



Jehana Pagabangan, one of the Mum's Magic Hands (MMH) champions, teaches proper handwashing to Mamami Piang using one of the handwashing stations installed by the HBCC project in Sultan sa Barongis, Maguindanao. (Photo: Princess Taroza/Oxfam)

EVALUATION REPORT

Hygiene and Behavioural Change Coalition Project
in Eastern Samar And Mindanao



OXFAM

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ACRONYMS

BHERT	Barangay Health Emergency Response Team
CBFM	Community-based Feedback Mechanism
DOH	Department of Health
GDPR	General Data Protection Regulation
HBCC	Hygiene Behavioural Change Coalition
IATF	Inter-Agency Task Force
IDEALS	Initiatives for Dialogue and Empowerment Through Alternative Legal Services, Inc.
KII	Key Informant Interview
MMH	Mum's Magic Hands
PDM	Post Distribution Monitoring
PRRM	Philippine Rural Reconstruction Movement
SSB	Sultan sa Barongis
SSM	Shariff Saydona Mustapha
UNYPHIL	United Youth of the Philippines-Women, Inc.
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

In December 2019, the coronavirus disease (COVID-19)¹ was first detected in Wuhan, Hubei, China. COVID-19 has spread rapidly across the world affecting various families and communities. Stringent measures such as the imposition of nationwide lockdowns have led to severe economic and social consequences, especially for low-income countries like the Philippines. Moreover, these measures increased vulnerabilities of different communities and families due to lack of access to health and basic services.

To mitigate the transmission and high number of COVID-19 cases, the government imposed several health protocols with corresponding sanctions for violators. However, despite the existence of such protocols as well as a massive information campaign by the government, there was still an increase in the number of COVID-19 cases especially in Metro Manila, its adjacent provinces and other provinces across the country.

The continuous challenge posed by COVID-19 prompted international and non-government organizations, in addition to the national government, to introduce projects with interventions, such as those increasing the knowledge of and improving practices on water, sanitation and hygiene (WASH). WASH is viewed to be highly influential in lessening the transmission of COVID-19, especially in vulnerable communities.

PROJECT DESCRIPTION

The Hygiene Behavioural Change Coalition (HBCC) project implemented by Oxfam in the Philippines aimed to reduce the spread of COVID-19 and decrease the pandemic's negative impact on gender norms, through sustained improvement in hygiene and health behaviours, and promotion of equal distribution of hygiene and hygiene-related care work among men and women. The project was implemented in the municipalities of Lawaan and Quinapondan in Eastern Samar and the municipalities of Shariff Saydona Mustapha and Sultan Sa Barongis in Maguindanao from July 2020 to March 2021. Construction of handwashing facilities, training of Mum's Magic Hands (MMH) champions, and information awareness campaigns were among the project's interventions.

EVALUATION APPROACH

The evaluation report sought to measure and assess the accomplishment of the project against the achievement of its results and indicators. The evaluation had two sections focusing on each of the two project outcomes: (1) Sustained improvement in hygiene and health behaviours that limit the spread of COVID-19; and (2) Gender norms promote equal distribution of hygiene and health related care work among women and men at the household and community level. Under each of the outcomes was the discussion of the evaluation criteria based on the data gathered during the evaluation.

The evaluation team used a mixed method of data gathering, combining qualitative and quantitative as well as review of relevant project and government documents. The qualitative data of the evaluation was gathered through key informant interviews which were recorded, transcribed and analysed using MAXQDA. The quantitative data were collected through household interviews using

¹ Previously known as "2019 Novel Coronavirus"

SurveyCTO and were analysed using SPSS. The survey has a total of 740 respondents selected from the sampled households. Each household comprised two respondents (female and male).

RESULTS

Findings of the evaluation were presented following the project's results framework and design matrix provided by Oxfam prior to the start of the data gathering. Thus, the findings were clustered based on the following: outcomes and outcome indicators; and outputs and output indicators. Overall findings were presented under the evaluation criteria prior to the discussion of findings per outcome.

Relevance

The project was aligned with national and local priorities in preventing the transmission of COVID-19. Through its information dissemination and training activities, the project supports national policies emphasizing the implementation of health protocols such as wearing of face masks and face shields and practicing physical distancing. The project also contributes to Oxfam's response strategy of enabling community and locally led public health response through the participation of women and children in WASH interventions; providing women significant roles in information campaigns by increasing their capacity to be MMH champions; and disseminating COVID-19 information through community-based communication approaches (i.e., bandilyo). The project addressed two of the eight identified crisis scenarios brought about by COVID-19 in the Oxfam response strategy which are: more time spent on unpaid care work of women and girls; and situations in BARMM turning from bad to worst. In relation to the appropriateness of the interventions, the creation of a handwashing facility was considered and viewed by the respondents as very appropriate or relevant for their community especially in teaching children how to observe proper handwashing practice. However, improvements are needed for the facility to be more appropriate to the community. One example is to customise the facility to fit the context of the communities. In the case of Eastern Samar, the materials used can be an issue (i.e., some facilities do not have a roof to shield users from the rain) given the province's vulnerability to natural disasters.

Efficiency

Evaluation results are limited in relation to assessing if delivery of outputs is cost-efficient and timely due to limited documents provided to the project team and the exclusion of partners in the list of study interviewees. Efficiency was then assessed based on the quantity of delivered outputs (such as the presence of a handwashing facility) and the quality of these delivered outputs based on the document review. The non-functionality, requirements for repair and replacement of facility materials affected efficiency since the cost expended for the facility did not ensure quality. This resulted in additional resources (i.e., cost, workforce) being needed for the repair. The use of relatively more expensive but more durable materials like stainless steel sinks and frames and heavy-duty pipes and faucets can be more efficient in the long run instead of using alternatives that may be cheaper but will require maintenance in no time.

Coherence

The strategies employed by the project are externally coherent to the projects or initiatives of the LGUs. The information dissemination component of the project and the construction of the handwashing facility are consistent with the interventions or initiatives of the LGU in addressing the spread of COVID-19. This complementarity avoids possible duplication of initiatives at the LGU level.

Effectiveness

Overall, the project achieved its interventions and outcomes for both provinces with the exclusion of one indicator under Output 3 which is the “type and number of messages developed on reported types of stigma.” Non-achievement was due to the lack of reported cases on stigma and discrimination associated with COVID-19 which are supposedly the source of messages. The changes contributed by the project, albeit short-term, can pave the way for more long-term results by influencing habitual hygiene practices. In terms of understanding and addressing vulnerabilities, local authorities rated themselves between 4 (satisfactory) and 5 (very satisfactory). These ratings were based on their performance and strategies in relation to COVID-19 mitigation and response. It is also interesting to note that survey results supported this rating with 90 percent of respondents in Maguindanao and 92 percent in Eastern Samar saying that they are satisfied with the current COVID-19 responses in their area.

Local authorities also highlighted how their COVID-19 response supported the different interventions of the HBCC project as it delivered its commitments for the two major project outcomes. The project also contributed in reinforcing existing policies on unpaid care work in the municipalities in Eastern Samar. It can be noted that the policy has been existing since 2018, but its implementation was enhanced by supplementing policies (series of 2020-2022). As for policies that are specifically targeting the spread of COVID-19, findings show that most of the policies are just the localization of IATF guidelines and recommendations passed down to the LGUs. These policies are focused on the creation of quarantine facilities, practicing of physical distancing and wearing face masks and face shields.

Impact

The project was implemented for 12 months. Thus, there were no long-term results or impact identified at project closure. Interventions, especially the handwashing facility, showed a positive influence on the change in behaviour of the communities. Although these changes are immediate or short-term (i.e., washing of hands, using alcohol, helping in housework, etc.,) they are viewed as contributory to long-term behaviour change associated with hygiene and sanitation, such as continuous practice of proper handwashing and instilling the community with a desire to practice positive behaviour on hygiene and sanitation. In the areas of care work, minimal immediate changes were observed. These were more associated with housework, such as doing the laundry or washing the dishes, than house-related care work. Women still bear the brunt of primary care work. The short-term changes that resulted from the project, when sustained and followed through, can lead to a more holistic impact of WASH. This includes its impact on health impact, particularly in reducing the occurrence of WASH-related diseases.

Sustainability

Creating MMH champions within the barangay is an effective sustainability strategy because it created a network of champions who share the same experience and responsibilities both in the community (i.e., councilor) and in their families (i.e., mothers). The shared experience and sharing of information can result in sustained motivation among the MMH champions. Results from the evaluation also showed that the MMH champions continued to disseminate information on proper hygiene even after project closure. As for the handwashing facility, there are challenges in maintaining sustainability especially for the municipalities that reported problems with water during the rainy season. This could greatly affect the quality and quantity of the water used in the facility.

The findings below summarise the changes/results observed under the two outcomes.

Outcome 1

In relation to Outcome 1, the endline study showed an improvement in the hygiene- and health-related behaviours of the targeted communities. The communities' hygiene/health-related practices are aligned with the minimum health standards and protocols recommended by the WHO and the Department of Health, such as the wearing of face masks and face shields, proper and habitual handwashing practices, and physical distancing especially in public places. Due to the increased knowledge and behaviour improvement related to COVID-19 that was brought by the HBCC project, communities in Eastern Samar and Maguindanao stated that they had no COVID-19 cases as of the time of the endline evaluation. Findings also showed a decrease in children affected by waterborne diseases such as diarrhea, due to the improved habitual handwashing practices. The conduct of a series of MMH sessions and information dissemination campaigns on COVID-19 were effective strategies in creating recall among the communities. This also reinforced the COVID-19 minimum health standards and protocols. The construction of a handwashing facility was one of the project interventions that was seen as being effective in promoting proper and habitual handwashing practices among families, especially children. Another strength of the project is the support of the municipal LGU (MLGU) and barangay LGU (BLGU) in the project implementation and interventions which also encouraged the communities to support the HBCC project.

Outcome 2

There is a slight improvement in relation to the distribution of care work at the household and community level. At the household level, men began helping in some of the household chores that require physical strength, such as fetching water and chopping firewood. Children also started helping their mothers in household-related work and responsibilities, such as doing the laundry and washing the dishes. These, however, are only classified as short-term or immediate changes because the community members interviewed mentioned that they still have to remind their children to help in housework. Notwithstanding these achievements, women are still viewed as the primary leaders in the domestic sphere. The municipalities in Eastern Samar also revised their unpaid care work ordinances under series 2020-2022 to enhance previous policies related to unpaid care work.

RECOMMENDATIONS

Recommendations identified focused on improving project design and management of WASH-related interventions to better contribute to a more holistic impact at the long-term level. The recommendations also aimed to ensure the participation of the communities even after project closure by clearly establishing mechanisms and management arrangements for constructed facilities. The recommendations identified include the following:

- Oxfam should consider a more holistic approach to hygiene and sanitation for future project designs.
- Project designs should consider a multi-approach to gender mainstreaming to improve sustainability.
- There should be a formalisation of management arrangements for community-level facilities to ensure sustainability.
- Ensure functionality of community-based feedback mechanisms (CBFMs)
- Clear exit strategies for project management.

INTRODUCTION

The COVID-19 pandemic has brought about immense health and socio-economic challenges globally. Stringent measures to control and mitigate the virus have led to severe economic and social consequences, especially for low-income countries like the Philippines. It has also exposed social, health and economic vulnerabilities of developing countries which led to an economic downturn. Women in particular are significantly affected by COVID-19 as it exacerbated the situation of women in the workplace, at home, and within their communities. Among the problems are the increase in gender-based violence, especially domestic abuse, against women; retrenchment and reduced working hours of women and girls in companies; reduced health services such as those for sexual and reproductive health; and increase in unpaid care work². These compounded the social and economic stresses and burdens of women.

WASH and COVID-19

In a crucial time, such as during a pandemic, it is very important to ensure the health and well-being of the people to reduce their vulnerability. In the case of COVID-19, practicing proper hygiene and sanitation is seen as essential to curbing the rate of transmission. The COVID-19 Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases has reiterated several times the importance of proper handwashing and use of alcohol and sanitizing agents, wearing face masks and face shields, and social distancing as ways to slow down and prevent the transmission of COVID-19. Proper water, sanitation and hygiene (WASH) can serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools and other public places³.

