In this evaluation, results show that there is evidence on unpaid care work reduction and redistribution. However, more sustained effort may be needed to shift norms regarding care work before awareness can be translated into positive behaviour. Nonetheless, efforts on recognition and representation are gaining more traction among various stakeholders.**

# ACRONYMS

<b>CHR</b>	Commission on Human Rights
<b>CMEL</b>	Community Monitoring, Evaluation and Learning
<b>COM</b>	Community Organizing Multiversity
<b>CPD</b>	Commission on Population and Development
<b>DILG</b>	Department of Interior and Local Government
<b>DSWD</b>	Department of Social Welfare and Development
<b>EMBRACE</b>	Empowering Poor Women and Men Building Resilient and Adaptive Communities
<b>EOP</b>	End-of-Project
<b>FGD</b>	Focus Group Discussion
<b>GAD</b>	Gender and Development
<b>HCS</b>	Household Care Survey
<b>KII</b>	Key Informant Interview
<b>LCE</b>	Local Chief Executive
<b>LGU</b>	Local Government Unit
<b>MHO</b>	Municipal Health Office
<b>MILF</b>	Moro Islamic Liberation Front
<b>MLGU</b>	Municipal Local Government Unit
<b>MTE</b>	Mid-Term Evaluation
<b>MSWDO</b>	Municipal Social Work and Development Office
<b>PCW</b>	Philippine Commission on Women
<b>PKKK</b>	<i>Pambansang Koalisyon ng Kababaihan sa Kanayunan</i>
<b>POs</b>	People's Organizations
<b>PRRM</b>	Philippine Rural Reconstruction Movement
<b>PSA</b>	Philippine Statistics Authority
<b>PWD</b>	Persons with Disability
<b>TLSE</b>	Time- and Labour-Saving Equipment
<b>TNK</b>	<i>Tinig ng Kababaihan</i>
<b>UCW</b>	Unpaid Care Work
<b>SHG</b>	Self-Help Groups
<b>SIAD</b>	Sustainable Integrated Area Development
<b>SIKAT</b>	<i>Sentro Para sa Ikaunlad ng Katutubong Agham at Teknolohiya</i>
<b>SIMCARRD</b>	SIAD Initiatives in Mindanao – Convergence for Asset Reform and Regional Development
<b>RCA</b>	Rapid Care Analysis
<b>RDISK</b>	Rural Development Institute of Sultan Kudarat
<b>UP SOLAIR</b>	U.P. School of Labour and Industrial Relations
<b>WE-Care</b>	Women's Economic Empowerment and Care

# TABLE OF CONTENTS

Executive Summary .....	5
Project Background .....	7
Background On The Mid-Term Evaluation.....	8
Key Evaluation Findings And Analyses .....	11
Changes in time spent on unpaid care work.....	11
Perceptions on value and sharing of care work .....	14
Level of decision makers' support to unpaid care work as policy issue.....	16
Other changes and signs of impact on women's role.....	17
Adequacy, inclusiveness and effectiveness of project interventions .....	19
Complementation with other projects and other factors influencing we-care.....	21
Challenges in project implementation .....	22
Indications of sustainability.....	23
Recommendations .....	24
Annex A: Data Collection Methods .....	27
Annex B: Vignettes.....	29
Annex C: Outcome Mapping.....	31
Endnotes.....	39

## List of tables

Table 1. Participants in the WE-Care mid-term evaluation .....	10
Table 2. Valuation of unpaid care and economic-related tasks (Eastern Visayas) .....	14
Table 3. Satisfaction with division of labour by adult women and men (Eastern Visayas) .....	16

## List of figures

Figure 1. Average time spent on unpaid care work by women and men (Eastern Visayas) .....	11
Figure 2. Average time spent on paid work, unpaid care work and non-work by women and men.....	12
Figure 3. Time spent on total work (unpaid care work plus paid work) by women and men .....	12
Figure 4. Average time spent by young people on unpaid care work, paid work, education and non-work (Eastern Visayas) .....	13
Figure 5. Perceptions on shared unpaid care and paid work (Eastern Visayas).....	15
Figure 6. Perception on shared unpaid care and paid work (Central Mindanao) .....	15
Figure 7. Decision making on farm and household activities by women and men (Central Mindanao).....	18
Figure 8. Women's use of saved time from unpaid care work (Central Mindanao).....	19
Figure 9. Percentage of respondents citing benefits from TLSE use (Eastern Visayas).20	
Figure 10. Problematic care work as seen by women and men (Eastern Visayas) .....	21

# EXECUTIVE SUMMARY

The Women's Economic Empowerment and Care (WE-Care) project aims to increase the recognition of unpaid care work as a gender equality issue, reduce the difficulty of and time spent by women and their families on these tasks, promote redistribution of unpaid care work within the household and community, and push for adequate representation of carers and their organizations in governance structures and decision-making processes. In 2016, Oxfam and partners implemented the project in Zimbabwe and the Philippines.

As part of WE-Care's efforts to generate evidence on unpaid care and domestic work, a three-year study called the Household Care Survey (HCS) was initiated in 2014. In the Philippines and Zimbabwe, the 2017 HCS data served as the baseline for the implementation of an expanded WE-Care programme that provided women and partner communities access to water infrastructure and time- and labour-saving equipment (TLSE). Through various awareness-raising activities, such as communication campaigns and training, the programme also challenged gendered social norms to address heavy and unequal unpaid care work.

The WE-Care mid-term evaluation used several data collection methods including a survey, focus group discussions (FGDs), key informant interviews (KIIs) and a document review to address these questions (see Annex B for a detailed description of the methodology). The household survey traced the 2017 HCS and used selected questions from the available questionnaire.<sup>1</sup> Comments on the presentation of survey and FGD/KII results, and an outcome mapping exercise, during the mid-term learning review with partners from 3-5 October 2018, also provided additional information while validating data collected by the researchers.

A total of 317 individuals (192 women and 125 men) provided data for the survey (see Table 1). They reside in the provinces of Eastern Samar and Leyte in the Eastern Visayas region, and North Cotabato, Maguindanao, and Sultan Kudarat in the Central Mindanao region. In addition, a total of 117 people (64 women and 53 men) took part in the FGDs, and 20 people (13 women and 7 men) participated in KIIs in Eastern Visayas.

The following are the key findings of the evaluation:

- Compared to 2017, the time spent by women in 2018 on all unpaid care work, except multitasking unpaid care work, slightly decreased.
- Among women, the decrease in secondary unpaid care work is more evident compared to primary care work.
- In 2018, girls (aged 8-21) spent slightly less time than boys in unpaid care work (0.45 hours less) and paid work (0.78 hours less).
- Water collection was highly valued among the all-male and mixed-sex youth focus groups, with lack of reliable water sources and the resulting difficulties in fetching water as the main reasons cited.

- Compared to 87% in the 2017 HCS, there was a decrease in the percentage of female survey respondents who approved of couples sharing unpaid care and paid work in Eastern Visayas (85% in 2018), and an increase in Central Mindanao (91% in 2018).
- In Central Mindanao, decisions in most areas of farm work, except marketing of produce, are still dominated by men, while decisions within the household (including pregnancy and other matters pertaining to reproductive health) are made mostly by women (see Figure 7).
- WE-Care's partners have started to link up with other stakeholders (e.g. national government agencies, barangay and local government officials, other civil society groups including women's rights organizations, farmers' organizations, academia and media) to continue and broaden the reach of care work interventions and project benefits.

Overall, there is evidence on unpaid care work reduction and redistribution. However, more sustained effort may be needed to shift norms regarding care work before awareness can be translated into positive behaviour. Nonetheless, efforts on recognition and representation are gaining more traction among various stakeholders.

Given these findings, the following are recommended:

- Develop specific actions and/or strategies towards providing access to other time-use options for women, particularly economic/paid work, and supporting women's decision making in relation to time freed from care work.
- Test strategies towards more effort in shifting gendered social norms on care work that can translate into actual behaviour change.
- Strengthen infrastructure and institutional support in addressing care work issues.
- Review initial sustainability and exit plans of Oxfam and country partners.
- Explore further research and assessments relevant to care work and to related initiatives, including examining gender dynamics further and engaging legal frameworks and policies to identify opportunities for how unpaid care work can be embedded in current gender and development implementation efforts.

Addressing challenges on unpaid care work initiatives is complex and can be viewed from different perspectives. Acknowledgement that this is also a human rights concern could further push the work that has already been started. This cannot be done without the help of various partners and stakeholders who believe in bringing justice to each household in the area of care work.

# 1 PROJECT BACKGROUND

The Women's Economic Empowerment and Care (WE-Care) initiative aims to increase recognition of unpaid care work as a gender equality issue, reduce the difficulty of and time spent by women and their families on these tasks, promote redistribution of unpaid care work within the household and community, and push for adequate representation of carers and their organizations in governance structures and decision-making processes. In 2014, WE-Care was launched in six countries, including the Philippines, to develop new strategies and gather more context-specific evidence on unpaid care work toward influencing development initiatives and policy. In 2016, Oxfam and partners implemented WE-Care's second phase in Zimbabwe and the Philippines, with the following final project outcomes:

Outcome 1	The intensity and amount of time required for unpaid care tasks are reduced through innovative technologies and effective implementation.
Outcome 2A	More participation of men and boys in unpaid care activities and more equitable distribution of unpaid care work between men/boys and women/girls.
Outcome 2B	Media and advertising increasingly present shared care roles.
Outcome 3	Decision makers increasingly recognize the positive role that policy and practice can play in addressing heavy and unequal unpaid care work.
Outcome 4	Oxfam with partners and allies take joint action to strengthen the quality and impact of WE-Care interventions between countries and across the wider sector.

