

FINAL REPORT

PROGRAMME FINAL EVALUATION
BUILDING PATHWAYS TOWARDS AN
INTEGRATED CARE SYSTEM IN
BELÉM DO PARÁ:
RECOGNIZING, REDISTRIBUTING
AND REWARDING CARE WORK

Final report, May 2025

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ACRONYMS

APP	Associação de Pescadores e Pescadoras (Fishermen and Fisherwomen Association)
ACRO	Americas and the Caribbean Regional Office
ADOUPA	Associação das Doulas do Pará (Midwives of Pará Association)
APPD	Associação Paraense das Pessoas com Deficiência (Para Association of People with Disabilities)
CDS	Coordenadoria de Diversidade Sexual
CEDENPA	Centro de Estudos e Defesa do Negro no Pará (Center for the Study and Defense of AfroBrazilian Population in Pará)
CO	Country Office
COANT	Coordenadoria de Igualdade Racial de Belém (Coordination Office for Racial Equality of Belém)
COMBEL	Coordenadoria da Mulher de Belém (Women’s Coordination Office of Belém)
COP	Conferência das Partes (Conference of the Parties, related to climate and international agreements)
COPSAN	Coordenadoria das Políticas de Segurança Alimentar e Nutricional
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DAS	Direção e Assessoramento Superior (Higher Advisory and Direction Positions in Public Administration)
EU	European Union
FETRADORAM	Federação dos Trabalhadores e Trabalhadoras Rurais do Amazonas (Federation of Rural Workers of Amazonas)
FGD	Focus Group Discussion
FIOCRUZ	Fundação Oswaldo Cruz
FUNPAPA	Fundação Papa João XXIII (Municipal Social Assistance Foundation of Belém)
IASB	Instituto de Assistência e Saúde
IBGE	Instituto Brasileiro de Geografia e Estatística (Brazilian Institute of Geography and Statistics)
IPEA	Instituto de Pesquisa Econômica Aplicada
IES	Independent Evaluation Service
LNOB	Leaving no one behind
M&E	Monitoring and Evaluation
MDS	Ministry of Social Development
MMIB	Movimento de Mulheres das Ilhas de Belém (Women’s Movement from Belém Islands)
SECDH	Secretaria Municipal de Cidadania e Direitos Humanos (Municipal Secretariat of Human Rights)
SECON	Secretaria Municipal de Economia (Municipal Secretariat of Economy)
SEMAD	Secretaria Municipal de Administração (Municipal Secretariat of Administration)
SEMEC	Secretaria Municipal de Educação (Municipal Secretariat of Education)
SESMA	Secretaria Municipal de Saúde (Municipal Secretariat of Health)
SDG	Sustainable Development Goals
ToC	Theory of Change
TOR	Terms of Reference
ONU Mulheres	Organização das Nações Unidas para as Mulheres (UN Women)
UFRA	Universidade Federal Rural da Amazônia (Federal Rural University of the Amazon)
UFPA	Universidade Federal do Pará (Federal University of Pará)

EXECUTIVE SUMMARY

Project background and strategic context.

UN Women's approach to care work is based on international human rights standards and the 2030 Agenda for Sustainable Development, recognizing unpaid care and domestic work as barriers to gender equality and women's economic empowerment. They advocate for transformative care policies, promoting care as a fourth pillar of social protection alongside health, education, and social security. In Brazil, the Country Office aligns with the Generation Equality Forum's Economic Justice and Rights Action Coalition, focusing on legal reform, co-responsibility, private sector engagement, and data-driven policymaking, especially at the subnational level.

The Ver-o-Cuidado project in Belém do Pará aimed to create a gender-responsive, participatory municipal care system, recognizing and valuing both paid and unpaid care work, expanding access to social protection and decent work, and fostering shared responsibility. It worked closely with municipal institutions and civil society to address the diverse needs of women, particularly those facing intersecting forms of discrimination, and strengthened the capacity of duty bearers and rights holders.

The project responded to two main outputs:

1. Enhanced capacities of Belém's government and public institutions to design, implement, and monitor pilot care systems and strategies.
2. Enhanced capacities and knowledge of women care workers and those undertaking unpaid care work to participate in decision-making processes related to care, and to access decent work and social protection policies.

The project addressed persistent inequalities along gender, racial, and socioeconomic lines in Belém, where women—especially Black, poor, Indigenous, migrant, and disabled women—are disproportionately responsible for unpaid and underpaid care work. These challenges are exacerbated by high levels of informality, poverty, and inadequate infrastructure. Despite these barriers, Belém had shown commitment to gender equality through policies and programs like COMBEL, the Municipal Plan for Women, and Bora Belém.

However, changes in leadership and governance priorities due to the 2022 federal and 2024 municipal elections influenced political agendas, stakeholder engagement, and resource allocation. The project highlighted the need for sustained advocacy, adaptive strategies, and institutional anchoring to ensure the long-term sustainability of care policies in Belém.

Evaluation Purpose, Scope, and Methodological Approach

The evaluation aimed to assess the "Ver-o-Cuidado" project's relevance, coherence, effectiveness, organizational efficiency, and sustainability. While its main focus was the municipal experience in Belém do Pará, the evaluation also considered broader policy spillover effects at the national level to inform future programming and organizational learning. In doing so, it sought to generate actionable recommendations for UN Women and other partners working on care systems and women's economic empowerment. The evaluation covered the implementation period from May 2022 to March 2025 and was designed to benefit UN Women staff, donors, government counterparts, civil society, and regional stakeholders. Key

findings were translated into Portuguese and shared through a final presentation.

The evaluation applied the OECD-DAC criteria and integrated gender equality and human rights as cross-cutting principles. It examined the triple mandate of UN Women—normative, coordination, and programmatic—to extract lessons learned and identify good practices for broader application. A comprehensive stakeholder mapping informed the sampling strategy, targeting six categories: rights holders (CSOs/WROs and care workers), main and secondary duty bearers (local and national government bodies), supporting partners (UN agencies, academic institutions), and the donor. In total, 43 individuals across 22 institutions participated, with special attention given to representation from vulnerable populations, such as women with disabilities and Black and Indigenous women. The evaluation used a participatory, mixed-methods approach consistent with UNEG standards and the UN Women Evaluation Handbook. Methods included desk reviews, key informant interviews (KIIs), focus group discussions (FGDs), and field observations,

ensuring robust triangulation across data sources, stakeholder types, and levels of engagement. KIIs were especially useful for exploring detailed institutional and programmatic perspectives, while FGDs helped capture diverse lived experiences of care workers, including those only indirectly affected by the programme. NVivo software supported qualitative content analysis and coding of themes aligned with evaluation criteria.