Project Description

Several COVID-19 response programs focused on the importance of proper WASH practices in preventing possible human-to-human transmission of COVID-19. Acknowledging the importance of WASH, Oxfam implemented the Hygiene Behavioural Change Coalition (HBCC) Project in Nepal and the Philippines. The Project aims to reduce the spread of COVID-19 and decrease the pandemic's negative impact on gender norms through sustained improvement in hygiene and health behaviours, and promotion of equal distribution of hygiene-related care work among men and women. It also aims to improve and reduce the COVID-19 infection risk of at least 520,000 people across the two countries, with a particular focus on the most vulnerable region and population.

In the Philippines, the project was implemented in the municipalities of Lawaan and Quinapondan in Eastern Samar and the municipalities of Shariff Saydona Mustapha and Sultan sa Barongis in Maguindanao from July 2020 to March 2021.

² Policy Brief: The Impact of COVID-19 on Women. Retrieved from <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

³WASH and COVID-19 <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19>

Project Strategy

The project partnered with local non-government organizations, namely Philippine Rural Reconstruction Movement (PRRM) for Eastern Samar, and Initiatives for Dialogue and Empowerment through Alternative Legal Services, Inc. (IDEALS) and United Youth of the Philippines-Women, Inc. (UNYPHIL) for the areas in Maguindanao. The project also partnered with local radio stations to support its information dissemination campaign.

The project had two outcomes and four corresponding outputs which centered on reducing the spread of COVID-19 and decreasing the negative impact of the pandemic on gender norms:

- Outcome 1: Sustained improvement in hygiene and health behaviours that limit the spread of COVID-19
- Outcome 2: Gender norms promoted equal distribution of hygiene and health-related care work among women and men at the household and community level
 - Output 1: Local authorities understand vulnerabilities and behavioural triggers and provide supportive environment
 - Output 2: Target population (men, women, people with underlying health conditions) know about appropriate handwashing to prevent and reduce COVID-19 infection risks
 - Output 3: Stigma is mitigated through responsive information
 - Output 4: Influencing with local leaders supports improved gender norms

To achieve the project's intended results, the following interventions were implemented: Orientation on COVID-19 Prevention and Management for Barangay Health Emergency Response Teams (BHERT), sessions on Mum's Magic Hand's (MMH), training for MMH champions, installation of handwashing facilities, distribution of hygiene kits, campaigns on handwashing especially during Global Handwashing Day, airing of these campaigns in radio programs, and capacity building for local leaders.

The Mum's Magic Hands (MMH) program aims to increase the practice of handwashing and using soap as one of the preventive measures against contracting COVID-19. This program involves mothers who are considered to be the most significant hygiene influencers to children under the age of five years.

OBJECTIVES OF THE EVALUATION STUDY

The endline evaluation aimed to measure and assess the accomplishment of the project in relation to its intended results and indicators. The evaluation had two sections focusing on each of the two project outcomes, namely:

- Hygiene and Health Behaviours – Sustained Improvement in hygiene and health behaviours that limit the spread of COVID-19.
- Gender and Care Work – Gender norms promote equal distribution of hygiene and health-related care work among women and men at the household and community level.

Specifically, the project aimed to:

- Determine the degree of achievement of project results, impact, including unintended results, based on the HBCC's targets and outcomes.
- Ascertain the effectiveness of the project's implementation strategy in delivering interventions, achievements of results and synergizing with development actors.
- Identify lessons learned and good practices, including mitigating activities for emerging risks.

EVALUATION METHODOLOGY

The evaluation used the criteria of relevance, efficiency, effectiveness, coherence, impact and sustainability in assessing project implementation and its results.

EVALUATION QUESTIONS

Relevance

- To what extent does the HBCC project align with national and local development policies, including relevant sector policies related to COVID-19 response and protocols?
- How closely aligned is the HBCC project with the core principles of Oxfam and Unilever?
- To what extent does the project address the needs and resources of target beneficiaries, especially the vulnerable groups?
- In what ways have the target beneficiaries been involved in the design, implementation and monitoring of the program?
- To what extent has the project addressed issues in relation to cross-cutting themes (i.e., gender, disability, elderly)?

Efficiency

- How well have the project resources (human, financial and technical) been managed to ensure timely, cost-effective and efficient project delivery?
- To what extent has the collaboration between different actors and the management mechanisms contributed to the achievement of project results?
- What has constrained the efficiency of the project implementation?
- Are the monitoring systems and reporting mechanisms established by the project appropriate to the implementation and coordination of the project?
- Are there any alternatives, in terms of implementation strategy, for achieving the results given the circumstances (i.e., pandemic, community quarantine and health protocols)?

Effectiveness

- How successful or to what extent has the progress been made by HBCC in delivering results?
- Are the results achieved in accordance with the project workplan and allocated resources?
- To what extent does the project promote social, productive, and political structures for local development?
- To what extent/how much of the target beneficiaries has been reached?
- Are the identified and implemented interventions addressing the communities' issues and problems?
- What are the unintended results of the project?
- What factors are crucial for the achievement or failure to achieve the project's objectives?

Impact

- To what extent do the mechanisms established by the project contribute to the achievement of the project objectives?
- Has the project contributed to long-term social, economic, and political changes for individuals, communities, and institutions/organizations related to the project?
- What difference has the project made to beneficiaries?
- To what extent does the project contribute in reducing the beneficiaries' vulnerability to disasters, especially health disasters? (i.e., COVID-19 pandemic)
- To what extent does the project contribute in reducing the beneficiaries' vulnerability to gender disparity (i.e., negative impact of gender norms brought by COVID-19 pandemic)
- To what extent does the project foster gender empowerment?
- Are the strategies of the project appropriate for gender empowerment and other vulnerable groups (i.e., women, children, indigenous peoples (IP), persons with disabilities)?

Sustainability

- To what extent are the project results likely to continue after the project?
- What are the mechanisms established by the project in guaranteeing that gains of the project are sustained?
- To what extent will the capabilities learned by the beneficiaries be applied even after the project?
- Is stakeholders' engagement likely to continue, scaled up or replicated after the project?
- Who among the project stakeholders are likely to sustain project gains and influence institutional processes?

DATA COLLECTION METHODOLOGY

This endline evaluation employed both quantitative and qualitative methods which provided better understanding of the project results.

Document Review

The evaluation team reviewed pertinent project documents to understand the different phases of the project including the context, implementation, strategies and challenges. Below are the relevant documents that were reviewed and analysed by the evaluation team:

- Oxfam Pilipinas COVID-19 Mother Proposal
- HBCC Project Proposal
- Oxfam HBCC Inception Report
- Project Briefer
- HBCC Baseline Study Report
- HBCC Quarterly Narrative Report
- Project Monitoring Reports, Learning Reports and Activity Reports
- National Action Plan Against COVID-19
- Department of Health Protocols
- WHO Minimum Health Standards and Protocols
- Ordinances of the Local Government Units of Eastern Samar and Maguindanao
- COVID-19 Related Data and Figures of Eastern Samar and Maguindanao
- IATF Guidelines on COVID-19

Survey

The survey was administered using a mobile application called SurveyCTO which was also used by Oxfam during the project's monitoring activities. The survey questionnaire included questions focused on household demographics; awareness of COVID-19 from prevention, identification and management; time allocation for care and paid work; norms, perceptions, expectations of men and women; and external support infrastructure for women and involvement in COVID-related actions, training and groups. The survey tool can be found in Annex A.

Key Informant Interview (KII)

KII was an effective method in collecting information from a wide range of people especially those who had first-hand knowledge and experiences about the project. Project partners, including local government units (LGUs) and key project beneficiaries, were included in the interview. A total of 20 KIIs were conducted in the areas of Eastern Samar and Maguindanao. Key areas that the evaluators asked for the KII with the project beneficiaries include: knowledge about the project, significant change that happened in their community and self in relation to the project such as COVID-19 and health and care work-related change, observed consequences, areas for improvement, and suggestions to sustain the gains of the project. On the other hand, KII key areas for the local government units include data on COVID-19 cases, change in understanding of local vulnerabilities and behavioural triggers, COVID-19 response and management, local government notifications and circulars to respond to the pandemic and/or support the HBCC project, cases of discrimination against COVID-19 patients, and gender-related training and support for improved gender norms. The said KIIs were conducted and facilitated by the evaluation team through online calls using the Messenger application and phone calls which lasted around 45 minutes to an hour and 30 minutes. All the KIIs were recorded for the purpose of data analysis. Interviewees' consent was also ensured prior to the conduct of the interviews. Annexes B and C contain the list of KII participants and signed informed consent forms.

SAMPLING

The evaluation team used a combination of purposive and simple random sampling. For the purposive sampling, selection of communities was conducted following the criteria below:

- Communities that have a high concentration of project interventions (i.e., barangays with a high number of benefitting population and multiple interventions)
- Communities where the project experienced significant successes and challenges
- Communities that are relatively accessible and safe considering that mobile surveys need to be completed in a limited time frame

To allow some level of comparison with baseline data sets, the endline survey selected the same nine barangays that were covered in the baseline since these barangays also met the selection criteria. The barangay (Masulot) that was chosen as a replacement after dropping three barangays from Shariff Saydona Mustapha due to security reasons is not part of the baseline.

After selecting the communities, the 370 sample households were proportionately distributed among the selected communities following the sampling frame indicated in Table 1. Please note that each household comprised two respondents for the survey, which makes the total sample 740 individuals. Table 1 shows the same number for women and men for each municipality since target respondents were the heads of the family, particularly husbands and wives or couples.

Table 1: Breakdown of Respondents per Municipality

Municipality	Men	Women	Total
Lawaan	125	125	250
Quinapondan	133	133	266
Sultan sa Barongis	112	112	224
Total	370	370	740

The evaluation team randomly identified interviewees from the beneficiaries' lists per area provided by the local partners. Replacements were also identified as substitutes for identified interviewees who were not available during the conduct of survey.

From the original four municipalities covered during the endline, one municipality, Shariff Saydona Mustapha was delisted from the sampling frame due to security situations in the area which made it impossible to conduct the survey.

DATA COLLECTION CHALLENGES ENCOUNTERED

Given the complexity of the areas covered by the endline evaluation, several challenges arose during the data collection. These challenges are identified below with the corresponding mitigation strategies done by the evaluation team:

- Unavailability of mobile phones for the enumerators which caused delays in the data gathering. The evaluation team initially explored the use of manual surveys using pen and paper and manual encoding in the SurveyCTO. However, upon consultation with Oxfam, mobile phones from another project were provided to the enumerators.
- Weak phone and internet signal which made ground coordination with enumerators challenging. Due to the unavailability of mobile communication signals in some areas, there were some issues experienced by the enumerators that were not immediately resolved. This led to corrective measures such as going back to the surveyed households. To resolve this, the evaluation team maintained constant communication with the enumerators and created a Viber chat group so that all instructions were provided prior to data gathering. Local partners were also tapped for assistance and were very supportive in coordinating with the barangay, especially for hard-to-reach households.
- Security issues associated with the armed conflict in Shariff Saydona Mustapha. The ongoing conflict and displacement in the area prompted the delisting of the municipality in the sampling frame for the evaluation. To cope with this challenge, a number of respondents identified for this municipality were distributed to both provinces and an additional barangay was added to Sultan sa Barongis (Masulot) with concurrence from Oxfam Pilipinas and the local partner.

DATA ANALYSIS

The evaluation team carefully analysed both quantitative and qualitative data for this study. Responses from the survey were analysed using SPSS. All qualitative data, on the other hand, were analysed using the MAXQDA software wherein transcriptions were coded and common themes observed, developed and analysed. Generation of frequency tables and cross-tabulation among and between variables were also carried out to come up with a descriptive analysis. Inferential analysis was used to test for relationships and correlation. Guided by the evaluation questions, relevant findings from the document reviews and KIs were incorporated in the general findings, conclusions and recommendations.