As part of WE-Care's efforts to generate evidence on unpaid care and domestic work, a three-year study called the Household Care Survey (HCS) was initiated in 2014. In the Philippines and Zimbabwe, the 2017 HCS data served as the baseline for the implementation of an expanded WE-Care programme that provided women and partner communities access to water infrastructure and time- and labour-saving equipment (TLSE). Through various awareness-raising activities, such as communication campaigns and training, the programme also challenged gendered social norms to address heavy and unequal unpaid care work.

## 2 BACKGROUND ON THE MID-TERM EVALUATION

Oxfam Pilipinas and its six implementing partners<sup>2</sup> conducted a mid-term evaluation (MTE) of WE-Care from September to October 2018. The study had the following objectives:

- a. Assess the continued relevance of key project interventions and any progress that project implementers have made towards achieving the identified project outcomes.
- b. Understand better the change pathways outlined in the project's theory of change and the contextual factors which have affected the change achieved by the project to date.
- c. Identify and document the partners' insights and lessons to improve WE-Care's strategies and interventions, and help ensure the sustainability of project outcomes and impact.

To accomplish these objectives, the MTE focused on addressing key questions identified after a prioritization process with Oxfam and WE-Care's implementing partners in the Philippines:

1. Have there been any changes in the following within WE-Care's project sites:
  - Time spent by women/girls and men/boys on performing and completing difficult and unpaid care work within the household and their respective communities?
  - Perceptions of women/girls and men/boys on the value of care work, existing distribution of care work within the household and community, sharing of care work among women and men, and facilitating and hindering factors to such sharing?
  - Level of decision makers' support to recognition of unpaid care work as a policy issue?
2. What other changes, intended or unintended, related to unpaid care work have emerged and are observable at this point? Are there some early signs of impact (e.g. changes in women's participation and role in decision making within the household and community)? How significant are these changes, and how did such changes happen or come about?
3. Are current project strategies and specific interventions:
  - Adequate to address issues and promote transformative changes around unpaid care work?
  - Inclusive in terms of catering to the needs of more marginalized community members?
  - Contributing to the achievement of overall project outcomes?



4. How do WE-Care and other projects being implemented by Oxfam partners on the ground complement/not complement each other in terms of achieving common results? What other external factors are influencing WE-Care's implementation in project sites?
5. How well did Oxfam and project partners address concerns and challenges such as:
  - Project implementation vis-à-vis set plans, targets and budgets?
  - Project management and coordination structures?
  - Strengthening/sustaining links with other stakeholders and potential partners?
  - Learning and exchange among implementing partners?
6. Are there indications that community members and other stakeholders are motivated to continue the interventions and practices introduced by WE-Care? What are these?



Kim and Rodel Estoy of North Hills Arbour district, Sto Niño, spend quality time with their children after finishing shared household chores. Kim attended a We-Care programme that emphasized shared housework in the family. After sharing what she had learned with her husband Rodel, he started helping out with household chores. Photo: Christina Menina.

The WE-Care MTE used several data collection methods including a survey, focus group discussions (FGDs), key informant interviews (KIIs) and a document review to address these questions (see Annex B for a detailed description of the methodology). The household survey built on the 2017 HCS and used selected questions from the available questionnaire.<sup>3</sup> Comments on the presentation of survey and FGD/KII results, and an outcome mapping exercise, during the mid-term learning review with partners from 3-5 October 2018, also provided additional information while validating data collected by the researchers.

A total of 317 individuals (192 women and 125 men) provided data for the survey (see Table 1). They reside in the provinces of Eastern Samar and Leyte in the Eastern Visayas region, and North Cotabato, Maguindanao, and Sultan Kudarat in the Central Mindanao region. In addition, a total of 117 people (64 women and 53 men) took part in the FGDs and 20 people (13 women and 7 men) participated in KIIs in Eastern Visayas (see Annex B).

**Table 1. Participants in the WE-Care mid-term evaluation**

	Survey		FGDs		KIIs	
	Male	Female	Male	Female	Male	Female
Eastern Visayas	114	150	53	64	7	13
Central Mindanao	11	42	0	0	0	0
<b>TOTAL</b>	<b>125</b>	<b>192</b>	<b>53</b>	<b>64</b>	<b>7</b>	<b>13</b>

It should be noted that the 53 survey respondents in Mindanao (42 women and 11 men) were also participants of another Oxfam initiative called ‘Empowering Poor Women and Men Building Resilient and Adaptive Communities’ (EMBRACE), which was conducting its end-of-project (EOP) evaluation at the time when WE-Care’s MTE was being carried out.<sup>4</sup> To maximize the EMBRACE project’s EOP, questions about WE-Care and care work were included in the survey tool of the former.

The FGD participants were drawn from community members, while key informant interviewees included decision makers from local government units (LGUs), leaders of self-help groups and representatives from three WE-Care partner organizations (two implementing in Eastern Visayas and one working to influence care work related policies at the national level) – *Sentro Para sa Ikauunlad ng Katutubong Agham at Teknolohiya* (SIKAT), Philippine Rural Reconstruction Movement (PRRM), and the *Pambansang Koalisyon ng Kababaihan sa Kanayunan* (PKKK).

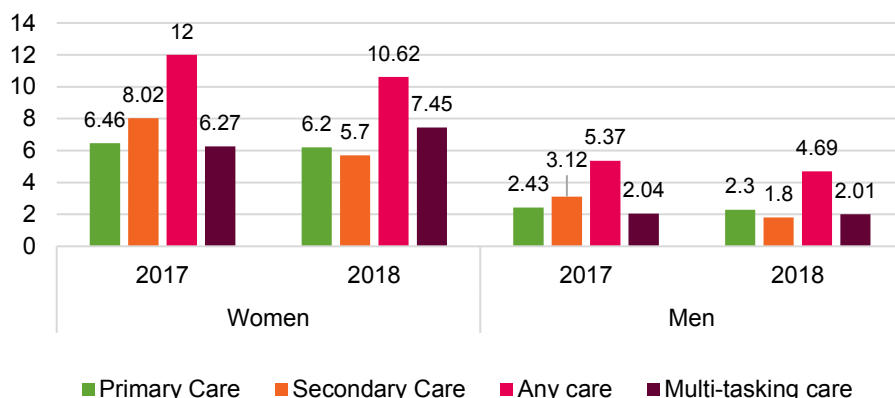
# 3 KEY EVALUATION FINDINGS AND ANALYSES

## A. Changes in time spent on unpaid care work

**Compared to 2017, the time spent by women in 2018 on all unpaid care work, except multitasking unpaid care work, slightly decreased.** Based on the MTE’s survey data for Eastern Visayas, the biggest reduction was in time spent on secondary care (at 2.32 hours). By contrast, time spent by women on multitasking unpaid care work increased, from 6.27 hours in 2017 to about 7.45 hours in 2018 (or an additional 1.18 hours). This is about three times more than the time spent by men (2 hours) on multitasking care. Moreover, the time spent by men in secondary care and any care decreased in 2018 (1.32 hours for secondary care and 0.68 hours for any care, see Figure 1).<sup>5</sup>

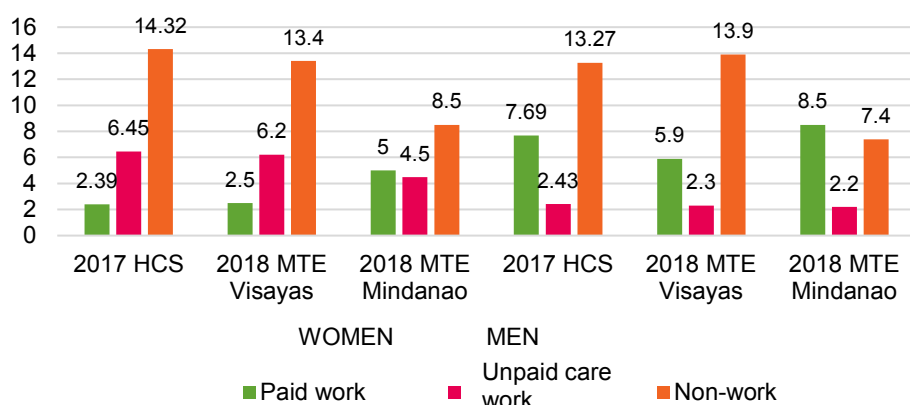
*Time spent by women on multitasking unpaid care work increased from 6.27 hours in 2017 to about 7.45 hours in 2018.*

**Figure 1. Average time spent on unpaid care work by women and men (Eastern Visayas)**

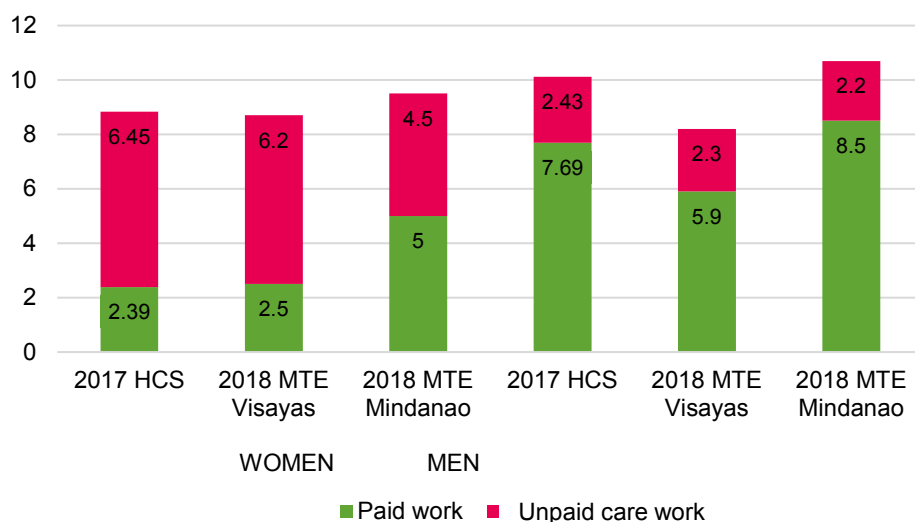


**There was a minimal increase in the average time spent by women on paid work for Eastern Visayas (0.11 hours), but a significant increase in the case of women in Central Mindanao (2.61 hours). Time used for unpaid care work and non-work both decreased from 2017 to 2018.** The survey data from Eastern Visayas also indicated that on average, women in Eastern Visayas did slightly more work (total work) than men, spending just close to half of the time spent by men on paid work, but putting in almost three times the hours men spend on unpaid care work (see Figure 3). Average time spent by men on primary unpaid care work decreased slightly in 2018 (compared to the 2017 HCS level of 2.43 hours), by around 0.13 hours for Eastern Visayas and 0.23 hours for Central Mindanao.