The evaluation faced some limitations, particularly due to the political turnover in Belém’s municipal government, which affected access to former implementing partners. In addition, the dynamic composition of rights holder organizations made it difficult to capture consistent insights across participants. While the project was still ongoing during the evaluation, regular updates from the programme manager helped mitigate gaps in findings. Sampling strategies and data collection tools were designed to ensure inclusion and representation, particularly of underrepresented groups, minimizing the risk of biased or incomplete conclusions.

DESK REVIEW		PRIMARY DATA	
<ul style="list-style-type: none"> • Analysis and synthesis of narrative reports. • Analysis of project deliverables and committee meetings. 		<ul style="list-style-type: none"> • 13 consulted in FGDs. • 13 members from duty bearers and supporting partners. • Members across UN Women Brasil and the Region 	
2	19	43	21
FGDs in the field	KIIs in the field and online	stakeholders consulted	Documents consulted

Summarized findings

The **Ver-o-Cuidado project’s identification of relevant capacity needs to design, implement, and monitor pilot care systems was based on close collaboration with the Municipality of Belém and an evidence-based situation analysis** incorporated into

the project document. Although official data sources and intersectionality factors were considered, the project **lacked structured consultations with the targeted population at the design stage**. Primary data collection with beneficiaries was limited initially, with

needs being further identified through the Management Committee and technical engagements during implementation.

Over time, however, the project conducted extensive consultations with women care workers and those undertaking unpaid care work, particularly marginalized groups such as Afro-Brazilian, Indigenous, LGBTQIA+, and migrant women. Fifteen roundtable discussions, ad hoc meetings, and two major diagnostic studies generated important inputs, albeit late in the implementation phase. While these studies provided valuable insights for territory-based planning and advocacy, their delayed completion restricted their influence on initial project design, though they hold significant potential for future sustainability efforts.

The project demonstrated **strong alignment with UN Women’s strategic priorities at global, regional, and national levels, as well as with Belém’s local agenda on women’s economic autonomy**. Although Belém initially lacked a normative framework on the care economy, the project contributed to important institutional advances, including the creation of a Municipal Care Committee and supporting the development of Brazil’s first National Care Policy. This ensured the project’s coherence with emerging policy frameworks and positioned it as a catalyst within a rapidly evolving normative environment.

In terms of efficiency, **UN Women’s physical presence in Belém—despite initial operational delays—was crucial to project implementation and the broader positioning of care work on local and national agendas**. The establishment of an office in Belém strengthened stakeholder engagement, improved relations with government partners, and accelerated beneficiary mobilization, though recruitment

challenges and staff turnover occasionally disrupted managerial continuity. Overall, managerial support was praised for its professionalism, flexibility, and commitment, which helped mitigate structural limitations through a collaborative and dialogical approach.

Participative coordination mechanisms, including the Management Committee and thematic Working Groups, reinforced stakeholder ownership, enhanced decision-making processes, and fostered long-term policy development. Despite occasional disruptions due to government staff turnover, these mechanisms kept the project responsive to diverse needs and contributed to the foundations for sustainable care policies.

UN Women’s comparative advantage was consistently evident, leveraging its global mandate, expertise in holistic care policy, and strong convening power. Its **ability to align global norms with local realities amplified its agenda-setting influence**, while its decentralized structure fostered closer proximity to beneficiaries and partners. Strategic communications and participation in international events further solidified its credibility, although opportunities for greater visibility—especially during peer exchanges—were missed.

As a result of the above, **the project made significant strides toward establishing Belém’s municipal care system, building key institutional frameworks and engaging a wide range of stakeholders**. However, it fell short of fully operationalizing an integrated care system within its short timeframe. Ambitious targets, municipal elections, and a change in administration constrained delivery. Nevertheless, the project’s groundwork—particularly its theory of change, stakeholder buy-in, and pilot

activities—created a strong foundation for future efforts.

Beyond municipal boundaries, **the project had a positive influence at the national level. Its technical guidance and capacity-building materials directly informed Brazil’s National Care Policy (Law 2,762/2024) and are being adapted for federal training courses.** The establishment of a permanently mandated Municipal Care Committee under Decree 111,710 (2024) secured a lasting platform for dialogue and advocacy, empowering civil society to hold future administrations accountable. Although workshops and trainings enhanced the capacity of public servants to design, implement, and monitor care systems, knowledge transfer across all government departments remained uneven.

Partnerships were fundamental to these achievements. **Close collaboration with the Belém city government, the Management Committee, thematic working groups, and over 30 civil society organizations—**representing Afro-Brazilian, Indigenous, and island-based women, among others—**ensured the project addressed diverse needs.** International exchanges and alignment with global care agendas further amplified visibility, though frequent personnel turnover and limited opportunities for local CSOs to engage directly with international experts revealed areas for improvement. Overall, these partnerships expanded initial results and generated lasting networks, tools, and momentum for sustainable care policies.

The **project’s sustainability strategy was anchored in capacity building and the establishment of an enabling institutional environment.** Training activities for fixed-term public officers—85 percent of whom reported improved knowledge on the care

economy—and professionalization initiatives for paid care workers through courses like “Donas de Si” embedded durable skills across sectors. Simultaneously, the creation of the Municipal Care Committee ensured balanced representation between government and civil society, while ongoing dialogue with the new municipal administration helped secure continuity.

Civil society ownership was further strengthened through engagement activities that spurred the creation of the Network of Care Activists of Belém, uniting 13 organizations. By integrating grassroots groups into formal mechanisms and facilitating peer exchanges, the project ensured that women care workers and unpaid caregivers-maintained advocacy platforms and practical tools to sustain services and influence policy after project closure.

Belém’s pioneering experience became a national model for care-system design. Two federal missions visited project sites—including Cotijuba Island—and UN Women co-organized four consultations for Brazil’s Interministerial Working Group. Training materials produced under the project are now being adapted into a national online course for managers, institutionalizing Belém’s methodologies and paving the way for replication across Brazil.