Consolidated survey results (*.csv) were provided daily to the evaluators by Oxfam Pilipinas during the data gathering phase. These were then cleaned and analysed by the evaluation team.

Annex D includes the data set used for the survey.

ETHICAL CONSIDERATIONS

Ethical considerations and research protocols were strictly observed to protect all the stakeholders and individuals who participated in this study. First, the Do No Harm principle was strictly observed to ensure the safety and protection of all participants and staff during and after the conduct of this study. Privacy and confidentiality were also guaranteed to all the participants who disclosed their information for this study. Data collection, storage and dissemination of findings were treated with utmost confidentiality during the endline evaluation processes. This is also in compliance with Oxfam GB's General Data Protection Regulation (GDPR) and the Philippines' Data Privacy Act of 2012. This endline evaluation ensured that all participants signed the informed consent forms prior to the conduct of surveys and interviews. As part of the health and safety protocols for everyone during this COVID-19 pandemic, minimum health standards such as social distancing, wearing of face masks and face shields, and bringing of alcohol or sanitizers were ensured during the conduct of the data gathering.

SCOPE AND LIMITATIONS OF THE STUDY

As an endline evaluation, the primary scope of the study included the comparison of the endline progress in relation to the project's achievement of results with its baseline data. This study assessed the differences or changes between the results of the two studies and identified possible explanatory factors for the change or no change status.

Given that the project had a limited implementation period, long-term behaviour change might not be too explicit. This is because changes in behaviour and practice require time. However, the evaluation determined the extent of the changes in the stakeholders' behaviours that were associated with hygiene and health behaviours and ways on how these changes may be sustained.

With the threat of COVID-19 still present, the evaluators maximised the use of online platforms for interviews and focus group discussions. The enumerators who administered the household survey strictly adhered to the COVID-19 health protocols that are in place in the communities and municipalities.

KEY FINDINGS

Presentation of the results are divided into two sections, namely the evaluation criteria and the project's results framework. It can be noted that there are similarities in the observed changes since the section on evaluation criteria provided an overall assessment of the project progress and implementation.

Overall, the evaluation delivered all its intended outcomes and outputs as identified in the results framework. It can be noted that although these led to immediate or short-term behavioural changes on hygiene and sanitation due to the duration of the implementation as well as the timeline of the evaluation (end of project), these are viewed as leading to long-term behaviour change when sustained and followed through.

I. FINDINGS BASED ON THE EVALUATION CRITERIA

Relevance

The project was aligned with national and local priorities in preventing the transmission of COVID-19. Through its information dissemination and training activities, it supports national policies emphasising the implementation of health protocols such as wearing of face masks and face shields and practising physical distancing. The project complemented the COVID-19 health protocols/ guidelines disseminated by the IATF and localised by the local government unit by reinforcing proper hygiene behaviours, especially frequent and proper handwashing, through the project's information campaign on the use of face masks and face shields as well as practising social handwashing and the construction of handwashing facilities. Adoption of said policies are cascaded to the MLGU from the provincial LGU following the dissemination from either IATF or the Department of the Interior and Local Government (DILG).

An example of this alignment with local policies is the project's initiative to improve the awareness of target beneficiaries on gender norms – at the community and household level – by increasing women's participation in the design, implementation and management of COVID-19 responses. This initiative aligns with the ordinance adopted in the municipality of Lawaan in Eastern Samar on streamlining processes related to COVID-19, which also puts emphasis on the involvement of women in the design, implementation and handling of COVID-19 responses.

It can also be noted that the project contributes to Oxfam's response strategy on enabling community and locally led public health response through the participation of women and children in WASH interventions, providing women significant roles in information campaigns by improving their capacity to be MMH champions, and COVID-19 information dissemination using community-based communication approaches (i.e., bandilyo). It can be said that the project addressed two (25 percent) out of the eight identified crisis scenarios brought about by COVID-19 in the Oxfam response strategy which are: more time spent on unpaid care work of women and girls; and situations in BARMM turning from bad to worst.

In relation to appropriateness of the interventions, the construction of a handwashing facility was considered and viewed by the respondents as very appropriate or relevant for their community, especially in teaching children about how to practise proper handwashing. However, the type of facility that was constructed is not that appropriate to the context of the communities, especially for Eastern Samar where customising the facility to cope with the province's vulnerability to natural disasters can be an issue given the materials used for the facility (i.e., some do not have a roof to shield users from the rain).

Efficiency

Evaluation results under efficiency are limited in relation to assessing whether or not delivery of outputs is cost-efficient and timely due to limited documents provided to the project team and the exclusion of partners in the list of study interviewees. Efficiency was then assessed based on the quantity (delivered outputs, such as a handwashing facility) to that of quality of delivered outputs based on the document review and interviews.

The project delivered all the planned handwashing facilities for both Eastern Samar and Maguindanao. However, the delivery of these facilities was considered as non-efficient due to some issues with the quality of the handwashing facilities. One notable finding is the non-functionality and the need to repair the handwashing facilities after their construction. According to the Post Distribution Monitoring (PDM) Report dated February 2021, 37 units of handwashing facilities (26 in Maguindanao and 11 in Eastern Samar) needed repairs such as roofing, water storage tank damage, water storage stands or base, plumbing, faucet, rusted soap dispenser or holder, non-stainless basin/sink, pedal pump and draining for wastewater or the pipe connection. In relation to plumbing, 87 units were not maintained while 24 were repaired and five units were replaced. A total of 84 faucets were also not maintained which led to 18 faucets being repaired and 14 units replaced. For soap holders, 80 units are not maintained and 35 units were replaced. For sinks, 98 units needed maintenance and repair, while 18 were replaced. A total of 37 pedal pumps were also replaced due to damage from non-maintenance. The non-functionality and repair requirements as well as the replacement of facility materials affect efficiency since the cost that was expended for the facility did not ensure quality, resulting in additional resources (i.e., cost, manpower) for the repair.



Photo from left to right: a handwashing facility with damaged plastic drum with no cover and no pipe connection from the sink to drain wastewater; handwashing facility with rusted soap handler and steel holding the plastic drum and sink.

Coherence

The strategy employed by the project is externally in line with the projects or initiatives of the LGUs. The information dissemination of the project and the construction of the handwashing facility are consistent with the interventions or initiatives of the LGU in addressing the spread of COVID-19. This complementarity avoids possible duplication of initiatives at the LGU level.

An example of this complementation was the reinforcement of proper handwashing which supported the ordinance on handwashing passed in a municipality in Eastern Samar, which is a localisation of an IATF recommendation from the province. This ordinance ensures that households and establishments (both private and public) have a handwashing facility that is equipped with soap and clean water. The construction of a handwashing facility implemented by the project is also aligned with this ordinance because the constructed facilities are in public areas.

Effectiveness

Overall, the project achieved its identified outcomes and outputs for both provinces with the exclusion of one indicator under Output 3, which is the “type and number of messages developed on reported types of stigma.” Non-achievement was due to the lack of reported cases on stigma and discrimination associated with COVID-19 which are supposedly the source of messages. Interviewees reported that there were stories of stigma which they heard in informal communications (i.e., word of mouth, private talks) but these were not reported nor addressed. Oftentimes, these informal communications generated a negative feeling toward the persons who were the topic of the communication, but there were never any reports or cases about them.

It can be noted that the project was effective in relation to the training on MMH and the information dissemination conducted in the project areas. Changes observed which are brought about by these interventions include improved awareness and knowledge on COVID-19 symptoms and possible mitigation strategies for its spread, and increased self-confidence of the MMH champions in discussing COVID-19 with their community and family members.

The changes, albeit short-term, contributed by the project can lead to more long-term results by influencing hygiene habits. The project was also viewed as effective by local authorities, because it helped them understand and address vulnerabilities within their communities, which according to them makes their COVID-19 response satisfactory. The local authorities also rated themselves between 4 (satisfactory) and 5 (very satisfactory) in relation to implementing COVID-19 mitigation and response. It is also interesting to note that survey results supported this rating with 90 percent of respondents in Maguindanao and 92 percent in Eastern Samar saying that they are satisfied with the current COVID-19 response in their area.

Local authorities also highlighted how their COVID-19 response supported the different interventions of the HBCC project as it delivered its commitments for the two major project outcomes. The project also contributed in reinforcing existing policies on unpaid care work in the municipalities in Eastern Samar. It can be noted that the policy has been existing since 2018, but it was enhanced by having supplementing policies (series of 2020-2022) for its implementation. As for policies that are specifically targeting the spread of COVID-19, findings show that most of the policies are just the localisation of IATF guidelines and recommendations passed down to the LGUs. These policies are focused on the creation of quarantine facilities, practising of physical distancing, and wearing face masks and face shields.

One of the unintended results of the project was the non-adherence to agreed types of materials that will be used for the construction of handwashing facilities. Based on the PDM report, it was agreed during barangay consultations that the material for the sink should be stainless steel. However, for the two-sink design, galvanized iron material was used for the sink.

The project also constructed 20 handwashing facilities in non-project areas, namely Angkayamat, Bulod, Gadungan, Langgapanan and Papakan in Sultan sa Barongis. It should be noted that this is a deviation in relation to project areas unless a justification for the change was provided and that it compensates for the lack of constructed handwashing facilities in the project areas. However, no assessment for the justification can be done due to the lack of available documents provided to the evaluation team that supported this deviation. In one of the PDM reports, it was noted that these facilities were not monitoring due to the inaccessibility of the areas as well as the ongoing conflict in the barangays.

The different problems that emerged with the handwashing facilities affected their effectiveness within the communities due to non-usage, especially for non-functional handwashing facilities.

Impact

The project was implemented for 12 months. Thus, there was no long-term result or impact identified at project closure. Interventions, especially the handwashing facility, generate positive influence on the change in behaviour of the communities. One of the key observations of the community was the effect of the project on children, i.e., the change in handwashing practices. Children now more promptly wash their hands after playing and before eating. In addition, the children use the handwashing facilities when they pass them.

Although these changes are immediate or short-term (i.e., washing of hands, using alcohol, helping in housework, etc.) they are viewed as contributory to long-term behaviour change associated with hygiene and sanitation, such as continuous practise of proper handwashing and instilling positive behaviour with regard to hygiene and sanitation within the community and households. Social and behaviour change takes time, especially if the behaviour that is being changed (i.e., non-washing of hands, improper hand washing, not using face masks, etc.) has been learned by the person since childhood. Constant reminder and follow-through can help in changing these short-term behaviours to long-term ones. The short-term changes that resulted from the project, when sustained and followed through, can lead to a more holistic impact of WASH, such as on health or the reduction of WASH-related diseases.

In the areas of care work, minimal immediate changes were observed which are associated more closely with housework than house-related care work, such as doing the laundry or washing the dishes. Women still bear the brunt of primary care work. Results of the endline survey also showed reduced shared responsibility between men and women in doing care work which leads to women being the ones primary responsible for handling these tasks. One justification for this result is the need of the family to cope with the economic impact of COVID-19, where the male family head often goes out of the house to work, look for work or earn money for the family.

Sustainability

The project strategy of creating MMH champions within the barangay is effective for sustainability purposes since it created a network of champions who share the same experience and responsibilities both in the community (i.e., councilor) and in their families (i.e., mothers). The shared experience and sharing of information can result in sustained motivation among the MMH champions. Results from the evaluation also showed that the MMH champions continued to disseminate information on proper hygiene even after project closure.

As for the handwashing facility, there are challenges in maintaining sustainability especially for the municipalities who reported water problems during the rainy season. This could greatly affect the quality and quantity of the water used in the facility. In addition, 111 units (as of February 2021) of handwashing facilities have no maintenance on water storage tank and water storage stands or bases. The lack of management arrangements for these handwashing facilities also led to damage and need for repair and replacement. These conditions, in addition to the use of stainless materials, affect the sustainability of the project because these facilities, when not maintained, would just be non-functional and would easily disintegrate through time.