**Figure 2. Average time spent on paid work, unpaid care work and non-work by women and men**



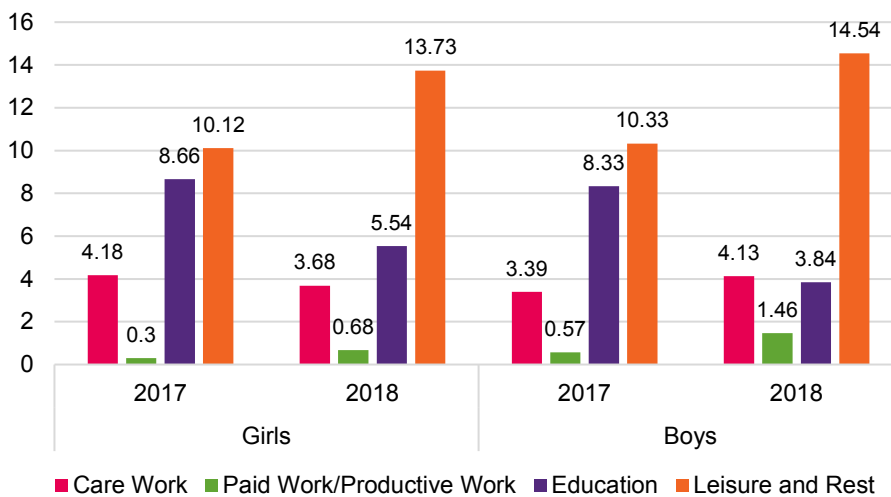
**Figure 3. Time spent on total work (unpaid care work plus paid work) by women and men**



*The time spent by girls on unpaid care work decreased, while their time for leisure and paid work increased.*

**In 2018, girls (aged 8-21) spent slightly less time than boys on unpaid care work (0.45 hours less) and paid work (0.78 hours less).** From 2017 to 2018, the time spent by girls on unpaid care work decreased (by around 30 minutes), while their time for leisure and paid work increased (by 3.61 and 0.38 hours respectively). Meanwhile, based on the survey results from Eastern Visayas,<sup>6</sup> there was an increase in the average time spent by boys on unpaid care work, paid work, and leisure and rest (see Figure 4). For both sexes there were significant decreases in time spent on education (3.12 hours for girls and 4.49 hours for boys), though as in 2017, girls still tended to devote more time than boys to studying (about 1.7 hours more).

**Figure 4. Average time spent by young people on unpaid care work, paid work, education and non-work (Eastern Visayas)**



*The slight reduction in primary care and a more evident reduction in secondary care may be an indication that although a shift in norms regarding care work may take more time to be apparent in behaviour, there is already evidence of redistribution of unpaid care work.*

The above findings show the importance of looking not only at reduction in time spent on unpaid care work, but also at how this relates to or impacts on other types of work (e.g. multitasking, paid, non-work or rest/recreation, and education). For instance, a significant increase in the time spent by women in Central Mindanao on paid work went alongside a more substantial reduction in the time that they spent on unpaid care work compared to their female counterparts in Eastern Visayas. A possible explanation for this is that since WE-Care in Central Mindanao is done with Project EMBRACE interventions, where livelihood opportunities through organic farming are made available to women, then reduced time spent on unpaid care work was more easily spent on paid work through farming.

Furthermore, the slight reduction in primary care and a more evident reduction in secondary care may be an indication that although a shift in norms regarding care work may take more time to be apparent in behaviour, there is already evidence of redistribution of unpaid care work, at least at the secondary level, which lessens the burden of care work among women. Thus, it could signify increased importance of unpaid care work redistribution among family members since there is an indication that young boys take up these secondary care tasks.

A slight reversal in roles (with boys spending more time on unpaid care work) and increased time spent on leisure and rest were coupled with a large reduction in time spent by both sexes on studying. It would initially appear from the data that time originally spent by girls and boys on education went into leisure/rest (with time reductions in the former almost equal to increases in the latter). This may be attributable to redistribution of time for education due to change in attitudes, or could merely be due to the effect of when the survey was conducted – during typhoon season, when most boys and girls may have stayed at home due to class suspensions. Such possible relationships could be an area for future research.

## B. Perceptions on value and sharing of care work

**Care-related tasks tended to be valued more compared to activities linked to economic or paid work, with men valuing economic work more than women.** In the FGDs, respondents were asked to allocate six votes among a list of tasks depending on what they believe have personal importance to them, without them being told which tasks are paid or unpaid. These tasks included paid work tasks (fishing/agriculture, having a variety store, doing barangay work, working in the city, driving, and construction work) and unpaid care work tasks (water collection, food preparation, fuel collection, home cleaning, childcare, and care for the elderly and sick) which were the most common activities identified in the implementation areas. Aggregated scores for all types of focus groups (all men, all women, and mixed youth) showed that participants allocated higher percentages of their scores or votes to care-related tasks (see Table 2).<sup>7</sup> While this is the case, all-male groups also gave a higher percentage of their votes to economic work compared to women (45% for all-male groups, 28% for all-female groups). As the 2018 MTE survey tool did not include the 2017 HCS questions on valuation of care work vis-à-vis paid work, no conclusions can be drawn about changes in how women and men valued these two types of work across the bigger group of MTE survey respondents among community members.

**Table 2. Valuation of unpaid care and economic-related tasks (Eastern Visayas)**

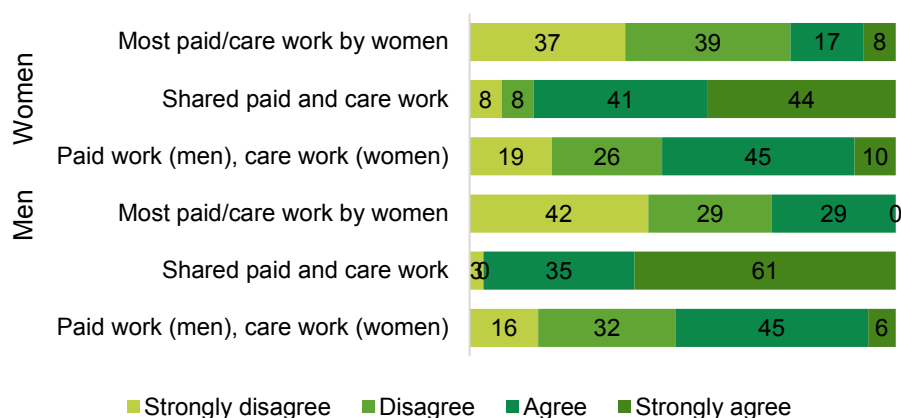
	Adult male	Adult female	Mixed-sex youth
Unpaid care work	55%	72%	78%
Economic/paid work	45%	28%	22%

**Water collection, food preparation, and cleaning the house were the most valued care-related tasks, receiving 19%, 17% and 12% respectively of the focus group participants' votes.** Other unpaid care tasks accounted for the remaining 21% of the total votes for this type of work across focus groups. Water collection was highly valued among the all-male and mixed-sex youth focus groups, with lack of reliable water sources and the resulting difficulties in fetching water as main reasons cited. Among all-female focus groups, cooking and cleaning the house were the more valued care tasks, as both were relatively easy to perform compared to other care tasks and were required more often.

**Compared to 87% in the 2017 HCS, there was a decrease in the percentage of female survey respondents that approved of couples sharing unpaid care and paid work in Eastern Visayas (85% in 2018), and an increase in Central Mindanao (91% in 2018)** (see Annex B). On the other hand, compared to the 2017 HCS figure of 92%, there were bigger percentages of male respondents in Eastern Visayas (96%) and in Central Mindanao (100%) with positive perceptions (i.e. 'agree' and 'strongly agree') on shared unpaid care and paid work (see Figures 5 and 6 below). As with the 2017 HCS, the 2018 MTE figures reflected respondents' views of three vignettes or stories describing the different distributions of unpaid care work and paid work between a woman and a man within a household.