Throughout implementation, the project embedded a strong gender and human rights lens. **Targeted consultations, territorial mapping, and activities for priority populations ensured that the care needs of groups such as Indigenous, Afro-Brazilian, domestic workers, LGBTQIA+, migrants, and women living on islands were reflected in policy design.** Georeferenced mapping and a participatory diagnosis—launched as an interactive website—helped align

interventions with Belém's demographic diversity. Outreach efforts, including training nearly 100 women on Cotijuba Island, exemplified how human rights principles were translated into concrete capacity-building and advocacy actions.

The programme **consistently applied key Human Rights-Based Approach (HRBA) and Leave No One Behind (LNOB) principles, promoting participation, non-discrimination, and inclusion.** It tackled intersecting power structures in care work, repealed discriminatory norms, and elevated marginalized voices through conversation circles and technical visits. Intersectional outreach successfully engaged urban and rural Indigenous women, quilombolas, domestic workers, waste pickers, and caregivers for the elderly. The active involvement of the Association of Persons with Disabilities further demonstrated the programme's commitment to inclusive participation.

Despite these achievements, **persistent barriers prevented full inclusion.** Quilombola communities, Venezuelan migrants, women living with HIV/AIDS, and homeless women faced limited engagement, primarily due to logistical, structural, and financial constraints. Grassroots leaders also faced challenges in accessing sufficient financial and logistical support for meaningful participation. Addressing these gaps will require enhanced resource allocation, dedicated transport strategies, and formal recognition mechanisms to ensure truly universal inclusion in Belém's evolving care-system agenda.

Lessons learned

Data-Driven Interventions: Georeferenced mapping and participatory diagnoses were crucial for designing tailored interventions. Future projects should expand data

collection and consider innovations like machine learning to better predict care needs.

Territorial Presence Matters: Having UN Women staff locally based in Belém strengthened trust, local networks, and project ownership. Future initiatives should maintain territorial presence through local offices or strategic partnerships when resources are limited.

Political Commitment and Strategic Partnerships: Dialogue across political cycles and strong CSO involvement were key to sustaining care policies. Future projects should align early with governance structures and build contingency plans for political transitions.

Long-Term Capacity Building: Training public officials and care workers, especially permanent staff, enhanced sustainability. Future efforts should scale up training through manuals, online courses, and mentorship programs to mitigate staff turnover.

Leveraging UN Women's Convening Power: UN Women's ability to bring together diverse actors strengthened collaboration and policy dialogue. Maintaining this technical credibility and leadership is essential for future influence.

Inclusive Outreach to Vulnerable Groups: Targeted engagement of marginalized populations ensured care needs were properly addressed. Future projects must invest in culturally sensitive outreach and partnerships to overcome logistical barriers.

Innovative Solutions for Geographical Barriers: Reaching isolated communities requires creative approaches, including mobile services, digital platforms, and collaboration with local leaders.

Connection to National Policy: Linking local efforts to national frameworks amplified impact and sustainability. Early alignment with national agendas and proactive advocacy should be prioritized.

Civil Society Inclusion for Sustainability: Building strong CSO networks, like the Care Activists Network, created lasting advocacy platforms. Tailored support and coalition-building among CSOs are key for ongoing impact.

Recommendations

1. To implement a structured approach for early and continuous consultation with partners, including representatives from government, civil society organizations (CSOs), and beneficiaries' groups to gather timely inputs for all project design and implementation.
2. To ensure that capacity building and technical assistance to national/regional/municipal governments has a strong sustainability logic by training permanent public officers, especially those who are directly

involved in service delivery (e.g., community-based workers), creating incentives for them to cascade learning with their teams and colleagues, and aiming to consolidate courses into public administration educational materials and systems.

3. Enhance efficiency and improve results frameworks by ensuring that project outputs are realistically achievable, particularly within the timeframe and funding available. A stronger consultation process with stakeholders should inform the design of the project Theory of Change (TOC), and initiatives should be framed with scalability in mind to ensure wider impact.
4. Strengthen the long-term sustainability through the expansion of tools, methodologies, and training resources for broader impact.
5. Design a comprehensive strategy for promoting the inclusion of social group facing vulnerability in future projects.

3. CONTEXT AND BACKGROUND

This section aims to provide both the context under which the project “*Building pathways towards an integrated care system in Belém do Pará: recognizing, redistributing and rewarding care work - Ver-o- Cuidado*” as well as the context under which this evaluation was performed. The objective is to both understand the needs and problems that the project was aiming to tackle, as well as the changes in the context dynamics during implementation to create an initial understanding of the effects over the project, issues which will be discussed in more detail across the evaluation findings.

3.1. National Context

In Brazil, the organization of care remains deeply gendered and structurally unequal, reflecting long-standing socio-cultural norms and institutional gaps. Women continue to bear a disproportionate burden of unpaid care work and dominate the underpaid and precarious paid care workforce. According to national statistics, women make up 84.6% of nurses and 92% of domestic workers¹—most of them black and older²—demonstrating how care work is stratified not only by gender but also by race, age, and class.

This imbalance has direct consequences for women’s rights, autonomy, and access to public life. The expectation that women serve as primary caregivers at home limits their ability to participate in paid employment, political life, education, and public decision-making spaces. **Consequently, women experience reduced access to labour rights, including social**

protection (e.g., unemployment benefits, pensions, maternity leave), which undermines their economic independence and security across their life course.

Compounding this are **structural inequalities in the labour market**. Many women reduce their paid working hours or accept part-time and informal employment to accommodate caregiving responsibilities. This reinforces the gender pay gap and restricts career advancement. Among paid care workers, precarious employment is the norm—especially for domestic workers, who face widespread informality (with 75.6% lacking formal contracts) and low wages³. Brazil has also the highest number of domestic workers in the world, and nearly 20% of black women in the country rely on this form of employment⁴.

These patterns reflect and reproduce historical and intersectional inequalities. Poor, rural, indigenous, and Black women, as well as women with disabilities and migrants, are particularly affected. Black women, even with higher levels of education, face systemic barriers in accessing formal employment and decent work. The unemployment rate for Black women stands at 11%, compared to 6.3% for white men. Among domestic workers, 53.8% of black women are household heads, highlighting the economic and caregiving responsibilities they shoulder⁵.

The situation is also acute for migrant and refugee women, many of whom are unable to practice their trained professions in

¹ Retrato sociodemográfico do trabalho doméstico no Brasil, IPEA, 2019.

² Care work and care jobs for the future of decent work. ILO, 2018.

³ PNAD, 2022, Brazilian Institute of Geography and Statistics (IBGE).

