FINDINGS FROM A WE-CARE PROJECT FINAL EVALUATION

Executive Summary
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This report was written by Dr. Carmen León-Himmelstine and Heiner Salomon with contributions from Andrea Azevedo, Dr. Fortunate Machingura, Kristine Valerio and Judy Ann Lubiano.
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 partners 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 to have more choice and agency 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 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, the project was led by three local and three national technical partners covering 17 wards 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 1,385 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.
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 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.

**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

**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.

- 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.

**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 achieving equal distribution of unpaid care tasks.

**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 82nd and 83rd 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)
- 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.

**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 TLES—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 norms* 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?6 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
NOTES

1 In the Philippines, the evaluation team was formed of researchers for Eastern Visayas, namely Kristine Valerio (team lead), May Anne Sapar, Barry Parreñas, Maria Victoria O. Basilia-Yee, Jairus Montilla (research assistants), and for ARMM and Central Mindanao, namely Tommy Pangcoga (quantitative lead), Judy Ann Lubiano (qualitative lead), Dfelina Indag and Marilou NacaytunaTonderai (research assistants). In Zimbabwe, the evaluation team worked in Masvingo, Bubi and Zvishavane and included Dr. Fortunate Machingura (qualitative lead), Tatenda Kujeke, Tsungie Ncube (qualitative assistants), Tonderai Takavarasha (quantitative lead) and Rati Ndlovhu (supervisor).

2 Filipino term for a village.

3 Equivalent of a municipality and a sub-division of Districts.

4 In this report we refer to norms as the informal rules governing behaviour, or ‘the shared expectations or informal rules among a set of people (a reference group) as to how people should behave’ (Marcus and Harper, 2014). By gender norms we refer to ‘informal rules and shared social expectations that distinguish expected behaviour on the basis of gender’ (Marcus and Harper, 2014). We refer to any WE-Care interventions with the aim to change these gendered social norms, as ‘social norms activities/interventions’.