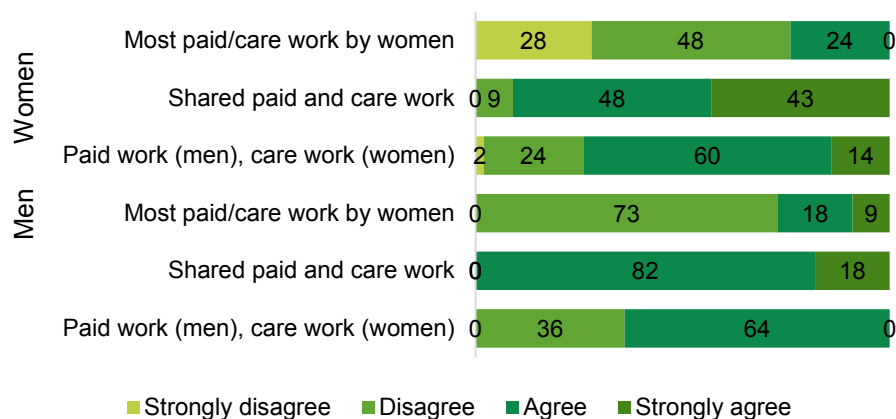
*Water collection was highly valued among the all-male and mixed-sex youth focus groups, with lack of reliable water sources and the resulting difficulties in fetching water as main reasons cited.*

**Figure 5. Perceptions on shared unpaid care and paid work (Eastern Visayas)**



*Only around 61% of women respondents in Eastern Visayas were ‘satisfied’ to ‘very satisfied’ with the current division of labour in households.*

**Figure 6. Perception on shared unpaid care and paid work (Central Mindanao)**



For the 2018 MTE, the percentage of women interviewed in Eastern Visayas who said they were satisfied with the existing division of labour in the household was higher compared to the 2017 HCS level (89.4% in 2018 and 83.8% in 2017, see Table 3). However, with the new scale introduced in the MTE survey for levels of satisfaction, the 2018 data further showed that only around 61% of these women were ‘satisfied’ to ‘very satisfied’ with current arrangements. About 28% of women respondents said they were only ‘fairly satisfied’ with the existing division of tasks in their households. The same was true for men: while the percentage of male respondents in 2018 satisfied with the division of labour was significantly higher than in 2017 (a difference of 14.5 percentage points), the MTE data also showed that a big portion (around 30%) of men were just ‘fairly satisfied’.

**Table 3. Satisfaction with division of labour by adult<sup>9</sup> women and men (Eastern Visayas)**

	2017 HCS			2018 MTE	
	Women	Men		Women	Men
No	16.2%	16.7%	Unsatisfied	10.50%	2.20%
Yes	83.8%	83.3%	Fairly satisfied	28.20%	30.10%
			Satisfied	42.70%	50.50%
			Very satisfied	18.50%	17.20%

Viewed with the time-use data (see Figures 1 to 3), which showed that women were still taking on much of the unpaid care work at home (despite some reduction in the average time they spent on it compared to the previous year), findings from the focus groups on the high importance given to unpaid care work and from the survey vignettes regarding men’s very positive perceptions of shared unpaid care and paid work raise the question of why such favourable views have not yet translated into more significant change in terms of actual care work distribution between women and men.

Based on focus group findings, variations in effectiveness of training and follow-up interventions to influence shifts in behaviour among men across project sites could be a factor (see section E). Oxfam’s implementing partners also noted during the validation workshop that media influencing work could have been initiated earlier in the project and designed to contribute more to efforts aimed at shifting community norms. Norms were also pointed out as requiring more time to shift; thus, change in behaviour may not be immediately apparent, having just a few months’ interval between some of the interventions and the MTE. More sustained efforts on influencing these norms may be necessary. Lastly, initial change shown by average time-use data for young people in Eastern Visayas (see Figure 4) suggests that positive views on shared care work had more impact in terms of the redistribution of young people’s care tasks than those of adults.

***WE-Care’s awareness-raising activities with men and boys provided opportunities for local officials and other stakeholders to deepen their understanding of communities’ gender needs.***

### **C. Level of decision makers’ support to unpaid care work as policy issue**

**Decision makers’<sup>10</sup> support to recognition of unpaid care work (UCW) as a policy issue came in various forms, including approved local ordinances and plans on UCW, allocated funds to care work related interventions, integration of UCW in training, advocacy and local service provision, and invitations for WE-Care partners to attend different events/fora.** Key informant interviews pointed to how WE-Care’s awareness-raising activities with men and boys provided opportunities for local officials and other stakeholders to deepen their understanding of the gender needs of communities. The partners’ outcome mapping exercise during the mid-term learning review in October 2018 outlined specific examples of support to WE-Care and UCW by stakeholders (see Annex C).

PKKK’s national influencing workshop elicited the participation of various national government agencies and opened spaces for future engagement around UCW. The Department of Interior and Local Government (DILG) mentioned the possibility of training its local gender and development



(GAD) focal persons towards mainstreaming UCW in GAD planning and budgeting. The Philippine Commission on Women (PCW) signed a formal partnership agreement with PKKK on UCW advocacy efforts. Initial results of such collaboration included the invitation to PKKK to participate in the United Nations Commission on the Status of Women meeting in New York and in the PCW radio programme on women. The Philippine Statistics Authority (PSA) committed to include queries on care work in its periodic demographic surveys. The Commission on Population and Development agreed to integrate care work in its pre-marriage counselling modules for couples. Finally, the Department of Social Work and Development (DSWD) expressed interest in developing a session module on care work for its Family Development Sessions programme for conditional cash transfer grantees.

Both the breadth and depth of support to UCW by decision makers and other key stakeholders, as captured in the partners' outcome maps, point to the initial level of success that Oxfam and partners have achieved in this area. Perhaps a major concern at this juncture would be how to build on these gains and identify more strategic emphases for engaging such stakeholders during the next phase of WE-Care's implementation – i.e. those that could contribute to enhancing and sustaining the initial observed changes in views and distribution of tasks around care work.

Partners' discussions during the outcome mapping generated the following insights:

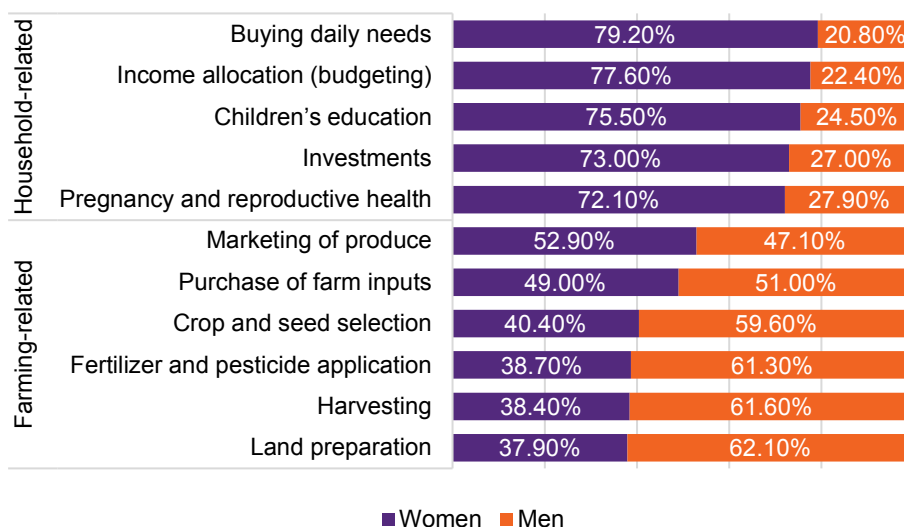
- 1) Local governments and media practitioners could be critical stakeholders, as both tended to contribute more to shifts in behaviour and practice of other actors (e.g. LGUs influencing priorities of local programmes and barangay officials; media coverage amplifying care work messages).
- 2) Apart from support to provision of TLSE and care work infrastructures, policy advocacy may need to look into other emerging needs of women/girls around unpaid care work (e.g. more opportunities for paid work, women organizing and mainstreaming on UCW, community monitoring to exact accountability from power-holders around approved care work related programmes, continuing awareness-raising with men and boys on care work, etc.).
- 3) Need to look into how engagement with the private sector could go beyond one-time supports (e.g. funding for water provision projects) and help more in shaping other groups' behaviour on UCW (e.g. how the media portrays care work).

#### **D. Other changes and signs of impact on women's role**

**In Central Mindanao, decisions in most areas of farm work are still dominated by men, while decisions within the household (including pregnancy and other matters pertaining to reproductive health) are made mostly by women (see Figure 7).** Based on respondents' scores,<sup>11</sup> purchase of farm inputs came closest to being an area for shared decision making between women and men (with a difference of only 2 percentage points). Of all farming-related decisions, women took on a greater role than men only in the marketing of farm produce (with a percentage score of 52.9% compared to 47.1% for men).

*Of all farming-related decisions, women contributed to and/or took on a greater role than men only in the marketing of farm produce.*

**Figure 7. Decision making on farm and household activities by women and men (Central Mindanao)**



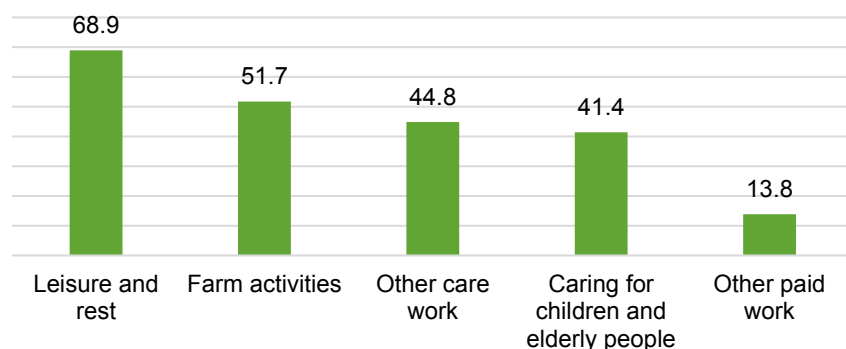
*Reduced intensity of and returns from men's economic work resulted in male household members spending more time at home or in women taking on paid jobs or spending more time on paid work.*

**Some key changes mentioned by focus group participants in Eastern Visayas that were seen to have influenced the division of tasks within the household included shifts in the level of men's paid work, formation of self-help groups, and recognition of parents' roles in persuading young people to help in household work.**

Reduced intensity of and returns from men's economic work (e.g. fewer available construction jobs, decline in fish catch, increased regulation of fishing activities) resulted in male household members spending more time at home or in women taking on paid jobs or spending more time on paid work. Both developments forced men to take on more care roles at home. Organizing, such as the formation of self-help groups, had the same effect of forcing men to take on care work tasks, while increasing women's involvement in community activities and access to additional support in performing care work (e.g. taking care of children or elderly people). Finally, parents who attended care work training or orientations reported putting more effort into mentoring their children toward taking on more responsibility for household tasks (e.g. fetching water, cleaning the house, etc.).