II. FINDINGS BASED ON THE PROJECT'S RESULTS FRAMEWORK

This section outlines the findings of the evaluation based on the outcomes, outputs and the indicators identified in the project results matrix. Findings under each of the indicators were compared with available baseline data.

Outcome 1: Sustained improvement in hygiene and health behaviours

Making handwashing convenient to community members

Jahanie, 39 years old, is a health worker who experienced the compounded economic impact of COVID-19 after their business was affected. The community quarantine which restricted the mobility of the community members instilled in them fear and anxiety that they might get infected by the COVID-19 virus. She is a member of the Barangay Health and Emergency Response Team (BHERT) and one of the team's roles is to run the checkpoint and check the flow of people from abroad and nearby provinces to their communities. Her daily tasks in the BHERT made her susceptible to the virus, given her higher chance of exposure. One of the challenges they face in performing their duties is the lack of a clean supply of water which they can use in washing their hands during and after work, such as when they take a break. 'We also get our water from the hand pump wherein we must walk a few minutes just to refill and carry heavy loads of water,' Jahanie said.

With the handwashing facility constructed by the project, Jahanie and her fellow BHERT members now have access to clean water which they can use in safely washing their hands. It also gave them some comfort because they no longer have to refill the water container they use for handwashing. The handwashing facility contributed to instilling in her the behaviour of washing her hands frequently, and this is reinforced whenever she sees the facility. 'I am very much thankful that the project has given us different services, especially the handwashing facility. It even helped us address community health issues such as diarrhea,' she said.

Results of the study showed that the project contributed to short-term or immediate behaviour changes in hygiene and health behaviours through the practice of proper handwashing using clean water and soap. Data also showed that community members are constantly abiding by World Health Organization (WHO) and government-recommended health measures. Interviewed community members said that they constantly wear face masks when going out. In Eastern Samar, beneficiaries reported having alcohol inside their bags when going out; while in Maguindanao, alcohol was used as a complementary disinfecting agent within their households.

In relation to the number of COVID-19 cases, results of the evaluation showed that there are no reported cases in the project areas (Lawaan and Quinapondan in Eastern Samar, and Sultan sa Barongis in Maguindanao). These data were gathered through key informant interviews.

In Eastern Samar, secondary data obtained from the Facebook page of the Provincial Health Office (PHO) of Eastern Samar showed no active cases, but as of 17 April 2021, there were 79 recovered cases in Lawaan and 41 recovered cases in Quinapondan. Interviewees were not aware of the number of recovered cases in their municipalities, but they were aware that they had COVID-19 cases during the latter part of 2020 and early 2021 as compared with the months of March to June 2020, which was also the start of the project. The lack of cases during the period between March and June 2020 can be attributed to several contextual factors, such as the enforcement of the community quarantine which restricted the mobility

of the people, thereby curbing the transmission of COVID-19; lack of testing centers especially during the early phases of COVID-19 in the country which resulted in non-identification of cases; and limited awareness of rural community members about COVID-19, which limited their ability to associate any sickness they had with the symptoms of COVID-19. Although the majority of interviewees could not provide a possible reason for the emergence of COVID-19 cases in their communities during the latter part of 2020, the evaluation team assessed that the emergence of cases can be attributed to the movement of people from urban to rural areas, with the possible implication of the Balik-Probinsya Program of the national government. Balik Probinsya was also mentioned by an interviewee from the Lawaan Municipal Rural Health Unit as a possible reason for increased COVID-19 cases last year. This assessment was also supported by statement of some interviewees who were on duty at their community checkpoints where they checked the travel and health documents of people traveling to or passing through their communities.

The construction of handwashing facilities also contributed to changes in hygiene practices, such as frequent handwashing by community members, especially children, through the use of the facilities. The construction of the handwashing facility was viewed by an LGU representative as a great influencing factor in encouraging the constituents to practice proper handwashing. One LGU representative said that 'The construction of the handwashing facility is really a big thing in imparting to the ordinary people the ways on how to avoid COVID-19. The knowledge on how to properly wash your hands has a big impact on people.'

The increase in awareness on COVID-19, proper hygiene and sanitation behaviours such as proper handwashing, and awareness on gender norms and equal distribution of gender housework responsibilities can also be greatly attributed to the MMH champions, who constantly impart the things they learned in their MMH training to their families and other community members. These champions are composed of community members who are members of the barangay local government units (i.e., kagawad). The MMH champions continuously provide training and awareness raising activities within their barangay and their homes through informal communication such as house-to-house kumustahan [checking up on each other]. MMH Champions in Lawaan, Eastern Samar are also barangay health workers who are usually tapped by the LGU for their hygiene promotion program which is conducted every month. The feeling of familiarity and trust that community members have towards these MMH champions, who are also members of the community, led to a more positive behaviour change.



Training of MMH Champions in a municipality in Maguindanao.
(Photo: IDEALS)

Another project strategy that sustained the changes in hygiene and sanitation behaviour of the communities is the information campaign of the project through community-based strategies (i.e., bandilyo, recorida) and collaboration with local media organisations. The collaboration with local media organisations allowed the project to integrate hygiene and sanitation key messages in radio programs. This provided an opportunity to reach more people within the project areas.

Proportion of women and men reporting that they are able to abide with WHO or government-recommended health measures

Survey respondents in Eastern Samar and Maguindanao indicated that they abide with government-recommended health measures. Among the top health measures identified and practised by the respondents include washing hands regularly, wearing face masks/shields when going out and cleaning hands with alcohol-based hand rubs. Annex D with Tables 2a and 2b show these results.

Washing hands regularly with soap and water was the top health measure identified by the respondents with 94 percent of the respondents -- 92.8 percent in Eastern Samar and 97 percent in Maguindanao -- who said that they practise it regularly as a preventive measure against COVID-19 transmission and infection. Observing physical distancing came in as the fourth most observed measure with 74 percent of the respondents (527 out of 740) in both provinces who reported practising it. There is no significant difference in responses between male and female respondents as the difference is at a minimum of approximately two percentage points and up to three percentage points if responses to other COVID-19 measures are factored in.

When comparing the results of the baseline and endline surveys across the top four measures, it can be observed that there is an increase in the number of men and women from both provinces who reported that they follow government-recommended measures to prevent COVID-19. In Eastern Samar, the highest increase in percentage points was in observing physical distancing, with a reported increase of 37.1 among men and 36.1 among women. In Maguindanao, the highest reported increase is in cleaning hands regularly with soap and water reflecting a 34-point increase among men and 54-point increase among women.

Figure 1: Top Measures Taken by Men and Women against COVID-19 in Maguindanao (Baseline vs. Endline)

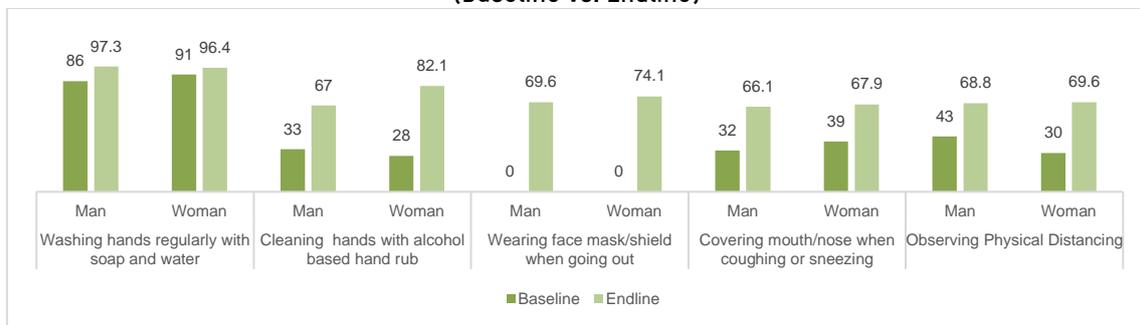
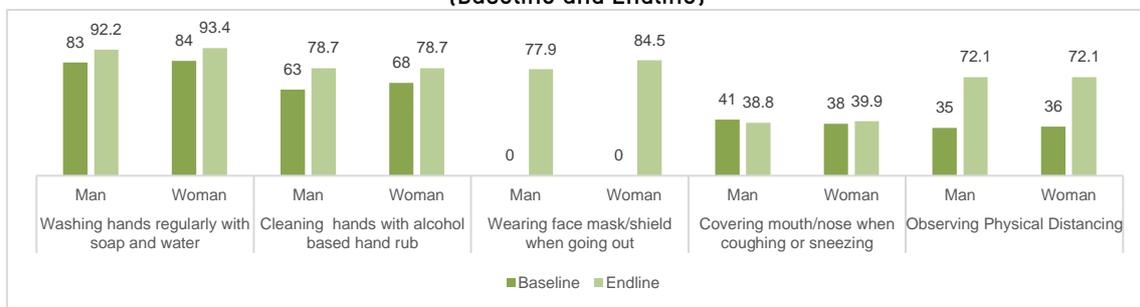


Figure 2: Top Measures Taken by Men and Women against COVID-19 in Eastern Samar (Baseline and Endline)



This was also supported by qualitative data which states that families highly and frequently practise handwashing with soap and clean water inside their homes, especially before eating. Parents, especially mothers who are also MMH champions, mentored the members of the family, particularly their young children, on how to properly wash their hands. A mother in Maguindanao said that she always tells her children to wash their hands with water and soap or to clean them by applying sanitizer. She said, 'I always tell my kids to always wash their hands especially after going to the toilet and prior to going out of the house. I tell them that they should wash their hands before they interact with others so that they can avoid contracting COVID-19 and other diseases.' Children, on the other hand, were reported to have developed the habit of proper handwashing such as after playing and before eating. Community members also reported that they had observed lower incidence of waterborne diseases (i.e., diarrhea) in their communities, which they attributed to the improved and frequent handwashing practices of community members.

Proportion of women and girls and men and boys who know steps in identifying, reporting, handling of COVID-19 cases

Recognition and identification of the symptoms is the first key step to ensure proper reporting of COVID-19 cases to the authorities for proper handling. Knowing what you should avoid and knowing if you have acquired the virus are key information in properly determining the next steps that a person would do. Results of the endline survey were consistent with baseline data which showed that 'fever/headache' and 'dry cough' are the top two symptoms associated with COVID-19 identified by both men and women across the two provinces. Furthermore, in both provinces, there are fewer female respondents who identified 'difficulty breathing' as a symptom, with a seven percent and four percent decrease from baseline data for Maguindanao and Eastern Samar, respectively. The endline household survey shows that flu-like symptoms are still easily identified with COVID-19 symptoms compared with non-flu-like symptoms like diarrhea and loss of taste and smell.

Table 2: Comparison of Baseline-Endline Values on: Awareness of Symptoms, Case Handling Measures, Awareness of Comorbidities and Risk Factors

Indicators	Response	Maguindanao				Eastern Samar			
		Men		Women		Men		Women	
		Baseline (%)	Endline (%)	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)
a. Men and Women Respondents in Eastern Samar and Maguindanao Able to Identify COVID-19 Symptoms	Fever or headache	92	94.6	86	92.9	91	98.4	92	98.4
	Dry cough	82	89.3	84	75	88	96.5	87	95.7
	Difficulty breathing	60	60.7	65	58	51	59.7	61	56.6
b. Case Handling Measures Identified by Men and Women Respondents in Eastern Samar and Maguindanao	If no symptoms, self-quarantine for 14 days at home	40	82.1	37	87.5	59	79.8	54	77.9
	If mild symptoms, self-quarantine for 14 days at home or at designated local isolation quarters or facilities	29	56.3	22	50	64	76	68	79.1
	If severe symptoms, go to a Level 2 or 3 hospital for COVID-19 testing and confinement	28	50	25	59	25	62	30	59.7
c. Awareness of Risk Factors and Comorbidities by Men and Women Respondents*	Travel to an area with local transmission of COVID-19	59	63.4	59	72.3	74	78.3	74	77.1
	One is 60 years old and above	42	48.2	42	49.1	59	76.7	59	78.3
	Woman with high-risk pregnancy	26	39.3	26	38.4	21	53.1	21	53.5
	Residing in area with local transmission	6	26.8	6	40.2	30	54.7	30	55

Survey data also showed an increase in the awareness of the respondents about the risk factors and comorbidities that make them more vulnerable to COVID-19. For Maguindanao, 28 percent of men and 13 percent of women respondents reported increased knowledge of comorbidities, while 28 percent of respondents from Eastern Samar also reported increased awareness. The increase in community members' awareness of the symptoms, risk factors and comorbidities further support the increased rate of awareness of proper care-handling measures for COVID-19. An average increase of 28 percent to 47 percent was reported in Maguindanao, while Eastern Samar reported an increase of 12 percent to 33 percent.