⁴ MADE/USP, 2023

⁵ Among black/white women with no children, the level of employment was 63% and 72.8% respectively. PNAD, 2022.

Brazil and are funnelled into domestic work due to legal, linguistic, and social barriers. Globally, 17.2% of domestic workers are international migrants, many of them in Brazil⁶. Women with disabilities also face compounded discrimination, as men with disabilities are nearly twice as likely to be employed as women with disabilities⁷.

The COVID-19 pandemic significantly worsened these dynamics. The health crisis exposed the fragility of care systems and the disproportionate burden placed on women. With school closures, collapsing public health infrastructure, and the overburdened social safety net, women absorbed most of the increased caregiving demands. As primary care providers both at home and in the health workforce, women faced heightened risks, greater workloads, and economic setbacks. Across Brazil, many women lost jobs or experienced reduced income, pushing them further into informal, insecure work and deepening gendered poverty and exclusion.

Despite these structural challenges, Brazil has seen periods of institutional commitment to addressing gender inequality through policy and legal frameworks. The 1988 Constitution guarantees equality between men and women, and there are federal plans for women's rights. **However, care work has historically remained under-recognized in national policy.** While recent discourse has shifted toward recognizing the care economy, including through proposals for national care systems, concrete, coordinated action at the federal level remained limited during much of the project's implementation period.

3.2. The situation in Belém do Pará

Belém, the capital of Pará, is located in the northern Amazon region and is characterized by significant territorial, ethnic, and socio-economic diversity. As the third state with the highest number of indigenous communities and home to numerous quilombola and comunidades ribeirinhas (riverside communities), the region reflects deep-rooted inequalities rooted in colonial histories and contemporary urban-rural divides. Although Belém is the largest urban center in the state, it is heavily influenced by migration from surrounding rural and island areas, with many families moving in search of employment and services⁸.

Urban migration has led to growing peripheral settlements marked by precarious housing, inadequate access to basic services, and high levels of informal employment. Women migrating from rural and riverside communities often enter the informal care sector, including domestic work, or engage in unpaid care work in multigenerational households. This migration dynamic has intensified during the COVID-19 pandemic, particularly from the Marajó archipelago. Among these migrants, 86% are women heads of household, 43% lack regular income, and most live below the poverty line⁹.

Care responsibilities in Belém are deeply gendered. A 2022 survey¹⁰ showed that 95.3% of caregivers in the city are women. These responsibilities often begin early, with young girls expected to care for siblings or elderly relatives, reinforcing the

⁶ LACERDA, G. & BAÍA, C. Mulheres Migrantes e Trabalho Doméstico no Brasil e no Mundo. Cadernos de Direito. V. 19. 2020. Pontifícia Universidade Católica de Minas Gerais.

⁷ Arthur O'Reilly. "Employment Barriers for Women with Disabilities" in "The Right to Decent Work of Persons with Disabilities", ILO, 2003.

⁸ Rede de Apoio Mulheres Marajoaras em Movimento, 2020.

⁹ Camarano and Pinheiro, 2023.

¹⁰ Camarano and Pinheiro, 2023.

intergenerational transmission of gendered care norms. The national household survey (Pesquisa Nacional por Amostra de Domicílio -PNAD- Contínua) shows that employed women in Belém spend an average of 11.7 hours per week on unpaid care work—while unemployed women spend 21.3 hours. By contrast, the gap between employed and unemployed men is negligible (11.3 and 11.5 hours), illustrating the rigid gender division of labour in caregiving¹¹.

Labour market exclusion is stark. The labour underutilization rate in Belém is 31.3% for women versus 21.3% for men¹². The city's economy, which depends heavily on commerce, services, and public administration, is highly vulnerable to economic crises—conditions that hit women harder due to their concentration in informal work and care-intensive sectors. Black women and domestic workers face systemic exploitation, low pay, and limited legal protections¹³.

Insecurity further compounds these challenges. Caregivers report concerns about domestic violence, community-level violence, and the presence of organized crime in their neighborhoods. These risks constrain their mobility, physical and emotional well-being, and caregiving capacity. Any effective care policy in Belém must therefore address both gendered labour inequalities and safety concerns¹⁴.

Despite these structural barriers, **Belém has made notable institutional efforts to promote gender equality.** The Municipal Coordination for Women (COMBEL), established in 2010, led efforts to combat

gender-based violence and expand women's rights. The 2014 Municipal Plan for Policies for Women laid out goals related to economic and political autonomy, reproductive rights, and the recognition of unpaid and domestic care work. It included commitments to implement a diagnostic of women's conditions and promote awareness campaigns on race, ethnicity, and citizenship. The Pluriannual Plan (2018–2021) further integrated gender concerns, and during the COVID-19 crisis, the city implemented two gender-responsive social protection programs¹⁵:

- Bora Belém: Provided monthly income support to vulnerable families, prioritizing women heads of household.
- Donas de Si: Aimed to build women's economic autonomy by offering training, professional development, and access to microcredit for entrepreneurship.

These initiatives provided a foundation for deeper engagement with the care economy. The city's institutional infrastructure and policy openness to gender equality made it a strategic location for the Ver-o-Cuidado intervention. At the time of project design, UN Women had a history of engagement with local authorities, and Belém had demonstrated political will to invest in equitable care systems and expand its approach to social protection.

3.3. Political Context During Project Implementation

The implementation of the *Ver-o-Cuidado* project took place during a period of significant political transition in Brazil, both at the national and municipal levels. These

¹¹ IBGE-SIDRA table 7013, 2020.

¹² IBGE-SIDRA table 6396, 2020.

¹³ Juliano Pamplona Ximenes Ponte et al. (2020) Laboratório Cidades da Amazônia - Labcam; FAU-UFPA. As Metrôpoles

e a COVID-19: A Região Metropolitana de Belém: Territórios Precários,

¹⁴ Project Ver-o-Cuidado, *Diagnóstico Preliminar*

¹⁵ Matos et al. (2021). Poverty and Family Resilience in Belém-Pará.

shifts had a direct influence on the institutional environment for gender equality and care policy and shaped the enabling—or at times, limiting—conditions for the project's progress.

At the national level, Brazil underwent a major political shift following the presidential elections held in October 2022. The newly elected administration, which took office in January 2023, brought with it a markedly different orientation toward gender equality, human rights, and social protection. The incoming government prioritized the reconstruction of policies and institutions that had been weakened in previous years, including the reestablishment of the Ministry of Women and renewed support for care economy debates at the federal level. This renewed political will created opportunities for greater alignment between national and local efforts and opened space for dialogue on integrated care systems, including the recognition of unpaid work and improved conditions for paid care workers.