**A key insight from the outcome mapping exercise by WE-Care partners, and a discussion point during the mid-term learning review, was the observed unintended change of women spending their saved time from care work in doing other related tasks within the household.** In Eastern Visayas, this seemed to be supported by the reported increase in time spent by women on multitasking care activities (see Figure 1). In Central Mindanao, out of 29 women who reported having saved time because of WE-Care related assistance (in the form of TLSE, and water-related infrastructures), 44.8% indicated that they used their saved time to do other care-related tasks, while 41.4% said they used it to take care of children and other family members (see Figure 8).

**Figure 8. Women’s use of saved time from unpaid care work (Central Mindanao)**



The data above shows the increase in the average time spent by women on agricultural activities in Central Mindanao (almost double that of the 2017 HCS level for women’s economic work) may not yet have translated into substantial farming-related decision-making roles for them. Changes in this area, including any related shifts in women’s level of income brought about by more time spent on paid work, could be a focus for future research and assessments of project impact.

Meanwhile, FGD findings on changes that could have affected care work distribution among women/girls and men/boys within the household – two of which (i.e. women’s organizing and resulting increase in their time spent on community activities, and parents’ enhanced awareness of the need to involve boys more in care work) could be linked to WE-Care interventions) need to be validated in terms of the extent of such changes. Changes in the levels or patterns of men’s paid work could be an external factor influencing distribution of care work within the household, and should thus be studied vis-à-vis shifts in women’s involvement in economic or paid work.

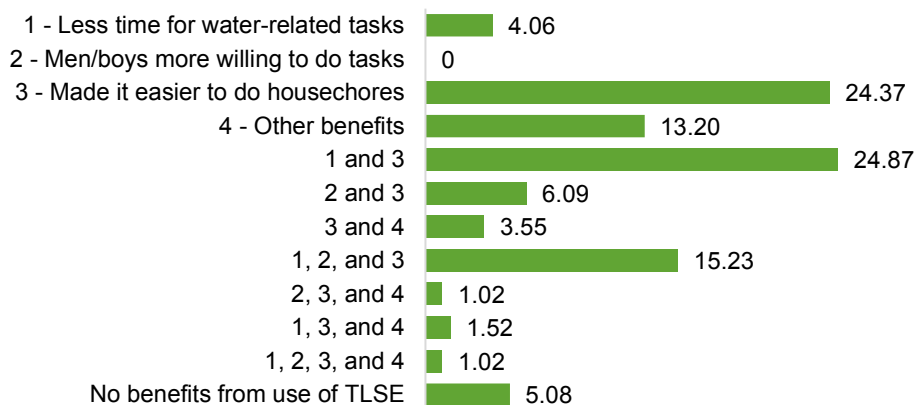
Finally, the finding about women using their saved time from care work on performing other care-related tasks raises some concerns regarding the adequacy of key project strategies and targeted outcomes, particularly in terms of promoting meaningful shifts in women’s appreciation of their own wellbeing and how this could be affected by their choice of activities within the home.

**E. Adequacy, inclusiveness and effectiveness of project interventions**

**Most survey respondents reported positive impacts from the use of care work interventions by WE-Care.** In Central Mindanao, 85% of respondents (45 of 53) recalled receiving support on care work from WE-Care partners and Oxfam. Around 87% (39 out of 45 individuals, 29 women and 10 men) of these beneficiaries reported experiencing reduced time spent on unpaid care tasks at home. For women, the estimated average time saved because of care work interventions was almost 2 hours (or 112 minutes), while in the case of men the average time saved was around 1.5 hours (or 97 minutes).

In Eastern Visayas, 91% of adult respondents (197 out of 217) indicated that they had received TLSE from the WE-Care project. Of these TLSE recipients, 81% (160 out of 197) said that they were still using this equipment at the time of the MTE survey. At least 78% of respondents using TLSE said that the latter made household chores easier to do (see Figure 9).

**Figure 9. Percentage of respondents citing benefits from TLSE use (Eastern Visayas)**



**Focus group participants validated the positive impact of WE-Care’s training interventions in creating awareness among men and boys on the importance of care work and of more equal sharing of such tasks within the household.** Male participants noted how such training made them more aware of how care work burdened most women, and of their own capacity to take on more of these tasks. Women, on the other hand, described how WE-Care activities expanded their involvement beyond the home and pushed men to assume more of the unpaid care work in their absence. Based on their own observations and assessment about the still limited change in men’s and boys’ involvement in unpaid care work, female focus group participants in some areas<sup>12</sup> raised the need for additional care work training and orientation activities within their communities.

**There were reductions in the percentage of women and men in partner communities in Eastern Visayas who viewed water collection and childcare as problematic care work<sup>13</sup> (see Figure 10).** From around 30% of women in the 2017 HCS who considered water collection as problematic care work, only 18.55% of women MTE respondents in 2018 thought that this was still the case. From around 13% of women HCS respondents in 2017 who considered childcare difficult, only 7.26% still believe this to be the case. Based on the 2018 MTE survey in Eastern Visayas, an emerging concern for women in terms of care work is the washing and drying of clothes, with 37.10% of adult female survey respondents registering this observation (up from 32% in 2017). Another emerging care work concern is fuel collection (18.55% of women respondents).

**Figure 10. Problematic care work as seen by women and men (Eastern Visayas)**



The 2018 MTE results provided initial validation of the effectiveness of WE-Care’s interventions in terms of reducing both the difficulty of and time spent on performing care-related tasks. The Eastern Visayas data on what survey respondents considered to be problematic care work offered a more complex picture in addressing such concerns, as perceived reduced problems in performing one care task came with a perception of increased difficulties in doing another (e.g. as collecting water is perceived as easier, washing and drying of clothes is seen as more problematic). Future studies or evaluations should also look further at possible negative results of care work interventions such as TLSE distribution due to of external factors (e.g. non-use of kerosene or gas stove because of a sudden increase in fuel cost).<sup>14</sup>

#### **F. Complementation with other projects and other factors influencing WE-Care**

**Organizing work and other interventions carried out by partners for their other projects within WE-Care communities often served as take-off points for implementation of key interventions around UCW.** SIKAT, for instance, shared during the outcome mapping process that it integrated discussions on UCW into the training modules of its other projects on child protection and savings for poor mothers. Organized self-help groups in communities provided women with some paid work or livelihood options as well as opportunities to be involved in community activities (e.g. mangrove rehabilitation, feeding programmes for malnourished children, training, etc.). PKKK’s engagements around other women’s concerns (e.g. building capacities of government’s gender and development focal persons, collaborating on various studies on female informal workers, participating in global events on women, etc.) provided spaces for pushing UCW recognition.

The 2018 MTE findings thus highlighted partners’ conscious efforts to mainstream discussions and actions around unpaid care work issues into their other activities and projects on the ground. In the case of WE-Care partners carrying out the EMBRACE project in Central Mindanao for instance, care work interventions served as strategy to help trained

women farmers apply climate-resilient organic farming approaches by reducing their workload at home so they could have time to tend their backyard gardens. Meanwhile, opportunities for women's increased involvement in economic work provided by the EMBRACE project helped to substantiate WE-Care's goal of giving women and girls more choice over their activities and how they use their time.

## **G. Challenges in project implementation**

**The number of face-to-face coordination meetings between Oxfam and implementing partners may have presented an operational challenge to some of the latter's ground-level staff, who also had to coordinate with and report to their own project management teams.**

Most of these meetings during the project's initial/start-up phase were prompted by delays in the delivery of some partners' targets and outputs. Interviewees from WE-Care partner organizations suggested that some of the more day-to-day issues or urgent concerns faced by Oxfam and partners during this phase may not have warranted such direct meetings with the formers' managers, and could have been effectively handled through the established communication lines within the partners' own project management structures. On the other hand, some key informants noted the value of such coordination meetings as part of Oxfam's technical support and in view of the fast staff turnover and multiple project responsibilities that some implementing partners had to face. Most of these issues were discussed extensively during learning events and project management team meetings. Appropriate project operational processes and ways of working were agreed upon and codified in implementing guidelines between parties. Thus, despite these challenges, good working relationships have been sustained between Oxfam and the partners by sufficiently and directly addressing the roots of emerging conflicts before they become problematic.

**Demands from WE-Care's global team, particularly regarding adherence to some international standards (e.g. in terms of WASH and environmental sanitation requirements in constructing water and laundry points) extended partners' implementation schedules.**

Interviewees from selected partner organizations noted that such requirements were communicated and discussed only after work on care work infrastructures had already begun. Oxfam's country staff and the partners' project teams had to agree on a more customized application of these global standards, screening out requirements that were neither appropriate to local conditions nor sensitive to community contexts. Oxfam also tapped into local engineers to provide technical assistance in terms of design, planning and monitoring.

The above findings indicated that much of the implementation challenges for the period prior to the MTE had to do with the demand for coordination given the different levels of management structures (i.e. ground-level staff/team, partners' project managers, Oxfam's partnership team, and global management and support team). Oxfam and partners agreed that they handled these challenges well, given that they had to evolve some relevant ways of working while levelling off on proper approaches in implementing care work interventions that met common standards.

*Key informants noted the value of coordination meetings as part of Oxfam's technical support and in view of the fast staff turnover and multiple project responsibilities that some implementing partners had to face.*

## H. Indications of sustainability

**WE-Care's partners have started to link up with other stakeholders (e.g. national government agencies, barangay and local government officials, other civil society groups including women's rights organizations, farmers' organizations, academia and media) to continue and broaden the reach of care work interventions and project benefits.** Interviews with implementing partners and local decision makers highlighted ongoing engagements with local government officials to integrate UCW into the local legislative and development planning agenda. The outcome mapping process with partners during the mid-term learning review outlined engagements with other stakeholders and initial results, such as inclusion of UCW in their initiatives (e.g. information dissemination, training, advocacy and campaigns, etc.) and funding support (see Annex C).