In relation to reporting symptoms for COVID-19, there were no reported cases being received from the different feedback mechanisms established by the local government. Most of the reporting is done during meetings of the municipal and barangay LGU. However, these reports are more focused on how to handle COVID-19 cases and the status of their COVID-19 mitigation and response instead of reporting the actual number of cases. The meetings were also used by the MLGU to further emphasize the need for accurate information dissemination on COVID-19 to better manage and respond to the threat posed by the virus.

Outcome 2: Gender norms promote equal distribution of hygiene/health related care work among women and men at the household and community levels

At the household and community level, baseline information showed that housework is associated with women. This was also consistent with evaluation results when interviewees reflected on the roles of women prior to the project implementation. In one of the interviews from Maguindanao, it was noted that women are viewed as the primary persons in doing all the work, including taking care of the children, the sick and the elderly in the household. In assessing if this view has changed after the implementation, all the interviewees reported a slight change in their knowledge on gender norms and roles within the household which led to sharing housework between husbands and wives. The evaluation however, assessed this as a 'slight change' since identified work that are now redistributed are more of housework, such as doing the laundry instead of care work. Fetching water and chopping firewood, which were stated by the interviewees as tasks shared by men in the household were viewed as tasks that were already being done by the men in the family even prior to the implementation of the project. In Eastern Samar, one interviewee said that although she and her husband work in the farm, her daughter who stopped attending school continues to maintain the cleanliness of their house, while her son is responsible for outside work such as construction. This distribution of roles still corresponds to the results of the baseline which showed that women and girls are still primarily responsible for care work and most of the housework, while men and boys are responsible for earning and providing for the family.

At the community level, women's role in the COVID-19 response strategy of the barangay was also acknowledged as they perform the frontline service of monitoring checkpoints together with the assigned police and military officers. They helped in checking the eligibility of travelers who passed by or stayed in their barangays, and they are the ones who recommend who should be brought to the barangay health unit for further processing or quarantine. A couple of women interviewees narrated that they are now viewed as more than just members of the household. They are now viewed as important members of the community.

Increasing women's self-confidence in community roles

Mafe is a Municipal Rural Health Worker and WASH focal person in one municipality of Eastern Samar. She is responsible for all the WASH-related activities in their municipality. Mafe shared how women's confidence in performing their important role in the community's COVID-19 response can be attributed to the training provided by the project and their participation as MMH champions. 'More women are given opportunities to excel and lead in WASH since they have increased their knowledge about proper handwashing and sanitation through their participation as MMH champions in our community. Most of them have various roles – from being a parent, a wife, a barangay worker – yet despite these and the increased risk and exposure to the virus, these MMH champions still have a significant role in their communities. They are always ready to roam around the community to explain how COVID-19 can be prevented, especially during this most difficult phase of the pandemic where number of cases is high. Women are strong assets in our COVID-19 response. They participate in the response and also provide a more detailed and systematic perspective during the implementation stage. We analyse the situation to recommend right actions. As a woman and a mother, our life experiences coupled with the knowledge we gained from being an MMH champion honed and pushed us to always strive to do our best, developing ourselves in the process. We won't stop until solutions to COVID-19 can be made,' said Mafe.

It can be noted that although minimal change has been observed in the areas of gender norms, particularly the redistribution of house and care work among men and women, the changes contributed by the project in increasing the visibility of women’s importance in the community have been significant. The MMH champion strategy is one of the great contributors to this visibility. Furthermore, interviewees said that the involvement of the whole family in project interventions helped in making family members understand the importance of gender norms and equal work distribution in addressing the multiple burdens of women.

Reports of household distribution of care work among women and men and stories of how COVID 19 has influenced change on gender norms within household

Survey data showed that both men and women were heavily affected by reduced work and not having paid work due to the enforcement of community quarantine by the provinces which restricted mobility and disrupted normal business operations. Qualitative data indicate that despite the shared work between men and women on household chores, men still perceived that women should be the ones more involved and responsible for both housework and care work.

Figure 3: Observed Change in Daily Activities due to COVID-19 by Men and Women Respondents in Eastern Samar

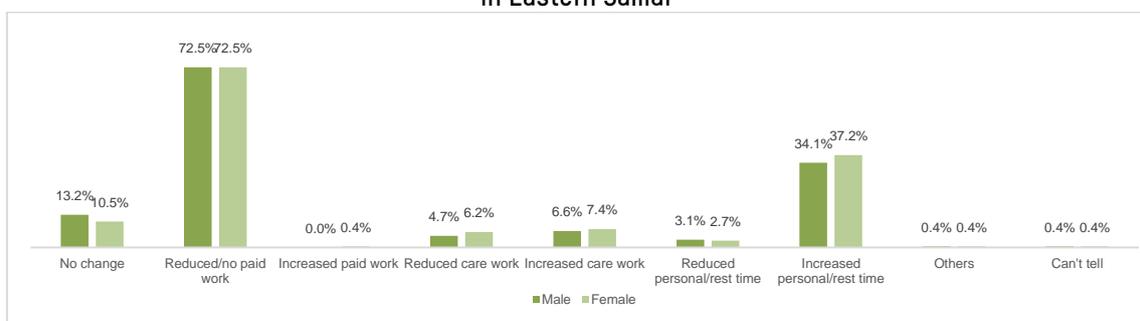
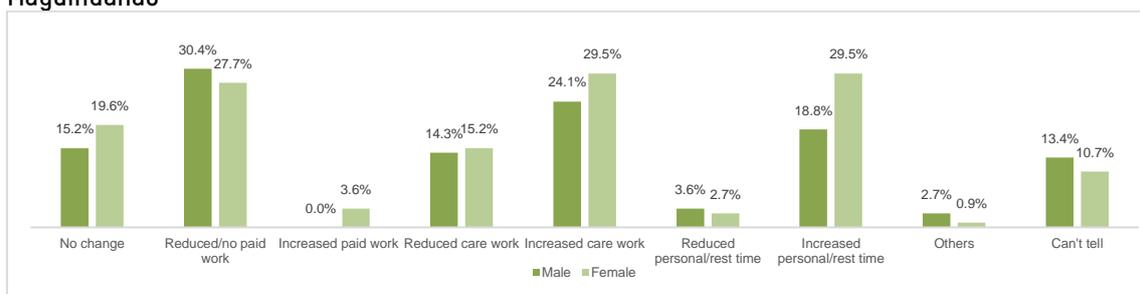


Figure 4: Observed Change in Daily Activities due to COVID-19 by Men and Women Respondents in Maguindanao



Perceptions of community members on how COVID-19 and the project have influenced gender norms in community⁴

Compared with baseline data, there is a noticeable decrease of at least 10 percent across respondents for both provinces, who said that taking care of suspected COVID-19 cases should be a shared task for both men and women. A higher decrease, 22 percent, can be seen in Eastern Samar with respondents stating that caring for the sick member of the family is a woman’s responsibility. The said decrease is consistent with the increase of male and female respondents who answered that women should take care of their sick family member, which is a regression from the baseline result. Survey results for both Eastern

⁴Please note that the initial formulation of the indicator states ‘Perceptions of WECARE champions on how COVID-19 and the project have influenced gender norms in community.’ However, the survey tool did not indicate the identifier for WECARE champions so data cannot be filtered, thereby generating no data on perceptions. In line with this, indicator was changed to ‘community members’ instead of WECARE champions.

Samar (51 percent men; 52 percent women) and Maguindanao (51 percent men; 51 percent women) believed that women should have the primary responsibility of taking care of a sick family member.

Figure 5: Expected Carer if a Family Member has COVID-19 Symptoms by Men and Women Respondents in Eastern Samar and Maguindanao -- Endline

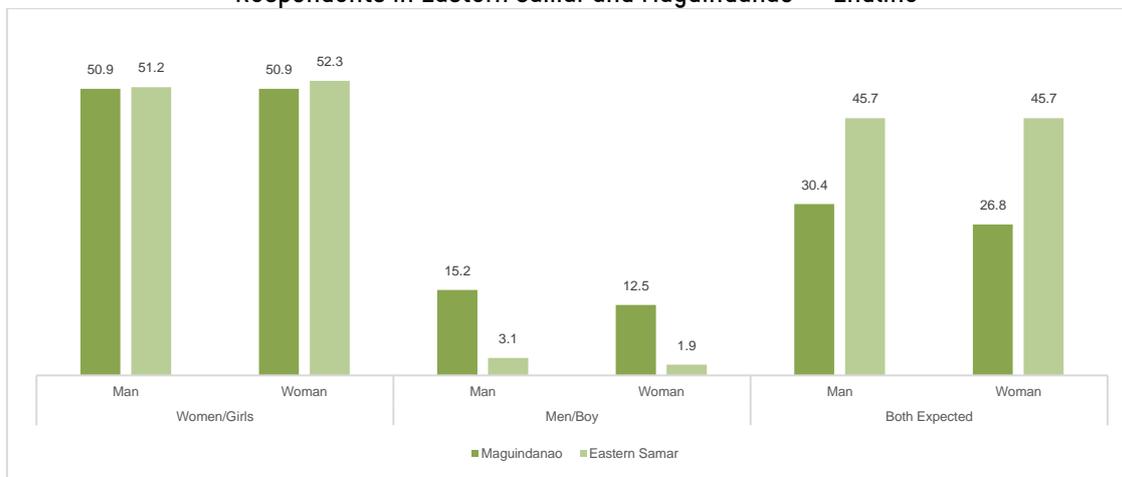


Figure 6: Expected Provider in the Household During Pandemic by Men and Women Respondents in Eastern Samar and Maguindanao -- Endline

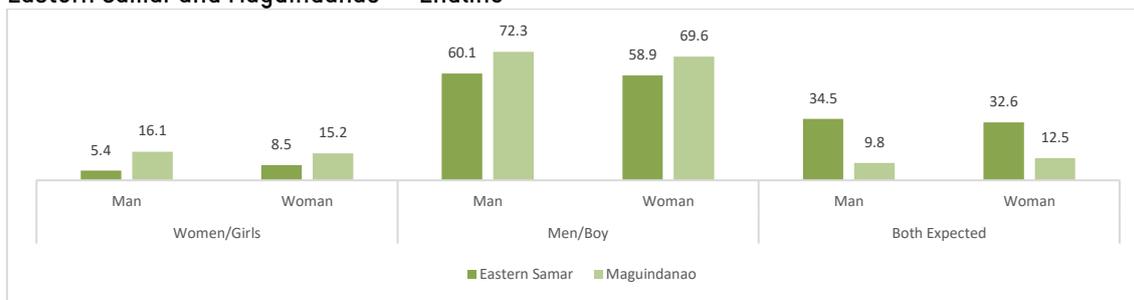


Table 3: Expected Carer and Provider Baseline-Endline Comparison for Both Provinces

AREAS	(a) Expected Carer				(b) Expected Provider				
	Shared Responsibility		Women		AREAS	Shared Responsibility		Men	
	Baseline	Endline	Baseline	Endline		Baseline	Endline	Baseline	Endline
Maguindanao	~38%	28%	47%	51%	Maguindanao	~38%	11%	47%	70%
Eastern Samar	~68%	46%	27%	52%	Eastern Samar	~54%	34%	52%	59%

Furthermore, 70 percent of Maguindanao respondents still think that it is the responsibility of the men to provide for the household needs of the family during the pandemic. In Eastern Samar however, 35 percent of men and 33 percent of women said that providing for the family during the pandemic is a shared responsibility. While this is larger compared with the 10 percent of males and 13 percent of females in Maguindanao who thought that providing for the family is a shared responsibility, these values are both lower by a minimum of 20 percent from the results of the baseline. The return to work after the lifting of the community lockdowns can be a contributing factor to this, as explained in the interviews. When the livelihood activities of men were affected at the height of the pandemic, their additional free time was spent in helping the women in doing unpaid care work. But after government assistance was depleted and lockdown was lifted, men started looking for work or employment opportunities, which then limited the time they can devote to doing house and care work.