At the same time, municipal elections were celebrated at the end of 2024. On one side, the lead-up to the municipal election introduced a different political rhythm to local governance which the project had to navigate carefully to maintain the discussion of care policies on a politically neutral ground. On the other, the results of the elections led to a change in the administration elected, with the transition necessitating a time for adjustments in ongoing programs to align with the new administration's priorities and approaches, a process that was undergoing while the evaluation was implemented.

Overall, the changing political landscape underscored the importance of institutional resilience and the strategic positioning of the

project within both governmental and civil society frameworks. The combination of renewed federal attention to gender issues and existing municipal commitments provided both challenges and opportunities for advancing the care agenda. The project had to navigate a shifting environment while maintaining a focus on long-term structural transformation of care systems.

3.4. Link to the Intervention

It is within this socio-political, economic, and demographic landscape that the project Ver-o-Cuidado was conceptualized and implemented. The project's design reflected both the entrenched care-related inequalities described above and the local government's existing commitment to addressing them.

Launched in May 2022 through a partnership between UN Women and the Open Society Foundations, Ver-o-Cuidado sought to contribute to women's economic empowerment by transforming the social organization of care in Belém. It aimed to consolidate existing municipal initiatives and strengthen them through a structured, rights-based approach to care as a public good. The project spanned an initial 27 months, later extended to March 2025, and targeted diverse stakeholders—including women caregivers, informal workers, and municipal institutions.

This evaluation is carried out as the project nears its completion and aims to assess its contribution in light of both the broader national context and the specific institutional, social, and cultural dynamics present in Belém. It is guided by UN Women's Evaluation Policy¹⁶, ensuring relevance, innovation, and responsiveness to the lived realities of the women most affected by care inequalities.

16 UN Women, Evaluation Policy (UNW/2020/5/Rev.1).

4. THE ROLE OF UN WOMEN AROUND CARE WORK

4.1. Overarching strategy

In line with main women's human rights international norms and development agendas, UN Women understands the recognition of unpaid care work performed by women as a fundamental aspect of acknowledging the economic contribution that women have for national and global economies, as well as a fundamental aspect of their economic empowerment. The redistribution and reduction of unpaid care and domestic work performed by women through the provision of public services, infrastructure and social protection and co-responsibility policies within the family network are a key element of the Sustainable Development Goal (SDG) 5 – Achieve gender equality and empower all women and girls, specifically the target 5.4. According to UN Women's flagship report *Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development*, unpaid care is among the most critical area to advance on an engendered implementation of the 2030 Agenda for Sustainable Development.

Social protection, for instance, is fundamental to support women's access to decent work, support families in the struggle against unfavourable economic conditions and guaranteeing that women and their families have their basic needs met. In this sense, social protection is essential to end poverty (SDG 1), recognizing unpaid work (SDG 5), and promoting decent work (SDG 8). So far, social protection systems all over the globe have focused on three key dimensions:

education, health and social security. UN Women advocates for a transformative change that places care as a fourth dimension of social protection. The enhancement of care policies and services and the establishment of integrated care systems are fundamental for restructuring the social organization of care and contributing to achieving gender equality.

The Brazil Country Office (CO) aligns its strategies with the Economic Justice and Rights Action Coalition, an initiative brought by the Generation Equality Forum to mobilize governments, organizations, civil society and private sector to catalyse collective action and deliver concrete progress on gender equality, to increase economic empowerment by transforming the care economy through five principles: reward, represent, recognize, reduce, and redistribute. In order to achieve this, it is necessary to acknowledge the need to redistribute care as an element for development and the different roles States (main sponsors of care), families (and particularly men), communities and the private sector play in it.

In this sense, UN Women recognizes the need to design targeted actions at different levels. It is key to work and advocate with governments to reform and implement national laws and policies to guarantee the right to care and receive care as a human right, as well as the availability, accessibility, affordability, and quality of care services, in an integrated and people-centred way.¹⁷ Transformative actions to promote joint responsibility for care in society and joining

¹⁷ INMUJERES, UN Women, 2021. *Global Alliance for Care: an Urgent Call to Action*.

the private sector to promote better workplace policies are also crucial, as well as increasing the representation and participation of care workers in policy making. UN Women also focuses in recognizing the contribution of care work to the economy by investing in data and accountability.

Finally, the Brazil CO advocates for a better redistribution of national resources and believes that it is necessary to invest in essential social services and social protection schemes to promote change. UN Women understands that there is still a big data gap when it comes to care economy statistics both at national and subnational levels in Brazil. It is acknowledged the insufficiency and fragmentation of care supply in the country, but there is limited data and knowledge on care gaps. There is also limited information on good practices in terms of policies being implemented in the municipal and state levels. This situation is particularly challenging because it hinders the creation of public policies that position the issue of care on the national agenda and tackle the actual problems that women face in the country.

Therefore, the Brazil office believed that the key to developing good policies on the care economy and fostering the development of care systems was to work within subnational governments as it provided an opportunity to map, in a more comprehensive way, the main obstacles to achieving co-responsibility in care and analyse the systems already in place to address this problem and how they might improve. Moreover, the project related to the normative developments and coordination efforts derived from important international fora, such as the Generation Equality Forum and the Regional Conference on Women in Latin America and the

Caribbean. In these spaces, UN Women had been a pioneer institution, together with other organizations such as the Economic Commission for Latin America and the Caribbean (ECLAC) and the International Labour Organization (ILO), in bringing to the international agenda the need to rethink the social organization of care to promote gender equality.

4.2. Project response in Belém do Pará

UN Women sought, with this project, to support the Belém do Pará municipality in designing a municipal participatory care system that recognized the value of paid and unpaid care work, responded to the needs of women and those who required care, and promoted a co-responsibility culture in society to realize women's economic rights and opportunities. The project was to be implemented in the Brazilian State of Pará, in the Municipality of Belém, from May 2022 to August 2024, but it was extended until March 2025.

As care policies and systems rely heavily on intersectoral strategies, UN Women's goal was to involve as many government partnerships relevant to care policies as possible, having initially mapped 10 public institutions from the Municipal Government of Belém to partner in the project's implementation. Civil society also plays a key role into the policy-making processes as representatives of the policies' beneficiaries. In this sense, the project also aims to engage Belém's civil society organizations from various intersectionalities to capture the particular care needs and priorities of Belém's population.