**Participation of women and men in local efforts to monitor utilization of TLSE and maintain or improve care work infrastructure points to initial interest in sustaining care work interventions.** Based on the consolidated country report for the period April to September 2018, community monitoring, evaluation and learning (CMEL) committees have mobilized around 259 community members (168 or 65% of whom are women) in WE-Care sites. In Eastern Visayas, CMEL teams have been actively monitoring TLSE users and care work infrastructures in 23 barangays and 7 resettlement sites. In addition, partners have mobilized around 61 women as members of barangay or village-level water committees that engage barangay and local officials in water, sanitation and UCW concerns. In Central Mindanao, 17 care work technical working groups that function as CMEL teams were formed and conducted regular monitoring activities in Maguindanao province.

Given the range of engagements or institutional linkages that the project had established at the time of the MTE, partners raised the need to prioritize more strategic actions in terms of ensuring sustainability of WE-Care interventions and gains. In light of this, some partners have emphasized for instance the value of engagements with the Department of Interior and Local Government (DILG) toward mainstreaming UCW in the GAD planning processes of local governments, and with the Philippine Statistics Authority (PSA) to integrate collection and analysis of care work data as part of the government's periodic national demographic surveys. Continuing or broadening community-level organization and mobilization efforts around care work (e.g. CMEL, technical working groups on care work, women's self-help groups, etc.) initiated under the project may be critical in sustaining interventions on influencing community norms and local decision makers, and could be another important agenda for partners' sustainability/exit planning in the coming period.

*Oxfam and partners have engaged with the Department of Interior and Local Government and the Philippine Statistics Authority in care work related initiatives.*

## 4 RECOMMENDATIONS

Based on the key evaluation findings outlined above, the following recommendations are put forward for consideration by Oxfam and WE-Care implementing partners in the Philippines:

### Project design and strategy adjustments

1. Increased multitasking time of women points to their use of time freed from unpaid care work for other care-related activities. This could reflect either limitations in the current range of options that are open to women or in existing supports to decision making on how to allocate such freed time, or both. The project could develop specific actions and/or strategies towards providing access to other time-use options, particularly economic/paid work, and supporting women's decision making in relation to time freed from care work (e.g. relevant training or mentoring interventions). Such strategies could also inform design of follow-up projects to WE-Care.
2. The slight decrease in time spent on primary care among women could indicate that a longer time and more sustained efforts may be required to shift gendered social norms on care work that can translate to actual behaviour change (i.e. redistributing care work time). Thus, strategies may be tested in maximizing existing resources within households, communities and at the national level to further advance initiatives on influencing care work norms with the goal of making unpaid care work ingrained in regular discussions and inquiry, as well as making these efforts sustainable and supported.
3. The still low level of time spent by women on paid/economic activities also highlights the importance of infrastructure and institutional support services (e.g. daycare centres, care subsidies for elderly people and persons with disability, etc.) targeting other care-related work done by women. Such community infrastructure and support services should be of proper quantity and quality to substantially reduce women's unpaid care tasks, especially for those who choose to engage in other activities such as paid work or further training/education. This, in turn, brings to the fore the need for advocacy to target other stakeholders and decision makers who can provide such support services.
4. Review initial sustainability/exit plans of Oxfam and country partners to consider key insights from the MTE results and findings on engagements with key stakeholders:
  - a) Focus on monitoring and exacting accountability vis-à-vis the implementation of policies and plans around care work agreed with local government units and key national agencies.
  - b) Integrate other emerging care work needs from previous project interventions (e.g. see preceding two bullets) in future claim-making with local policy/decision makers.
  - c) Develop proposals anchored on more long-term engagement strategies with the private sector on unpaid care work issues.

***More sustained efforts may be required to shift gendered social norms on care work that can translate to actual behaviour change.***



- d) Identify appropriate replication or scale-up model for adoption by local women's rights organizations and other grassroots-based groups.

## **Further research and assessments**

1. The significant and unanticipated reduction in time spent on education by young people from 2017 to 2018 that accompanied the slight reversal in the levels of time spent on unpaid care work among girls and boys in Eastern Visayas raises the need to examine and better understand the dynamics and reasons underlying the distribution of care tasks and their other work or activities (e.g. education, paid work, leisure and rest). If unpaid care work is indeed found to affect the time spent by young people on studying, there may be a need to identify specific interventions to address any negative impact from efforts aimed at redistributing care tasks. Future studies and evaluation need to cover time use among young people in Central Mindanao to further validate findings.
2. Further research should also examine and deepen understanding of factors that influence the critical jump from having positive perceptions on the value of shared care work towards actually taking on more care-related tasks at home, especially among men and boys, following influencing interventions by projects like WE-Care (e.g. awareness-raising or training on care work, community-based and media campaigns, modelling by care champions, etc.). Furthermore, research on underlying factors that affect perceptions, attitudes or norms on care work and gender roles as well as identifying gaps in information, services and infrastructure could further deepen this inquiry. Research findings should inform enhancements of these interventions or development of other influencing and follow-up strategies (i.e. behaviour change reinforcement) to ensure the practise of shared unpaid care work.
3. Consider for future studies and evaluations: examining the dynamics between women's time spent on unpaid care work at home and the related factors or changes highlighted in the 2018 MTE findings. These included women's involvement in community activities, changes in patterns and/or level of men's time spent in economic or paid work, young people taking on unpaid care work that was usually done by women, and women's access to and eventual involvement in economic opportunities. These studies should inform Oxfam and partners' thinking around the priority strategies or appropriate combination of interventions to reduce women's unpaid care workload.
4. Re-examine WE-Care's current strategies and change paths as outlined in its theory of change, considering the 2018 MTE findings and broader goal of empowering women. Possible assessment and reflection points could include: a) appropriateness and/or sufficiency of the provision of care work infrastructures/TLSE and community norms-influencing interventions in encouraging men and boys to take on and sustain their involvement in care work, after the initial training and awareness-raising on care work; b) need for substantive interventions to support women's decision making on alternative activities to care work that could enhance their overall wellbeing (e.g.

provision of economic opportunities, more viable employment options such as flexible or part-time working arrangements, education and training, etc.).

5. Engage existing legal frameworks and policies to identify opportunities for embedding unpaid care work in current gender and development implementation efforts. Gaining evidence from this project can further the understanding of how actual issues on care work can be approached and addressed through policies affecting budget, research priorities or laws.

## ANNEX A: DATA COLLECTION METHODS

Method	Focus areas	Respondents	Areas or organization covered
Survey	<ul style="list-style-type: none"> <li>Time spent by women/girls and men/boys in difficult, unpaid care work.</li> <li>Perceptions on value of care work, existing distribution of care work among male and female members of the household/community, and sharing of such work.</li> <li>Facilitating/hindering factors to sharing of care work.</li> <li>Early effect or impact of reduced time spent by women/girls on care work.</li> </ul>	<p><b>Visayas: 264</b> Women: 124 Men: 93</p> <p>Children: 47</p> <p><b>Mindanao: 319</b> Women: 239 Men: 80</p> <p><b>Total: 583*</b></p>	<ul style="list-style-type: none"> <li>Six (6) brgys. across four (4) municipalities in E. Samar</li> <li>One (1) brgy. in Tacloban City in Leyte</li> <li>Six (6) brgys. in three (3) municipalities in N. Cotabato</li> <li>Three (3) brgys. in two (2) municipalities in Maguindanao</li> <li>Five (5) brgys. in three (3) municipalities in Sultan Kudarat</li> </ul>
FGD with community members	<ul style="list-style-type: none"> <li>Changes observed or experienced related to care work (including changes in their views on the value of care work and more equal sharing of such work).</li> <li>Relationship/dynamics between interventions around care work and partners' other projects/initiatives in the project sites.</li> <li>Interest of participants or community in maintaining the care work related improvements/technological innovations, and sustaining the practices around care work introduced by WE-Care.</li> </ul>	<p>Women: 44 Men: 37</p> <p>Girls: 20 Boy: 16</p> <p><b>Total: 117</b></p>	<ul style="list-style-type: none"> <li>Six (6) brgys. across six (6) municipalities in E. Samar</li> <li>Two (2) brgys. across Tacloban City in Leyte</li> </ul>
KII with implementing partners	<ul style="list-style-type: none"> <li>Established project management and coordinating structures that facilitated/hindered implementation of project interventions in target sites, and partners' recommendations for improvements in this area.</li> <li>Existing conditions/factors that could help strengthen the links created by WE-Care implementing partners with other stakeholders (local and national levels).</li> <li>Systems and processes that were put in place to promote learning and exchange among the Philippine partners and with WE-Care implementers in other countries, and partners' recommendations for enhancements in this area.</li> </ul>	<p>Two (2) from each of the three (3) organizations.</p> <p>PRRM: Area Manager and Executive Director</p> <p>SIKAT: Field Staff and Executive Director</p> <p>PKKK: Secretary General and President</p>	<ul style="list-style-type: none"> <li>PRRM</li> <li>SIKAT</li> <li>PKKK</li> </ul>

<p>KII with policy makers and other stakeholders</p>	<ul style="list-style-type: none"> <li>• Level and/or evidence of support of decision makers and other key stakeholders to the recognition of unpaid care work as an important community and policy issue.</li> <li>• Conditions or factors that currently exist (or are emerging) which can help sustain the links established by WE-Care among different stakeholders around care work issues.</li> </ul>	<p>Women: 7 Men: 3 <b>Total: 10</b></p>	<ul style="list-style-type: none"> <li>• Local government</li> <li>• Local associations or self-help groups</li> </ul>
<p>Document review</p>	<ul style="list-style-type: none"> <li>• Infrastructure constructed and innovative technologies introduced (how many, what types, which communities, people reached).</li> <li>• Policies proposed and approved (local and national) around care work/related issues.</li> <li>• Time spent by women/girls and men/boys on unpaid care work in other communities.</li> </ul>		

\* Respondents from Mindanao were either part of the EMBRACE project or of both WE-Care and EMBRACE projects.