Time spent by women and men on care work

Data from the endline survey showed that women respondents in both provinces spent most of their time taking care of the children. On the average, women spend three to four hours more than men respondents in taking care of the children. Fifty-nine percent of women reported that they have reduced or no paid work as compared with the men. Comparing Figures 3 and 4 with Table 3 suggests that observed changes in daily activities due to COVID-19 has an effect on hours spent on care work. This is specifically evident in Eastern Samar wherein a large proportion of men (72.5 percent) and women (72.5 percent) reported reduced/no paid work and at the same time reported an increase in average hours spent on primary care work with an additional 1.12 hours to 1.34 hours from the reported baseline values. Interviewees also highlighted that men were helping in the household chores during their extra time or whenever they are free from work. An interviewee said that her husband helps her in doing household work when he is not working.

Table 4: Average Daily Hours Spent on Care Work by Men and Women Respondents in Eastern Samar and Maguindanao

Areas	Different types of care work	Baseline		Endline		Difference (+/-)	
		Respondent Class		Respondent Class		Respondent Class	
		Men	Women	Men	Women	Men	Women
Eastern Samar	Primary care work	0.66	3.61	2.00	4.73	1.34	1.12
	Secondary care work	0.36	1.02	0.68	1.73	0.32	0.71
	Care of children	1.88	5.40	1.81	5.39	-0.07	-0.01
	Care of dependent adults	0.57	1.45	0.32	0.74	-0.25	-0.71
Maguindanao	Primary care work	2.01	5.11	1.67	5.41	-0.34	0.30
	Secondary care work	0.85	1.65	1.18	3.31	0.33	1.66
	Care of children	2.44	8.05	3.86	8.75	1.42	0.70
	Care of dependent adults	2.07	2.41	2.89	5.35	0.82	2.94

As shown in Table 4, there was also a double increase, from 2.41 to 5.35, in the average hours spent on care of dependent adults by women respondents in Maguindanao. Data showed that 19 percent of the interviewed households in Maguindanao have elderly dependents. Furthermore, 37 percent of these elderly dependents are aged 70 years old and above and who would naturally require more attention and support on a day-to-day basis.

Aside from doing care work at home, 46 percent of women respondents for both provinces also contributed to the household's economic needs as they spent, on average, 2.17 hours of their time on paid work or income-generating activities. Female respondents in Eastern Samar reported spending at least two hours more than women in Maguindanao. In both provinces, men respondents tend to spend, on average, four hours more in doing paid work than women respondents.

Looking at the care work done by this group of women, data in Table 5 showed that most of their care hours were spent on food preparation/cooking, washing kitchen utensils/doing the dishes and cleaning the house. Women from both provinces performed these activities on multiple occasions in one day, usually in the morning, mid-day and evening. Data further showed that these women doing paid work tend to spend less hours on care work compared with those women respondents who were not doing paid work.

Table 5: Average Daily Hours Spent on Care Work by Women doing Paid Work and Women not doing Paid Work

AREAS	Care Work	Average Hours Doing Care Work	
		Women Doing Paid Work	Women Not Doing Paid Work
Eastern Samar	Food preparation, cooking	0.81	1.19
	Cleaning house	0.26	0.53
	Washing kitchen utensils/doing the dishes	0.19	0.42
Maguindanao	Food preparation, cooking	0.79	1.78
	Cleaning house	0.29	0.65
	Washing kitchen utensils/doing the dishes	0.22	0.69

Output 1: Local authorities understand vulnerabilities and behavioural triggers and provide supportive environment

The project fully supported the local authorities in the target municipalities to better understand the vulnerabilities of women and how to better provide for women’s needs especially during this time. One of the project’s strategies is to ensure that activities are collaborated and coordinated with the LGU. Local authorities involved in the study mentioned that they participated in the project’s activities and they found that it helps them in better understanding COVID-19 transmission and measures to prevent transmission.

‘They consistently communicate with us, whenever there are activities. They informed us and sometimes I was able to participate.’ - MLGU representative in Eastern Samar

They mentioned that they are able to enforce community quarantine protocols especially during lockdowns or enhanced community quarantine. One example was the increase of confirmed cases in the municipality of Lawaan, Eastern Samar in October 2020 when locals who were living in Metro Manila returned to their municipality. Seventeen confirmed COVID-19 cases were reported in one barangay, which resulted in the local authorities’ active enforcement of a 14-day lockdown, contact tracing, and mass swab testing. In addition to the government’s effort, the local authorities also recognized the HBCC’s timely distribution of hygiene kits, installation of handwashing facilities, and MMH champions doing information campaigns on COVID-19 updates protocol which led to the decrease in COVID-19 cases in the community.

LGUs were also supportive of the project’s strategies and provided an enabling environment for the project to fully implement its interventions. Among these strategies is the complementation of the handwashing facility with a water source and ensuring that the water source will be sustainable. Although there are challenges encountered with the water source especially during rainy season (i.e., brown-coloured water due to flooding), the LGU still tried to provide solutions on how to better sustain the community level facilities.

Interviewed local authorities also reported that the project reinforced the existing information they have on COVID-19 and further adapted their strategy to the community by tapping community members as critical agents of the implementation (i.e., MMH champions). Through awareness-raising campaigns such as the bandilyo and recorida, local authorities and community members had a deeper understanding on the importance of knowing accurate information related to COVID-19 and reporting suspected and confirmed COVID-19 cases.

The HBCC project, through project staff and MMH champions, provided opportunities to push for the development and enhancement of new and existing ordinances supporting COVID-19 measures. As shared by the Rural Health Unit (RHU) in Eastern Samar, the project helped them in better managing the handwashing facilities and also in emphasizing the need for establishments to install handwashing facilities.

HBCC project adds value to Quinapondan's ongoing COVID-19 response

When the national government declared a health emergency because of COVID-19, the Local Government Unit of Quinapondan was still not prepared since they didn't have funds allocated for a pandemic and they were overwhelmed by the amount of information and strict enforcement of health protocols. 'We did not expect that the effect of COVID-19 will be like this. During this time, helping each other within the community had been very helpful since we were able to do our work and also take care of quarantine facilities in the barangay.' However, despite this, their knowledge on COVID-19 is still limited and the measures on how to prevent it are still general. In the months of February and March of last year, people were still not aware or didn't know what COVID was. The project provided a solution to this information gap. 'The HBCC project greatly helped us especially in increasing our knowledge through the project's activities, such as the construction of handwashing facility which has an accompanying information and dissemination activity for the people on how to avoid COVID-19. They also have other programs such as the WASH committee and Mum's Magic Hands in the different barangays which helped community members. The MMH champions were also very helpful. Together with the construction of handwashing facility, the project also helped in developing ordinance on handwashing. If we will base what we have during February and March 2020 and when the project was implemented. I can say that the project has been one of the solutions on how to prevent COVID-19. This has been the biggest impact of the project to us.'

Local leaders who are able to respond and manage COVID-19 based on existing standards and good practices

Local leaders rated their COVID-19 response and management as 'satisfactory' to 'very satisfactory' and highlighted their efforts on the implementation of the COVID-19 response in their respective communities such as establishing checkpoints, providing relief goods, and continued support services for women/girls and other vulnerable groups. A barangay kagawad [village councilor] from Lawaan, Eastern Samar shared that they continue to provide health services through their health center and health workers, which includes provision of medicines and vitamins. The barangay also has a specific committee on women that handles cases of violence against women. However, based on the interviews, there were no indications of transformative change on how the government responded to the pandemic. The high rating was also attributed to the low or zero incidence of active COVID-19 cases. In addition, the local leaders also attributed the high assessment rating to adequate and timely medical health support given by their Rural Health Unit, which they viewed as very active, especially in monitoring their constituents. However, local leaders acknowledged that their COVID-19 response is still limited, especially in providing economic support and food assistance.

It is also interesting to note that some local leaders rated their performance as high on women's leadership in the overall COVID-19 response, citing that most barangay officials are women. However, COVID-19 response roles are assigned to them since it is expected from a barangay official, and not as a recognition of their contribution as women. On the other hand, one local leader still viewed women as more vulnerable than men; thus, women need to be taken care of.

Percentage of households who are satisfied with the response to and management of COVID-19 in their area

The endline survey results showed high satisfaction with the barangay and municipal LGU among male and women respondents. On the average, 95 percent of the respondents in both

provinces are somewhat satisfied and very satisfied with the barangay LGU's COVID-19 management and response. Similarly, 95 percent of the respondents in both provinces gave a high satisfaction rating to their MLGU. The high satisfaction rating of the barangay and municipal LGU can be attributed to the very low to almost no cases of COVID-19 in all the municipalities. It can also be observed that the average of 10 percent of women and eight percent of women from Maguindanao who are dissatisfied with the M/BLGU response decreased by at least five percent to six percent from the baseline.

Table 6. Respondents' Satisfaction Rating

Indicators	Response	Eastern Samar		Maguindanao	
		Men (%)	Women (%)	Men (%)	Women (%)
Satisfaction with BLGU	Very Dissatisfied	0.4	0	1.8	3.6
	Somewhat Dissatisfied	0.4	5.4	1.8	2.7
	Somewhat Satisfied	63.2	53.5	38.4	42
	Very Satisfied	34	41.1	58	51.8
Satisfaction with MLGU	Very Dissatisfied	0	0	1.8	4.5
	Somewhat Dissatisfied	1.9	7.4	1.8	1.8
	Somewhat Satisfied	61.6	52.7	31.3	36.6
	Very Satisfied	36.4	39.9	65.2	57.1

Notifications and circulars by local authorities in response to interventions

Data gathered for the evaluation did not show any developed notification or circulars associated with the local authorities' response to COVID-19. The policies that are being implemented by the LGU on COVID-19 are localisations of policy from the Provincial LGU which comes from the IATF or national government. These policies were then placed in the province's and later their municipalities' context. However, it should be noted that there are not a lot of changes given that the national policies/recommendations on COVID-19 are applicable across all contexts. Examples of these are the policies on wearing of face masks and face shields, and social distancing. Interviewed local leaders also mentioned that violations of these protocols have accompanying penalties. It can be noted that observance of the protocols stems from two things: fear of contracting the virus; and fear of paying the penalties.

Interviewed local leaders also mentioned that the project supported the enhancement of their existing policies such as that of the unpaid care work, which they adopted in their barangay (series of 2020 to 2022) for implementation.

Output 2: Proper handwashing practices to prevent and reduce COVID-19 infection risks

Handwashing facilities, as part of the HBCC project interventions, were built and placed in different barangays of Eastern Samar and Maguindanao. The installation of communal handwashing facilities in strategic areas, such as near the barangay health center, reinforced hygiene-related habits. Among these are the improvement of handwashing practices, including frequency of handwashing in the community. One of the handwashing facilities was located near the entrance of the center, which serves as a reminder for employees to wash their hands first before entering the health center.



The height of the water tanks for the handwashing facilities in Maguindanao make it difficult for residents to refill it. An interviewee shared that 'Refilling it with water is quite challenging. The facility is too high and has no faucet. There are also times that the facility has no water because fetching water is difficult.' (Photo source: IDEALS)

The handwashing facility also instilled among children the importance of handwashing and contributes to the 'creation' of children's habit of washing hands before going home (i.e., after playing or going outside the house). In Eastern Samar, barangay health workers and barangay personnel reported that they made sure that handwashing facility supplies such as water and soap were continuously available. Regular maintenance and cleaning of the handwashing facilities were also ensured to sustain the usage and purpose of the handwashing facility. However, it has to be noted that there are also handwashing facilities that lacked maintenance or management,

which resulted in repairs and replacements of some of the materials.