The project aimed to promote the creation of a gender-responsive participatory care

system in Belém do Pará, contributing to a transformative change in the social organization of care that placed care as the fourth dimension of social protection. By redistributing the responsibilities regarding care in society and adequately remunerating their work, it aimed to enable women to pursue their work aspirations, improve their economic empowerment, and have equal access to social protection in all stages of their lives. With more women participating more actively in the economy, more income would be generated, thus boosting economic activity and allowing for more sustainable and equitable development. This can be better observed in the original Theory of Change of the project:

IF (1): *Belém’s government and public institutions have enhanced capacities to formulate, implement and monitor pilot care systems and strategies; and IF (2): Belém’s women care workers and women who undertake unpaid care work, particularly those facing multiple forms of discrimination, have enhanced capacities and knowledge to participate in decision-making processes related to care, and to access decent work and social protection policies. THEN (3): a municipal care system that recognizes the value of paid and unpaid care work and responds to the needs of women and those who require care is adopted, implemented, and monitored in Belém. BECAUSE (4): municipal care systems, policies and practices will respond to the needs and priorities of all women in their diversity.*

At the Outcome level, the project aimed to ensure that “a municipal care system that recognizes the value of paid and unpaid care work and responds to the needs of women and of those who need care is adopted, implemented, and monitored in Belém.” To achieve the Outcome, the project integrated

two complementary outputs focusing on the capacities of duty bearers and rights holders.

Output 1. “Belém’s government and public institutions had enhanced capacities to design, implement, and monitor pilot care systems and strategies.” This aimed to strengthen the capacities of duty-bearers to implement their state obligations and respond to women’s needs and priorities.

- **Output indicator 1.1:** Number of government authorities, technical staff and other employees in public institutions who report enhanced knowledge and skills to design, implement and monitor a care system and strategies as a result of their participation in UN Women trainings (disaggregated by gender, colour/race, age, disability and migratory status)
- **Output indicator 1.2.** Knowledge products (e.g., tools and guidelines) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion.

Output 2. “Belém’s women care workers and women who undertook unpaid care work, particularly those facing multiple forms of discrimination, had enhanced capacities and knowledge to participate in decision-making processes related to care, and to access decent work and social protection policies.” This aimed to enhance the capacity of the rights holders to demand accountability for the full realization of their rights.

- **Output Indicator 2.1:** Number of women care workers and women who undertake unpaid care work who report to have enhanced capacities to participate in decision-making processes related to care as a result of their participation in UN Women trainings and activities (disaggregated by colour/race, age, disability and migratory status)

Output indicator 2.2: Number of women care workers and women who undertake unpaid care work who report enhanced capacities and/or enhanced knowledge to access decent work and social protection policies as a result of their participation in UN Women trainings and activities (disaggregated by colour/race, age, disability and migratory status)".

5. EVALUATION OBJECTIVES AND METHODOLOGICAL APPROACH

5.1. Purpose and scope

The main purpose of this evaluation is to assess the relevance/coherence, effectiveness, organizational efficiency and sustainability of the “Building pathways towards an integrated care system in Belém do Pará: recognizing, redistributing and rewarding care work” project and produce the evaluation findings for strategic decision-making, organizational learning and accountability as well as for the generation of knowledge. While the focus of the evaluation was primarily the experience with this municipal programme as per the original project document, the evaluation also revised the spillover effects of this programme at the national policy level while not in detail. The reason to review these unintended benefits is to provide a wider picture of the effects of the project aiming to draw lessons and best practices to be applied in the implementation of care systems in the other geographical areas, as well as to provide inputs to other UN Women projects seeking women economic empowerment.

The objectives of this evaluation were to:

1. Assess the relevance, coherence and sustainability of UN Women’s contribution to the consolidation of a municipal care system in Belém do Pará, and the potential to expand it to other geographical areas.
2. Assess effectiveness and organizational efficiency in achieving the project results.
3. Analyse how human rights approach and gender equality principles were integrated in the implementation of the programme.
4. Identify and validate lessons learned, good practices and examples and innovations of work supported by UN Women in relation to care systems’ development.

5. Provide actionable recommendations with respect to UN Women’s work on the area for the benefit of the wider organisational priorities.

The findings of the evaluation are expected to contribute to effective programming, organizational learning and accountability. It will also be a key input to knowledge management on the implementation of care systems for other UN agencies and international organizations working on the area within the region.

In terms of scoping, the evaluation covered the implementation period from May 2022 to March 2025. It had a municipal geographic scope, including both online data collection and field visit, which comprehended a mission to Belém from 3rd to 7th of February 2025 for primary data collection, including a field visit to the Cotijuba Island. Counterparts from other regions and countries, as well as local partners who were not available during the field mission were interviewed remotely.

Targeted users of the evaluation are the senior management and programme staff in the UN Women Brazil CO and the Americas and Caribbean Regional Office, the donor, other UN agencies working on the Pará state, the government counterparts at local and national levels, civil society organizations (CSOs), and other stakeholders that were part of the project.

This evaluation was agreed in the Donor Agreement aiming to inform future related programming in the CO Brazil and other UN Women COs. Key results were translated to Portuguese and will be presented to key stakeholders within a brief or presentation at the end of the project.

5.2. Evaluation criteria

To meet the exercise’s stated objectives, a set of evaluation questions were developed in close agreement with the Evaluation Management Group, based on the key criteria of relevance, coherence, effectiveness, organizational efficiency and sustainability using the standard definitions of the Organisation for Economic Co-operation and Development’s Development

Assistance Committee (OECD) with the integration of human rights and gender in a cross-cutting manner.¹⁸ In these areas of evaluation, the exercise sought to identify lessons across its triple mandate of coordination, programmatic, and normative dimensions for potential application to future programming in the region.

No changes were done within the evaluation questions during the implementation of the evaluation.