## ANNEX B: VIGNETTES

To check the respondents' expectations and views on care work, three vignettes depicting different arrangements among couples on care work were presented to them. Each vignette was narrated from the point of view of the woman (if the respondent is a woman) or the point of view of the man (if the respondent is a man). The respondents were then asked to state whether they strongly approve, approve, disapprove or strongly disapprove each scenario. The vignettes used for actual data collection were versions translated either into Filipino or the local language in Eastern Visayas or Central Mindanao.

### **Vignette 1: Most paid/care work by women**

**Q: What do you think about the way Susan and Brian divide tasks?**

As narrated by Susan:

“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.”

As narrated by Brian:

“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 2: Shared paid and care work by men and women**

**Q: What do you think about the way Sarah and John divide tasks?**

As narrated by Sarah:

“Ever since we got together, my husband John and I 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 in chopping the vegetables and cleaning the kitchen and compound.”

As narrated by John:

“Ever since we got together, my wife Sarah and I 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.”

**Vignette 3: Paid work by men, care work by women**

**Q: What do you think about the way Katherine and Michael divide tasks?**

As narrated by Katherine:

“I do a lot of work. I work on the farm and do all the housework, bathing the children, collecting water and fuel, cleaning, cooking, making sure the house is okay. My husband Michael does some agricultural work and some casual labour. He often meets up with friends to chat or relax. Usually he does not help me with my work. But sometimes he might get water or cook if I am sick or not at home.”

As narrated by Michael:

“My wife Katherine does a lot of work. She works on the farm and does all the housework, bathing the children, collecting water and fuel, cleaning, cooking, making sure the house is okay. I do some agricultural work and some casual labour. I often meet up with friends to chat or relax. Usually I do not help my wife with her work. But sometimes I might get water or cook if she is sick or not at home.”

## ANNEX C: OUTCOME MAPPING

This was conducted during the mid-term learning review, from 3-5 October 2018.

Project partners: SIMCARRD, COM, RDISK (Central Mindanao)

Boundary partners	Observed outcomes/changes in behaviour	Insights
Community members	Community members exerting efforts to improve the time- and labour-saving equipment (TLSE) distributed/provided by the WE-Care project	<ul style="list-style-type: none"> <li>▪ Women are more aware of and are now discussing among themselves the issue of unpaid care work</li> </ul>
	Household members spending more quality time with each other (e.g. parents have more time to help children with school work)	
	Women and girls spending less time and effort on unpaid care work (UCW), and spending their saved time in economic and/or community activities  <b>Negative/unintended change:</b> Women spending their saved time on other household chores (increased level of multitasking care work)	
	Women having more control over management and use of their time; women performing in advance chores they had scheduled for future dates	
	Men and boys valuing care work more and providing support to girls and women in performing UCW within the household; groups of young care work champions formed in targeted communities	
	Targeted households accessing, using and maintaining the water and laundry points that have been constructed under the WE-Care project  <b>Intended change/impact:</b> Women and households now have access to sources of cleaner/safer water within the community (health benefits)	
	Women now more aware that UCW is also a matter of power relations (e.g. local water systems are controlled by the LGU, but with increased action on their part and that of other community members, local officials can be influenced to place more priority/budget allocation on UCW)	

Local religious leaders, <i>madrasah</i>	Religious leaders committing to orient couples on the importance/value of shared care work during the required pre-marriage counselling	
Barangays and local government units, local chief executives (LCEs)	Barangays and local governments prioritizing construction of water points and systems in their local development plans and programmes; some LCEs, including barangay chiefs, committed to allocate funds to water systems  <b>Positive/unintended change:</b> Municipal Health Office (MHO) now does regular monitoring of quality of water from constructed water points; women and community are now more aware of level of water quality	<ul style="list-style-type: none"> <li>▪ Change in LGU/LCE contributes to several changes in the community (e.g. access to water points/systems, women engaging in economic and/or community activities)</li> <li>▪ Support of LCE to project initiatives also encouraged other LGU officials to deliver assistance on or prioritize UCW (e.g. MHO regularly monitoring/testing water quality)</li> <li>▪ Support from/change in the LCE can have a wider impact on households and other stakeholders in the community, especially if complemented by local media coverage</li> <li>▪ The more arrows (indicating influence or links of change in other stakeholders) that point to decision makers, the greater the probability that decision makers behaviour will also change (i.e. shift in power relations)</li> </ul>
Government agencies, social welfare committee of the Moro Islamic Liberation Front (MILF)	Department of Interior and Local Government (DILG) and Department of Social Work and Development (DSWD) and the MILF's social welfare committee committed to integrate the issue of UCW into their advocacy and plans/programmes	
Private sector	The local water district provided some funding support to planned funding interventions because of the partners' lobbying efforts	<ul style="list-style-type: none"> <li>▪ Change in private sector's behaviour or action contributes to women's access to safe water, but has no links with the other outcomes (e.g. change in media's images or portrayal of UCW as women's domain)</li> </ul>
Media (including social media)	Young people are now discussing unpaid care work on social media; radio broadcast practitioners also show interest in tackling UCW	



Public	Recognizing and showing interest/more openness in discussing UCW as a result of recent coverage of the issue in the media (particularly radio)	
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**Project partners: SIKAT, PRRM (Eastern Visayas)**

Boundary partners	Observed outcomes/changes in behaviour	Insights
Women and girls in communities	<p>Reduced time spent on UCW (including laundry, fetching water, cooking, collecting fuel, etc.) because of partners' intervention (distribution of TLSE, construction of water points, delivery of training and seminars)</p> <p>955 women and girls have access to clean and safe water; average of three (3) hours reduction in time spent on UCW (data from community monitoring activities organized by partners in selected project sites)</p> <p>Women and girls have more time for taking care of themselves ('self-care') or for engaging in some leisure activities (playing bingo)/rest</p>	<ul style="list-style-type: none"> <li>There is emerging evidence that the project is contributing to reduced time spent by girls and women on UCW, which translates into some free time for themselves. How do we ensure that such free time leads to or opens up more economic opportunities for them? What are the new emerging needs of women/girls that should be addressed?</li> </ul>
Men and boys in communities	<p>Men and boys serving as 'care champions', 'ambassadors of change' (in relation to UCW), resource persons/influencers in training/dialogues</p> <p>Men and boys becoming more receptive to discussion on UCW and not being affected too much by the stereotyping/existing community norms (e.g. they can do their laundry even outside the house, in full view of neighbours and/or male friends who used to tease them)</p> <p>Men and boys are more involved in performing various care work/activities within the household (resulting from WE-Care partners' training for male care work champions and other promotional and/or campaign activities around UCW being done by men and boys in the target communities)</p>	
People's organizations (POs) and civil society organizations	Integration of UCW advocacy in plans of self-help groups (SHGs) trained and formed by partners (42 SHGs organized with UCW in their plans)	<ul style="list-style-type: none"> <li>SIKAT is implementing other projects in WE-Care sites, e.g. on child protection and savings programme with mothers. Organizing work for these initiatives serves as a take-off point for UCW work (e.g. integration of UCW into</li> </ul>

	<p>Discussion of/addressing UCW issue mainstreamed into partners' existing training modules for SHGs (or in developing such modules)</p> <p>Increased participation of women in community affairs and activities through SHGs and POs (e.g. paid work like mangrove rehabilitation, feeding programmes for malnourished children, training on local issues)</p>	<p>existing training modules). This strategy of building on our previous work in terms of organizing is an effective strategy. Partners may also need to be selective in engaging other groups – such groups must have solid work on women's rights.</p> <ul style="list-style-type: none"> <li>Mainstreaming UCW in our work on other women's issues also highlights difficulties in conducting and achieving traction with a standalone campaign on UCW, and could point to an alternative strategy toward increased action on UCW among women's rights organizations.</li> </ul>
Academia	<p>Integration of UCW into school activities and events (e.g. <i>Linggo ng Wika</i> or Language Week) through orientation/talks with students and campaign materials (e.g. poster-making contest on shared UCW)</p> <p>Through memorandum of agreement with school officials and parents oriented/trained by the project on UCW issues/interventions</p>	
Barangay/LGU water committees, Barangay Water and Sanitation Association, Community monitoring, evaluation and learning (CMEL) teams formed by partners	<p>Water committees organized and institutionalized at the barangay level and recognized by the local government units (municipal government); through barangay/LGU resolutions passed with advocacy by partners</p> <p>61 women mobilized by the partners and involved in these committees</p>	
Barangay and local governments	<p>City councillors influenced/convinced of the need for a local ordinance or policy on UCW; approved ordinance in Salcedo, Samar allocated Php 100,000 from LGU's Gender and Development (GAD) budget and provided for other efforts to help address issue of women's/girls' UCW</p> <p>Officials in around 80% of local governments (including 45 out of 61 barangays) within Eastern Visayas are supportive of efforts to</p>	<ul style="list-style-type: none"> <li>Partners made some headway in terms of local influencing work (e.g. with barangay water committees, LGU, MSWDO) but may need to consider: 1) lessons on how to sustain advocacy and gains (e.g. monitoring implementation of ordinance); 2) how to</li> </ul>