One of the challenges that emerged during the interviews in maintaining the facility was the lack of clean water during the rainy season. In Brgy. Poblacion, Lawaan, Eastern Samar, one of the respondents said that their water source usually turns a 'brownish, muddy color' during the rainy season. In Brgy. Barurao, Sultan sa Barongis, Maguindanao, there is also a challenge in sustaining the water source for the handwashing facility since the design of the facility has a water storage drum that is too high for community members to fill up. The interviewed respondents found it difficult to refill the water tank as the design of the handwashing facilities did not take their average height into consideration.

Proportion of households that: have access to a handwashing station; report that soap is easily accessible; are not water insecure

Overall, the project was able to install all the 20 targeted handwashing facilities in the two provinces (100 each for Eastern Samar and Maguindanao). This provided access for the community members to a handwashing station.

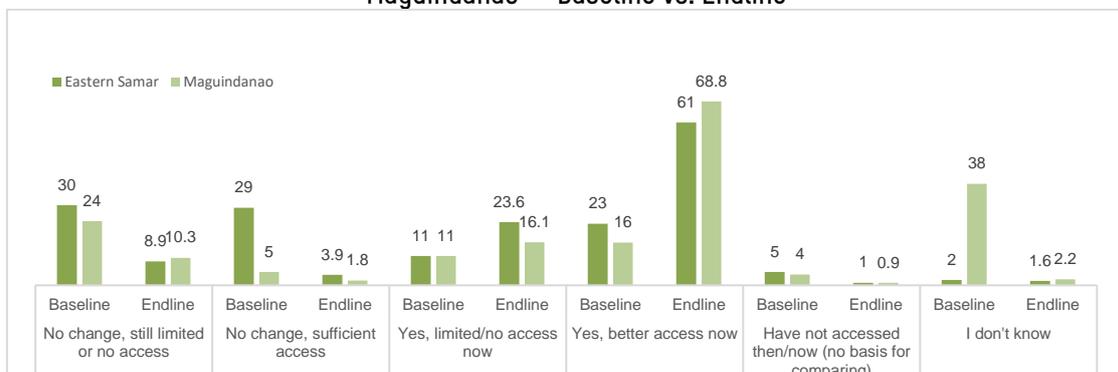
For water insecurity, survey results showed that households in Maguindanao have a higher percentage of water insecurity (19 percent) as compared with Eastern Samar (17 percent). Eastern Samar households have a five percent improvement from the baseline data on water insecurity, while Maguindanao with a slight regression of one percent. While these values may not be statistically significant given the margin of error of five percent set during the sampling stage of the study, the five percent increase in Eastern Samar may be attributed to the handwashing facility installed in the area. For Maguindanao, the slight decrease may be connected to the maintenance issues identified in the installed facilities during the post-distribution monitoring. Average satisfaction on the handwashing facility is also slightly higher in Eastern Samar (98 percent) compared with Maguindanao (94 percent) respondents.

Table 7: Water Insecurity Scores of Households in Eastern Samar and Maguindanao

Water Insecurity Score	Baseline		Endline		Difference (+/-)	
	Eastern Samar	Maguindanao	Eastern Samar	Maguindanao	Eastern Samar	Maguindanao
Water secure	78%	82%	83%	81%	5%	-1%
Water insecure	22%	18%	17%	19%	-5%	1%

Respondents from both provinces reported that they now have better access to WASH services specifically provision of WASH/hygiene kits as reflected by the endline survey data (61 percent, Eastern Samar; 69 percent, Maguindanao). Results show a significant increase of 38 percent for Eastern Samar and 53 percent from the baseline data. Respondents in Eastern Samar (76 percent) and Maguindanao (70 percent), further reported that WASH/hygiene kits they had access to were provided by CSOs/NGOs with projects in their communities.

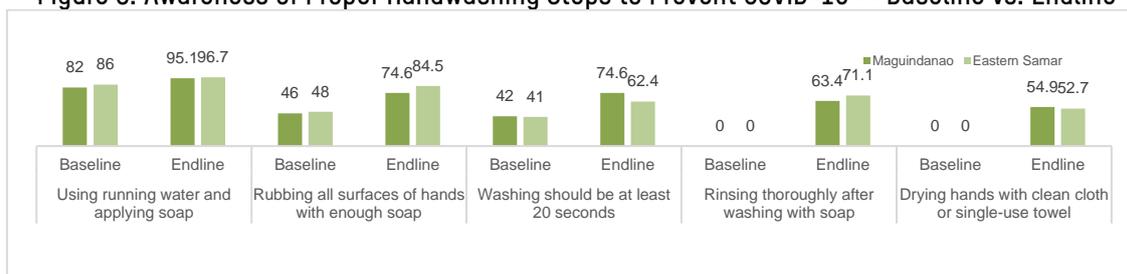
Figure 7: Change in Access to WASH Services Due to the Pandemic in Eastern Samar and Maguindanao -- Baseline vs. Endline



Proportion of men and women who can correctly describe handwashing needed to reduce the spread of COVID-19

Endline evaluation results showed an increase in ability to describe the proper techniques for handwashing. An average of 81 percent from Eastern Samar and Maguindanao identified the top three correct procedures for handwashing. This also supports and reinforces the result of handwashing as the primary and top health measure identified by the community members to fight against COVID-19. The result of the chi-square test (.001) showed that there is a significant association between the respondents who identified handwashing as a measure against COVID-19 and knowledge of the respondents on two of the top three steps in proper handwashing. The findings are consistent with the MMH report that indicated at least 93 percent of observed individuals who properly washed their hands (804 out of 869 observed individuals)

Figure 8: Awareness of Proper Handwashing Steps to Prevent COVID-19 -- Baseline vs. Endline



Percentage of households that practise proper handwashing by gender and vulnerabilities as applicable

Survey data in both provinces showed that persons with disability practice proper handwashing with some difficulty. This can be attributed to the difficulty of movement and getting used to the location of the facility. It can be noted that women (12 percent) who have difficulty remembering practise proper handwashing more than men (eight percent).

Table 8: Percentage Who Practised Proper Handwashing by Gender and Vulnerabilities

Vulnerabilities	Response Categories	Men		Women	
		Proper Handwashing		Proper Handwashing	
		Count	%	Count	%

Difficulty seeing	Yes, with some difficulty	50	14%	61	17%
	Yes, a lot of difficulty	0	0%	1	0%
Difficulty hearing	Yes, with some difficulty	17	5%	23	7%
Difficulty walking	Yes, with some difficulty	17	5%	22	6%
Difficulty remembering	Yes, with some difficulty	28	8%	43	12%
Difficulty self- care	Yes, with some difficulty	8	2%	9	3%
Difficulty communicating	Yes, with some difficulty	15	4%	27	8%

Output 3: Stigma is mitigated through responsive information

Prior to the project, community members shared that there are concerns focusing on the impact of COVID-19 and how it creates fear and anxiety towards those who are suspected and exposed to COVID-19. They perceived that if they come in contact with an infected person, they will eventually get infected. The need to address the information gap on COVID-19, including proper ways of interacting with suspected and confirmed COVID-19 cases, was addressed by the project.

Training activities directed at improving the capacity of MMH champions also served as opportunities for the project to change the perception, not just of the MMH champions, but also of the community members. These venues, coupled with the strategies on information dissemination, increased the sensitivities of the community towards people who had or are suspected to have COVID-19 cases. Through the project, people learned that they should not discriminate against people who contracted and are exposed to the virus, since it adds to the latter's psychological burden on top of their physical struggles. It is also encouraging for those who are COVID-19 positive to see that their neighbors and community members accept and understand their situation.

Another strategy of the project to mitigate stigma is by airing a series of commercials and information materials in radio programs in various communities. The combined knowledge on COVID-19 through trainings and MMH champions, observing health protocols, continued reminders from the local government, and airings of radio episodes, facilitated better community actions in response to the pandemic and created a positive attitude towards infected persons. Constant playing and airing of the MMH commercials/information materials led to retention and recall among community members on the significance of hygiene and sanitation in mitigating the impact of and transmission of COVID-19, including the elimination of stigma and discrimination against COVID-19 positives, health workers, and frontliners.

In support of the project's advocacy on anti-stigma and discrimination, the Municipality of Quinapondan in Eastern Samar passed an ordinance that prohibits the discrimination, stigmatisation, humiliation and harassment of people who are affected by COVID-19, including suspected cases and health workers. A penalty of P2,500 and imprisonment of up to six months will be imposed on anyone who has been reported to violate this ordinance. This policy supports the initiative of the project in eliminating the stigma associated with COVID-19.

Reports and stories on communities successfully handling or addressing cases of discrimination related to COVID-19

Among the cases of discrimination mentioned by the interviewees include avoidance of people who are suspected of having been affected or exposed to COVID-19, rumor-mongering among community members against suspected COVID-19 positive persons, and malicious stares from other community members. Barangay kagawads who are also members of the BHERT and considered as frontliners, also experienced discrimination since

they have a high risk of exposure to COVID-19. The majority of these reports and stories were communicated informally to the community leaders and local authorities. In response to these reports, community leaders educated the community to stop discriminating people who were affected by COVID-19.

One interviewee who got exposed to a suspected COVID-19 patient said that she experienced discrimination from her fellow community members. She also said that people tended to avoid her and gossiped about her. However, she said that this type of harassment and discrimination seldom occurs at present due to the activities conducted by the project. She said 'PRRM and Oxfam did a very significant thing in teaching us that we should not discriminate people who have close contact with COVID-19 patients or are victims of COVID-19. We were taught how to help each other instead of pushing other people down.'

Another interviewee said that 'Some were being discriminated to the point that the neighbors of those COVID-19 positives were told not to pass by those areas with COVID positives. We usually tell them that discrimination would not be helpful, and we also try to control and stop the spread of gossip and rumors in the community.'

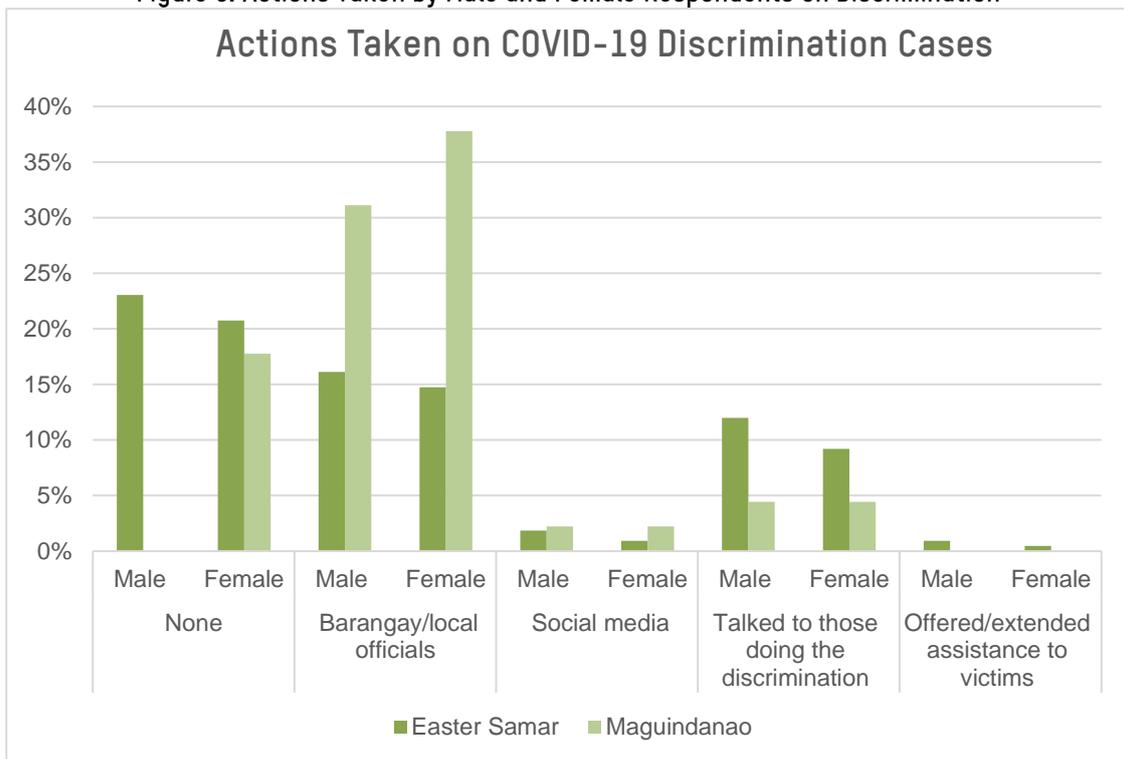
Number of women and men calling into the help desk, radio, using social media, etc. to access information related to stigmas identified

The municipalities of the project areas all have women's desks which are tasked to receive complaints of harassment which includes cases of stigma, and other gender-based violence in the community. However, data from both interviews and survey did not generate information on the number of women and men accessing this mechanism. Interviewed community members also indicate that there are no official monitoring and reporting mechanisms for discrimination cases associated with COVID-19. Most of the information regarding discrimination and stigma are received by the barangay kagawads through word of mouth or informal communication.

