











Key Findings from the Endline Evaluation of the USAID Gap Inc. Women + Water Alliance

The Women + Water Alliance (W+W Alliance), is a 6-year global development alliance (GDA) between USAID and Gap Inc. with the overall goal to improve and sustain the health and well-being of women and communities touched by the apparel industry in India. Together with CARE, Water.org, WaterAid, and the Institute for Sustainable Communities (ISC), W+W Alliance has been delivering converging activities related to water, sanitation, and hygiene (WASH) in seven districts in the Indian states of Maharashtra and Madhya Pradesh. Learning partner Institute for Development Impact (I4DI) conducted a baseline study in 2018 and an endline evaluation in mid-2022 to determine the extent to which the W+W Alliance contributed to improved well-being in target communities.

The endline performance evaluation comprised three key methods:

- (1) Quantitative surveys: 2,000 randomly selected adult women at baseline and at endline in Madhya Pradesh (Dewas, Dhar, Khandwa, Indore and Sehore districts) and Maharashtra (Wardha and Yavatmal districts), in a random sample of intervention villages that had received P.A.C.E. and WaterAid activities and comparison villages with no program exposure
- (2) Qualitative discussions and interviews: focus group discussions (FGDs) in seven villages and key informant interviews with representatives from three of the W+W implementing partners engaged in system strengthening activities
- (3) Secondary data review: 19 stories of change that the P.A.C.E program curated from participating villages and women over the life of the program.

Limitations:

- Due to changes in sampling strategy from baseline to endline and a non-randomized comparison group this evaluation can assess the contribution of the W+W Alliance on observed outcomes but cannot rule out other contributing factors.
- At endline, data were collected post-COVID in June and July 2022, on the heels of an extreme heatwave that especially impacted Maharashtra. These environmental factors could have affected results across all outcome categories, especially water consumption and fetching practices.

Key findings from the endline evaluation

Program satisfaction was extremely high among direct P.A.C.E. participants.

The majority of surveyed female P.A.C.E. participants in both states (over 95%) were satisfied with the topics that P.A.C.E. covered. Most indicated that they learned a great deal about WASH practices while attending P.A.C.E. classes and expressed an overall satisfaction with P.A.C.E. classes. Secondary analysis of P.A.C.E stories of change revealed that participants believed the program had contributed to their increased knowledge related to WASH behaviors, such as how to effectively wash hands, treat water to make it safer for drinking, and handle and store water to prevent contamination, as











well improved their soft skills related to effective communication, decision making, and problem solving.

Women's empowerment appeared to improve among direct P.A.C.E. participants but not among the broader community.

Statistically significant increases in WASH self-efficacy were observed among P.A.C.E participants compared to non-participants in the intervention communities in Madhya Pradesh at endline. In Maharashtra, the data trend was similar, although not statistically significant. These differences in self-efficacy may have been due to a direct program effect for program participants, but that did not diffuse to the broader community because about one-third of P.A.C.E indicated that they had not shared information learned with other non-participating households.

In focus group discussions, P.A.C.E. participants described situations in which women united to demand WASH-related change. In the two intensive WaterAid villages sampled into the focus group discussions, community leaders offered robust examples of women's roles in WASH management in the Village Action Plan development process, in a way that exceeded examples from the other focus group villages. Nevertheless, the gatekeeping role of village leadership and men in the household emerged in focus group discussions as a continued barrier to the full participation of women.

The enabling environment supported change at the household and community level.

Program staff indicated that at baseline there were national and state level policies for the provision of village piped water systems that would bring water directly to homes. However, most villages at the time were not implementing local plans due to low community capacity. The W+W Alliance responded with capacity building activities for community members, assistance developing functional community management plans, and advocacy at higher levels of government to support community-centric water management approaches. Separately, by raising awareness of (I) financing models, (2) supportive government circulars, (3) increasing demand from households, and (4) small-scale successes, staff reported that the W+W Alliance increased the receptivity of financial institutions to offer an array of WASH financial products.

Water access improved across time in many households, particularly in Madhya Pradesh.

There was a substantial gain in access to an improved water source in Madhya Pradesh, growing from 79% at baseline to 91% in the intervention villages and 83% in the comparison villages at endline. At endline, water sources in Madhya Pradesh were substantially more likely to be in the respondent's dwelling or yard than at baseline, leading to a substantial decline in households that fetched water off the premises (decreasing from 79% at baseline to 38% and 37% among the intervention and comparison villages at endline, respectively). A small minority of respondents in both states reported having only partial year access to their main drinking water source, with access most typically reduced in the summer.

The overall burden of water fetching decreased, and responsibilities shifted in many households.

For those who had to travel away from their premises to collect water in Maharashtra, the baseline average of 69 minutes every day reduced to 55 minutes in intervention villages at endline, while











comparison households were spending 81 minutes on average every day. In Madhya Pradesh, those fetching water at baseline were spending 100 minutes on average every day, which improved to 64 minutes and 74 minutes on average every day at endline for households in the intervention and comparison villages respectively. Men in the intervention communities in both states tended to be taking on more sole responsibility for water fetching compared to baseline, but especially in the intervention villages in Madhya Pradesh.

Satisfaction with the household's main drinking water source was high at endline, with improvements especially observed in Madhya Pradesh.

Satisfaction with household drinking water source generally remained static in Maharashtra over time, at about 92%. In Madhya Pradesh, the baseline value of 80% rose to 95% among intervention group respondents and 91% among comparison group respondents at endline. The qualitative data revealed that those from the intervention communities tended to identify minor grievances with their water, such as high salinity, high chlorine that left white sediment, or water that did not taste good after heavy rains.

Levels of demand for improved water sources were generally stable from baseline to endline, while water loan intent was variable.

Similar to baseline, a small minority of respondents in both states indicated their household was planning to make a water source improvement within three years. The proportion of households intending to use a water loan varied over time by state and treatment group, with increases observed in Maharashtra and decreases observed in Madhya Pradesh.

WASH-related practice did not change consistently across time and place and remains an area for continued improvement.

Water storage practice improved modestly in both states, with a majority of intervention and comparison respondents continuing to practice incorrect water storage practice at endline. Small gains in water treatment practice were observed in the intervention group in Maharashtra only. Human waste management practice substantially improved in intervention and comparison villages in both states. Handwashing practice improved substantially in Maharashtra, with a majority of intervention and comparison respondents adopting correct practice at endline, but had noticeably declined in Madhya Pradesh.

Recommendations for future programming include:

- Consider the feasibility of integrating P.A.C.E into other platforms where efficiencies may be possible or delaying P.A.C.E. delivery until villages are sufficiently ready.
- Bolster the engagement of men in activities designed to increase women's empowerment and improve WASH in households and communities.
- Continue to focus on improving WASH-related practice by delivering additional behavior change communication, removing barriers to good practice, and enhancing access to facilitative supports such as soap and water filters.













Given the W+W Alliance's ultimate goal to improve and sustain health and well-being outcomes in the targeted communities, prepare for what will happen after the W+W Alliance ends so that gains in well-being may be sustained.