	<p>address women's UCW and WE-Care project activities on the ground</p>	<p>connect or build such local gains to our influencing efforts at the national level (e.g. building or strengthening local organizational structures that could carry on our UCW advocacy efforts/link with our national-level influencing through PKKK – 'All-Women Leaders' Forum on UCW')</p> <ul style="list-style-type: none"> <li>How do we really monitor and say that an LGU or barangay is supportive of our UCW advocacy efforts? E.g. when a municipal government passes an ordinance on UCW, do we count all barangays as supportive? Do we need to replicate our interventions in barangays or communities that are not currently covered by the WE-Care project? If this will be the responsibility of the Municipal Local Government Unit (MLGU), how do we track implementation of UCW policy?</li> </ul>
	<p>Replication/adoption of initiative to train/develop care work champions by Municipal Social Work and Development Office (MSWDO); leveraged project budget on training for trainers to organize/conduct with MSWDO training sessions regarding care work with 4Ps grantees (social protection programme).</p>	
Local media	<p>Influenced one (1) radio broadcaster/announcer on UCW issue (invited to attend the partner's youth camp); now an advocate in addressing UCW (invited SIKAT staff to talk on UCW and WE-Care during radio programme)</p>	<ul style="list-style-type: none"> <li>Engagement with the local media was a crucial factor contributing to changes in the other actors/boundary partners in the case of Eastern Visayas partners (arrows in the outcome map connect changes among media people to all observed outcomes in the other actors/boundary partners)</li> </ul>
	<p>Radio station's increased openness and acceptance of WE-Care project partner's effort to address UCW and promote more care work redistribution</p>	

**Project partner: PKKK (national)**

Boundary partners	Observed outcomes/changes in behaviour	Insights
<p>National government agencies</p>	<p><b>Intended or planned changes:</b></p> <p><b>Department of Interior and Local Government (DILG):</b> With informal agreement to capacitate regional GAD focal persons on UCW advocacy, towards amending Seal of Good Local Governance indicators</p> <p><b>Philippine Commission on Women (PCW):</b> Signed a memorandum of agreement for more active collaboration in addressing UCW; engagement with PCW included/led to the participation of PKKK during sixty-second session of UN Commission on the Status of Women (CSW62) in New York in 2018 and inclusion of UCW in provisions of commission's concluding agreements, guesting in the PCW's radio programme <i>Tinig ng Kababaihan</i> (TNK or Women's Voice), and other similar joint activities</p> <p><b>Philippine Statistics Authority (PSA):</b> Inclusion of UCW data gathering in national government's planned time-use household surveys; agency is now more responsive to invitations to local workshops/fora; could now connect directly with PKKK's member POs in collecting information</p> <p><b>Commission on Human Rights (CHR):</b> More openness to engaging on women's issues/concerns like UCW, business and human rights, disaster risk reduction, internally displaced people, etc. (e.g. invitation to attend PKKK's forum on women's rights)</p> <p><b>Commission on Population and Development (CPD):</b> Integration of UCW in the agency's pre-marriage counselling training modules/manual; very active in partners' activities (e.g. fora, national influencing workshop, etc.)</p> <p><b>Unintended or unplanned changes:</b></p> <p><b>Department of Social Welfare and Development (DSWD):</b> Interested in integrating UCW into the Family Development Session modules of the 4Ps (national government's social protection programme) grantees</p>	<ul style="list-style-type: none"> <li>▪ Policy change, even in the form of small amendments to existing laws/guidelines or adoption of new programmes on the part of national agencies toward recognition of UCW, could be a difficult result/change to achieve (e.g. going through research to generate hard evidence/data). And its impact/benefit is often over the long term.</li> <li>▪ How can the other partners' efforts at the local level be effectively linked with those of PKKK aimed at influencing the policies and programmes of national government?</li> <li>▪ PKKK's work with DILG and PSA are critical as they would essentially bring UCW into the language and planning systems of the national and local governments. It should also be noted that the other partners may also be doing some form of national/sub-national level policy influencing (e.g. COM in terms of GAD advocacy within emerging <i>Bangsa Moro</i> governance framework), but not necessarily under the WE-Care project.</li> <li>▪ Do partners see the value at this point of pushing for a national policy/bill on UCW?</li> <li>▪ The engagement with PCW proved to be critical as it opened up/contributed to the collaboration with/changes in other</li> </ul>

		<p>actors like DILG, PSA, CHR, CPD, DSWD, and within PKKK (e.g. youth, and sub-organizations).</p> <ul style="list-style-type: none"> <li>▪ Not so clear on expectations from PKKK regarding media work and what form this should take. The coalition's engagement with media, while intended/planned, has so far been a by-product of its work/links with other actors (e.g. PCW, academia).</li> </ul>
PKKK Youth	Increased awareness on UCW and actions to address the issue (mainly through the National Youth Camp conducted with WE-Care partners)	
PKKK member organizations	<p>Increased awareness and appreciation of the UCW issue, especially among the 300 leaders (achieved through fora and workshops)</p> <p><b>Positive/unintended change:</b> Member organizations initiated their own actions that addressed UCW issues (among other women's concerns)</p>	
HomeNet, Pambansang kalipunan ng mga Manggagawang Impormal sa Pilipinas (PATAMABA), women's rights organizations	Increased awareness of UCW and its connections to informal work, through orientations and collaborative researches with academia (see entry below on UP SOLAIR regarding study with informal workers)	
Academia	<p><b>University of the Philippines College of Social Work and Community Development:</b> Agreed (through Women and Development Programme) to collaborate on a policy research around Republic Act 6972 (or the Solo Parent Act), toward integrating UCW issues/provisions</p> <p><b>U.P. School of Labour and Industrial Relations (UP SOLAIR):</b> Collaborated with PKKK on the conducting of a local UCW survey in Luzon which would gather and analyse data from women informal workers, males, youth</p>	
Media	DZTZ (UP Los Baños) and PCW radio programme (see entry on PCW above) invited PKKK resource persons to talk on UCW/other women's issues; contributed to popularization (increased reach) and recognition of UCW	

	among the wider public (in social media, through PKKK's HOPE stories)	
Local government units	<b>Positive/unintended change:</b> Municipality of Sta. Catalina – increased recognition of UCW and daycare workers; local policy provided for an increase in professional fees of daycare workers in the MLGU (resulting from PKKK's research involving conduct of FGDs in the area; coalition later gave an orientation on UCW to MLGU officials)	

# ENDNOTES

- <sup>1</sup> The 2018 MTE survey however did not interview the same households as those covered by the 2017 HCS. Year-to-year comparisons of selected data in the present report are thus indicative of the changes cited or described.
- <sup>2</sup> Includes *Sentro Para sa Ikaunlad ng Katutubong Agham at Teknolohiya* (SIKAT), Philippine Rural Reconstruction Movement (PRRM) and the *Pambansang Koalisyon ng Kababaihan sa Kanayunan* (PKKK), Community Organizers Multiversity (COM), Rural Development Institute of Sultan Kudarat (RDISK) and SIAD Initiatives in Mindanao – Convergence for Asset Reform and Regional Development (SIMCARRD, Inc.).
- <sup>3</sup> The 2018 MTE survey however did not interview the same households as those covered by the 2017 HCS. Year-to-year comparisons of selected data in the present report are thus indicative of the changes cited or described.
- <sup>4</sup> COM, RDISK and SIMCARRD, as WE-Care’s implementing partners in Central Mindanao, also carried out care work interventions in selected EMBRACE areas.
- <sup>5</sup> Primary care is the number of hours that respondents spent on unpaid care work as a primary activity. Secondary care (or ‘primary or secondary care’ in the HCS) is the number of hours that respondents spent on unpaid care work as either a primary or secondary activity. Any care is the number of hours that respondents spent on unpaid care work as either a primary, a secondary or a supervision activity. Multitasking care is the number of hours that respondents spent on doing at least two unpaid care activities at the same time (primary, secondary, or supervision). From the 2017 HCS Report.
- <sup>6</sup> No similar analysis on time use in the case of young people can be done for Central Mindanao, as the percentage of young respondents from the sample was small (out of 53, only 5 respondents or 9% were aged 30 and below).
- <sup>7</sup> Each FGD participant was given six votes and asked to distribute these to various pre-identified tasks (these tasks were mixed and not classified into either unpaid care or paid work) in any way they chose (e.g. they could place all their six votes or scores on just one task, distribute them equally among different tasks, etc.). Scores or votes for each task were then averaged across focus groups of the same type to get the aggregated percentages.
- <sup>8</sup> Out of 264 total survey respondents for Eastern Visayas (see Table 1), total adults were 217 (93 men and 124 women).
- <sup>9</sup> Out of 264 total survey respondents for Eastern Visayas (see Table 1), total adults were 217 (93 men and 124 women).
- <sup>10</sup> These included barangay and local government officials, local representatives of national government agencies, local religious leaders, leaders of civil society and people’s organizations, and officials and members of academic, media and private sector groups. See Annex C for the summary of results from the outcome mapping exercise during the partners’ learning review, which was conducted from 3-5 October 2018 in Quezon City, Philippines.
- <sup>11</sup> Survey respondents (a total of 53 WE-Care participants in EMBRACE areas, 42 women and 11 men) were asked to allocate/divide between men and women a score totalling to 10 based on the contribution of men or women in their household to each decision area or activity. The percentage score for men or women was obtained by getting the percentage of the total scores allocated to men or women over the overall total scores allocated/divided among men and women.
- <sup>12</sup> Focus group discussions with 13 female participants in Tacloban (North Hill and Ridgeview).
- <sup>13</sup> Problematic in the sense of being the most difficult, especially in the case of women and girls. Identification of such difficult care-related activities is an important aspect of the Rapid Care Analyses (RCAs) done by partners with partner communities as part of their range of awareness-raising and planning interventions under WE-Care.
- <sup>14</sup> In the Eastern Visayas MTE survey, of the 19% who said that they were not using the distributed TLSE, more than half (69%, or 26 of 37) mentioned expensive kerosene or unavailability of fuel as reasons for their non-use.

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For further information on the issues raised in this publication, please email Sheena Kristine Cases at [SKCases@oxfam.org.uk](mailto:SKCases@oxfam.org.uk).





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