Table 1. **Assessment Criteria**

Criterion	Question
Relevance/ Coherence	<ol style="list-style-type: none"> 1. To what extent and how did the project identify and the more relevant capacity needs to design, implement, and monitor pilot care systems and strategies? How was the situation and needs analysis undertaken for the interventions? 2. To what extent did the project include the needs of women care workers and women who undertook unpaid care work, particularly those facing multiple forms of discrimination? 3. To what extent do the programmatic initiatives adhere to corporate strategic priorities of UN Women and relevant normative frameworks and the local/regional/national government?
Efficiency	<ol style="list-style-type: none"> 4. Have UN Women’s organizational structure, managerial support and coordination mechanisms effectively supported the delivery and changes required during the implementation of the programme? 5. Was the project able to leverage UN Women's contributions through its comparative advantage/added value compared to other UN entities and key partners? To what extent has the project positioned UN Women as an important organization in the promotion of gender equality?
Effectiveness	<ol style="list-style-type: none"> 6. To what extent did the project achieve its outcome and output aims? What was not achieved, if anything, and why? 7. To what extent partnerships contributed to the scalation of results initially planned, or not? What aspects of partnership could have been improved, and which ones can be used as best practices?
Sustainability	<ol style="list-style-type: none"> 8. What evidence is there that achievements in government capacity will be sustained or expanded? And what specific activities have duty bearers implemented that would ensure the continuation of efforts to implement the care system after the project? 9. What evidence is there that capacity created within care workers and women who undertook unpaid care work will be sustained after the end of the project?
Human rights and gender	<ol style="list-style-type: none"> 10. To what extent has gender and human rights principles and strategies been integrated into the programme design and implementation?

Source: elaborated by the Evaluation Team

18 OECD, 'Better Criteria for Better Evaluation: Revised Evaluation Criteria Definitions and Principles for Use', OECD/DAC Network on Development Evaluation, Dec 2019.

OECD. 'Applying Evaluation Criteria Thoughtfully, OECD/DAC Network on Development Evaluation, March 2021.

5.3. Stakeholder mapping and sampling methods

A full stakeholder analysis was done during the inception phase and updated during the primary data collection, and it is included in full in Annex 9.1. Based on such analysis the sampling strategy was consolidated based on five categories of stakeholders based on the How to Manage Gender-Responsive Evaluations: UN Women Evaluation Handbook.

- *Right holders -CSOs and women's rights organizations (WROs):* the project supported a wide variety of CSO organizations which had specific work with care workers, particularly those from particularly vulnerable communities. Representatives of the main organizations that were part of the project were mainly interviewed during the field visit. Data collection with these stakeholders focus on the questions about relevance, effectiveness and sustainability.
- *Care workers in all their diversity:* representatives from care workers from different backgrounds were also interviewed or consulted during the field visits, focusing on the relevance and effectiveness of the project for their own needs and objectives. Representatives from vulnerable communities that were not fully integrated within the project were also consulted to understand the reasons as well as potential recommendations for future programming.
- *Main duty bearers (local government partners):* These include Fundação Papa João XXIII, Coordenadoria da Mulher, Coordenadoria Antirracista, Banco do Povo de Bélem and Secretaria Municipal de Administração de Belém. These stakeholders were both recipients of the project activities, as well as part of project implementation and construction of the municipal care system. Interviews with representatives from these organizations were focused on creating a full

picture of efficiency, effectiveness, coherence and sustainability across the programme, with a focus on understanding how the project created capacities and how these capacities and knowledge have been utilised.

- *Secondary Duty Bearers:* members of other government organizations at the national regional and local level were part of the project implementation both as supporters as well as on the receiving end of capacity building activities. These include the Secretaria de Educação de Belém (SEMEC), the Secretaria de Saúde de Belém (SESMA), the Coordination of Social Communication, the Federal Ministries of Social Development, and Women, and other municipal civil servant in the operation of care service. As with main duty bearers, data collection focused on assessing the effectiveness of the project in creating capacity and change, and how those capacities were put into use.
- *Other Supporting Partners:* the project focused on sharing best practices and lessons with other UN Women Teams (such as Colombia, Brazil, Uruguay, Chile and the Americas and the Caribbean Regional Office -ACRO), other UN teams in country, academic centres (Pará's Federal University), and municipalities (Municipality of Belo Horizonte). These stakeholders were contacted mainly through online mechanisms.
- *Donor:* Expectations from the project donor and potential gaps in meeting those were analysed through a direct interview with one of their key representatives.

Based on these categories and the stakeholders identified, the following criteria was used to determine the sample of primary stakeholders:

- *Participants representativeness* to capture across all of the categories identified with a focus on right holders and key recipients of capacity building activities.

- *Thematic representativeness* to capture the results from the various activities/outputs.

For each of these stakeholders a minimum percentage of organizations/stakeholders was selected based on best practices from UN Women Evaluation Handbook, aiming to have a high percentage of participants across the direct recipient’s project activities (institutional duty bearers and CSOs/WROS that received training and capacity). Reaching directly to carers and populations in risk was more difficult as the

programme did not directly impacted many of the local carers, and the municipal care policy was still under discussion during the implementation of the evaluation. As such a target of 2 FGDs with at least 6 representatives across different geographical spaces, racial representations and with participation of key populations in risk (people with disabilities) was agreed as a minimum.

Based on those criteria, the following sample was achieved:

Table 2. Sampling targeted and achieved

Stakeholder Type	Population	Sample targeted	Achieved
<i>Main Duty Bearers (those mainly responsible for the project implementation and municipal care system)</i>	5 organizations/ departments: 2 FUNPAPA; Banco do Povo; SEMEC; SEMAD; & COMBEL	At least 80% (4 organizations/ secretariats)	Achieved. 9 people across all 4 targeted organizations/ secretariats.
<i>Secondary Duty Bearers (government organizations that support the process but are not directly responsible for project implementation)</i>	5 organizations/ departments: SESMA; 2 COANT	At least 80% (4 organizations/ departments)	Achieved. 4 people across all 4 targeted organizations
<i>Supporting Partners (UN Women Brazil, implementing partners, other UN agencies)</i>	11 organizations/ departments: Possibilities: MDS; Municipality of Belo Horizonte, other UN Country Office	At least 60% of the stakeholders with a medium and high-level of importance, at least 40% of the stakeholders with a low-level of importance.	Achieved 8 people across UN Women (Regional, Argentina, Brasil and Colombia CO), and one representative of the MDS
<i>Donor</i>	Open Society	At least key national point of contact.	Achieved National point of contact.
<i>Right holders: CSOs/WROS representatives</i>	6 local organizations: APPD; FETRADORAM; 2/3 MMIB; 2 ADOUPA; Grupo de Mulheres Brasileiras; & CEDENPA	At least 60% of the stakeholders with a medium and high-level of importance, at least 40% of the stakeholders with a low-level of importance.	Achieved 8 people across 4 local organizations (APPD, FETRADORAM, MMIB, ADOUPA), including representation from women from the islands, carers and people with disabilities, and black women.
<i>Right holders -Specific leaders and groups of population with specific vulnerabilities</i>	7 representatives from populations at risk (2 FGD with 6 participants each)	At least three representatives from local organizations, particularly those that had a stronger participation in the project.	Achieved. 2 FGDs with 13 participants, including representation from paid and unpaid carers, indigenous women in urban areas and black women.
Total: 43 people across 22 organizations and/or departments			