Table 9: Number of Male and Female Respondents Who Are Aware of Discrimination Against Suspected COVID-19 Positive

Areas	Male	Female	Total
Eastern Samar	93	82	175
Quinapondan	66	59	125
Lawaan	27	23	50
Maguindanao	14	25	39
Sultan sa Barongis	14	25	39

Figure 9: Actions Taken by Male and Female Respondents on Discrimination



Types and number of messages developed on reported types of stigma

Evaluation results did not generate information on the reported cases of stigma in both provinces. Cases of stigma were shared during informal conversations in the community which could not be considered as formal and official reported cases of stigma. In response to these cases, MMH champions and local leaders resolved such issues by reminding the persons involved not to discriminate against those who are COVID-19 positive. Therefore, there are no data establishing a clear link between these reported types of stigma and the development of messages or other materials.

Training sessions, on the other hand, provided general messaging on how to prevent discrimination by sharing information on COVID-19, and also the effects of stigma and discrimination to people who are suffering from COVID-19 or to those who are exposed to COVID-19. This general information led community members to think of the possible implication of their actions, particularly if they will discriminate against people affected by COVID-19.

Output 4: Influencing with local leaders supports improved gender norms

The baseline information indicates that prior to the project, men and women viewed women to be primarily responsible for housework, while men were the ones responsible for providing for the family. Results above showed that there was a change in the way men and women viewed the roles of women in the household. Interviewed community members shared that men and boys are now participating in and helping in housework, such as doing the laundry.

Roles of women in the community also improved, such that they are now part of BHERT and other committees in the barangay. Although this can be attributed in part to their having positions as barangay officials, the roles that they are holding can already be an entry point to more gender-sensitive and gender-responsive COVID-19 response interventions.

Number of local leaders trained and who report being in support of improving gender norms

All interviewed local leaders (six in Eastern Samar and five in Maguindanao) reported that they are supportive of improving gender norms. Specifically, local leaders were open to the idea of redistributing care work between men and women at home. They even highlighted some of the care work practices at home that were improved before and after the HBCC project, such as that it is appropriate that men and children help women in the care work duties at home.

'Currently, women can do more because we have stronger fighting spirit. Despite being women, we work even well. Some people say that women should just be at home taking care of children and doing household chores. But it is different now.'

~ MMH Champion from Eastern Samar

According to an interviewee in Eastern Samar, women can do a lot more if they are given the right opportunities to perform and grow. The lack of opportunity hinders women from performing well, limits their abilities, and confines them at home.

Number and types of actions by trained local leaders or champions in support of improved gender norms

In support of the project initiatives, the barangays of Lawaan and Quinapondan in Eastern Samar passed and implemented the unpaid care work ordinance which recognises the role of women in unpaid household care work and in societal development. This ordinance helped in acknowledging the work that women do in care work that is often neglected, since it is associated as one of their main responsibilities. Although the ordinance on unpaid care work was passed in 2018, not much has been done in its implementation.

With the onset of COVID-19 and the information dissemination of the project on care work, the ordinance was revisited and barangays now adopted the ordinance for 2020-2022. The newly enacted ordinance covered the integration of data on unpaid care work (percentage of time spent by age, sex, and location) in the Community-based Monitoring System, mobilization of GAD council and/or GAD Focal Point to undertake awareness campaigns, ensuring time and labor-saving equipment and facilities, as well as integration of care work issues in gender-mainstreaming policies and in the school curriculum (Annex E).

The inclusion of care work in the trainings and also in the information materials of the project made the community members aware of the need to look at the significance of women and the 'invisibility' of their contribution in paid care work since house care work is often viewed as an obligation of the daughter to her parent and of a wife to her husband and children.

Evaluation data was not able to find any training conducted by local leaders or MMH champions to support the improvement of gender norms. However, data from interviews mentioned that MMH champions conducted informal awareness-raising campaigns with their community members by doing house-to-house orientation on the importance of WASH services and positive gender norms in care and housework. During these house-to-house informal orientations, MMH champions are able to impart the things they learned from their training under the MMH champion program.

LEARNINGS & GOOD PRACTICES

MMH champions as effective leaders

MMH champions are viewed as effective leaders in influencing gender norms especially in the areas of hygiene, sanitation and care work. This can be attributed to the familiarity of community members with these MMH champions. The 'personal approach' used by the MMH champions in instilling proper hygiene behaviours and gender responsibilities proved to be effective.

The interviewed community members also mentioned that being MMH champions allowed them to step up in helping their communities. The dedication of the MMH champions in helping to prevent COVID-19 is quite strong, considering their high risk of exposure to COVID-19.

Beneficiary selection which included the most vulnerable communities

Included in the project are the far-flung communities that are hardly reached by hygiene/health-related assistance, programs, and services. This gave them opportunities to address the pressing hygiene/health-related issues and concerns within their community. Most importantly, the project was able to address such issues through the different strategies and initiatives that were implemented by the HBCC project.

Survey data also showed that the project did have an impact on people with disabilities since most of them now practise proper handwashing, albeit with some difficulty. Although they might not be that familiar with the handwashing facility, over time this can help them decrease their susceptibility towards the virus. One key factor that can be included to further improve the design of the handwashing facility is to have one dedicated sink with a ramp for people with disability and the elderly, especially those who are using wheelchairs or need assistance in walking.

Innovative approaches on information dissemination

While mass person-to-person gatherings can provide opportunities to better engage with an audience, it can also expose individuals to COVID-19 risks. The project took these risks into consideration when planning and implementing face-to-face activities. Safety practises including wearing of face masks and physical distancing were observed.

Some of the project activities were also held in open spaces. Also, the project was able to maximise the local public announcement method known as bandilyo/recorida. The project provided communication equipment such as a megaphone and an outdoor speaker that the local authorities and MMH champions use to educate people on COVID-19.

The integration of sanitation and hygiene-related messages in radio programs also helped in reaching a wider audience. Tapping community radio programs is seen to be effective in rural communities because radio still serves as one of the major sources of information.

RECOMMENDATIONS

Holistic approach to hygiene and sanitation

Oxfam can explore a more holistic approach with a broader set of interventions in designing WASH projects to better achieve higher WASH impact. The project combined the design of application (construction of handwashing facility) and information dissemination to influence hygiene-related behaviours.

However, it was noted that in some communities, open defecation was also a problem. This is also a key aspect in curbing numbers for waterborne and hygiene-related diseases such as diarrhea. This hygiene issue may have an adverse effect on the community which may hinder the promotion and sustainability of proper hygiene and sanitation. Addressing deficiencies such as open defecation and water source instability in the target communities in a holistic manner can achieve a strong, positive and lasting impact.

Future projects can also explore the provision of cash grants for WASH facilities wherein the families will have the freedom to choose what type of WASH facility will best apply to them. They can use the money/resources for: constructing toilets to address the problem with open defecation of their children, or for handwashing facilities for their homes, or for improving their water supply.

Multi-approach to gender mainstreaming to improve sustainability

The project was able to influence the local authorities to mainstream gender in its ordinances. Gender trainings were also conducted by the project among the LGUs and communities. As part of the full implementation of the gender-related ordinance, it is recommended that the project develop a gender plan with the communities and the LGU to continue integrating the significant findings from baseline and assessments, such as addressing economic challenges faced by women and other women's needs. Mainstreaming gender agenda with local authorities should include a wide range of support for women, ranging from economic to social protection assistance. Example of these support measures for women can also include cash grants for care givers or for those caring for sick family members/dependent adults with comorbidities, providing Time-Labour Saving Environment (TLSEs), awareness-raising sessions on care work within community, cash support and/or social protection benefits for health frontliners.

Formalisation of management arrangements for community-level facilities

In Eastern Samar, the MOA between PRRM and LGUs indicated the different roles and obligations of each barangay in the maintenance of the handwashing facility. This is to ensure the accountability of the concerned local authorities or community members in ensuring the sustainability of the handwashing facilities. It is recommended that this agreement be fully cascaded to the concerned personnel in the barangays to ensure commitment and clear delegation of tasks in relation to the maintenance and sustainability of the handwashing facility. In this way, barangay personnel may also provide suggestions based on what they think is feasible in their respective communities.

For Maguindanao, project designs should also consider formal arrangements for the maintenance of handwashing facilities. This is to ensure the accountability of the concerned local authorities or community members in ensuring the sustainability of the handwashing facilities. Reports of handwashing facilities not being properly maintained can be attributed to unclear arrangements on maintenance and management.

In addition, the reflection and learning sessions conducted by the project partners prior to the end of the project only solicited ways or strategies on how to better manage and maintain the handwashing facilities and other project gains. These discussion results, however, were not formalised with stakeholders, so they remained as recommendations and not a plan of action.

Ensure functionality of community-based feedback mechanisms (CBFMs)

CBFMs should be made to fit the needs, preferences and context of the communities, so that they can be more comfortable in accessing these mechanisms (i.e., reporting and handling stigma or discrimination).

One possible reason why there is a limited number of cases being reported is that reporting itself can start discrimination among those who are reporting. It is important to determine the communities' preferred mechanism in reporting sensitive cases, so that these mechanisms can be more responsive, sensitive and safe both for people who are reporting and those who are being reported.

Clear exit or sustainability strategies for project management

Interview results showed that community members are unclear on what will happen after the closure of the project. Some of them are expecting to have an additional project that will continue the activities started by the HBCC project.

Prior to the closure of the project, project partners conducted post-project learning reviews with LGUs and the communities. The goals of these reviews were to provide updates on project status and also to identify ways on how to sustain the project gains. However, the limitations of these reviews are that they are suggestive on ways forward but there is no clear strategy on arrangements for sustainability.

It has to be noted that a sustainability or exit strategy is an integral part of a project which has to be considered during the project design phase and has to be worked on during the implementation phase. Oxfam should integrate a sustainability strategy and plan in all its WASH-related projects, which includes possible strategies for each outcome, stakeholders who will continue and work on the strategy, and a set of indicators which has to be assessed at the end of the project.

CONCLUSIONS

Overall, the HBCC project interventions are relevant and appropriate for improving the hygiene/health behaviour of the community to prevent COVID-19 transmission. Behaviour change observed might have been minimal with some indicators such as the distribution of care work. However, this gradual change is seen as opportunities for more long-term behaviour change. The strategy of the project corresponds to the stages of social and behavioural change communication often practised in communication for development where interventions are designed for individuals, family and peer networks and the community.

The strategies with MMH champions maximised their immediate families (i.e., MMH champions as mothers and wives) and social networks (MMH champions as barangay kagawad) to influence behaviour change. Tapping and developing MMH champions also serve as a sustainability strategy for the project as the champions continue to educate their families and other community members on proper hygiene and sanitation practices.

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For more information, or to comment on this report, email EMagdayo@oxfam.org.uk

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