Source: elaborated by the Evaluation Team

5.4. Methods of data collection and analysis

The assessment was conducted using a mixed methods approach, grounded in a bottom-up, participatory methodology that prioritized the inclusion of local stakeholders, particularly rights holders and duty bearers at the municipal level. The approach was designed to align with UNEG norms and standards and the UN Women's Evaluation Handbook to conduct Gender-Responsive Indicators, placing strong emphasis on integrating gender equality and human rights principles throughout the process.

The specific methods used were defined in the Inception Report and were selected to ensure data reliability, validity, and relevance in relation to the evaluation criteria and questions. They aimed to maximize inclusivity and stakeholder ownership of findings while offering a robust means of data triangulation—ensuring the accuracy of insights by comparing and cross-verifying information gathered through different tools and from multiple perspectives.

Data collection methods

Methodologies for data collection and analysis included both the analysis of quantitative¹⁹ and qualitative data and use both in-depth desk review of the programme implementation process, primary data collection to fill information documentary gaps and triangulation. The assessment was carried both through remote and field data collection. Data collection methods included:

- *Secondary analysis* of programme data including monitoring, reporting, budgetary data, and other relevant metadata from corporate systems and obtained from UN Women project members.
- *Structured desk review* of key reference documents and knowledge products related to the programme but not specifically linked with the programme implementation. This included information from government and civil society stakeholders to understand key advances and limitations on policy areas. Other complementary documents might be added in the course of the evaluation based on interviews.
- *Semi-structured interviews (KIs)* with a selection of the stakeholders identified in the sampling strategy and with a focus on participants that were directly part of the project interventions in order to review in detail their direct experiences and explore the different perspectives from each of the stakeholder categories. A diverse typology was thus consulted through this mechanism including government officers, local leaders, CSOs and programme teams. Given the amount of detail that was aimed to be obtained through this method, the KIs took between 45 and 75 minutes.
- *Focus groups*. with selected intervention's participants and particularly CSOs and WROs representatives. Focus group discussions (FGDs) with CSO representatives were replaced by key informant interviews (KIs) as it was determined that a more detailed perspective of each of the participants perspectives was required. In some

¹⁹ Mainly programme indicators and budget allocation across UN participating agencies.

cases, KIIs with these stakeholders took place remotely, as some of the key representatives were not available during the week of data collection.

- *Field visits* and observation at selected programme sites.

These methods were selected based on the analysis conducted through the Evaluation Matrix available in Annex 9.3. KIIs were seen as an ideal mechanism to explore in detail the different evaluation questions, particularly with those that directly benefited from the project, while FGDs were seen as a more appropriate mechanism to contrast views from women carers in all their diversity and include both those that directly benefited from the project and those that were not, as a point of contact.

Data analysis

Data analysis involved a combination of descriptive statistics and qualitative content analysis. For qualitative data, the evaluation team used NVIVO software to systematically code interview and focus group transcripts, policy documents, and internal reports. Key themes were identified using an inductive-deductive approach: themes emerging organically from the data were cross-referenced with the pre-established evaluation questions and sub-questions to ensure coherence and comprehensiveness. Content analysis allowed the extraction of

major and recurrent themes and drew out key trends based upon the preponderance of available evidence.

The triangulation process was central to the validity of findings. Data were cross compared across:

- Different methods (e.g., comparing KII and FGD responses with programme documents),
- Different stakeholder groups (e.g., perspectives of policymakers vs. grassroots organizations),
- Different types of evidence (e.g., formal reports vs. lived experiences), and
- Different levels (e.g., municipal vs. federal perspectives on care economy policy).

This allowed the evaluation team to identify consistent patterns as well as contradictions or gaps, which were carefully analysed and used to qualify conclusions. This approach was particularly valuable in uncovering intangible or difficult-to-measure results, such as shifts in awareness, institutional behaviour, or relational dynamics among actors. Sample

5.5. Methodological limits and risks

The main methodological limitations, impact and mitigations of this evaluation were the following:

Table 3. Risks and limitations

Risk	Occurrence	Impact	Real impact	Mitigation measures
<i>Limited availability from local partners (implementing): Most of the project's partners were from the previous government, so they are not in the government anymore. This can lead to</i>	Yes	Gaps in the evaluation report due to the lack of data or impossibility to triangulate data.	Representatives of 2 of the local organizations identified could not be interviewed, and other 2 only had limited availability.	A flexible agenda was kept ensuring the inclusion of these organizations. For those with lowest availability, the opportunity to send responses via voice

<i>possible shortage of time o disinterest to participate</i>				messages in WhatsApp was offered, as well as interviewing through videoconference.
<i>Rights holder organizations have had an unstable participation in the activities, many times sending different people to each activity, therefore each person will have only a part of the perspective</i>	Yes	Gaps in the evaluation report due to the lack of data or impossibility to triangulate data.	37% of the participants in the FGDs had only a limited participation with the programme, thus limiting their knowledge of the project.	For those participants that had less of a participation in the programme, the questions focused on understanding their experience as care providers and indirectly assess the effects of the project on them.
<i>Unintentional focus on certain vulnerable populations while overlooking others, or overlooking cultural, societal, and individual experiences</i>	No	Gap in the evaluation and drawing inaccurate or incomplete conclusions about the programme, invalidating the programme recommendations and findings.	Right holders consulted included a mix of populations including indigenous, afro descendent, women carers and recipients of care, those in urban settings, the islands and more remote locations.	The stakeholder analysis focused on ensuring that a mix of populations were included.
<i>The project's implementation is still on course, there is still many deliverables to be made by the end of the project</i>	No	Gaps in the evaluation report due to the lack of data or impossibility to triangulate data and bias on data analysis. The findings might not capture the whole picture.	The evaluation was done while the remaining activities were implemented. The programme manager briefed the evaluators in the progress of those activities.	Adjustment in the workplan and regular communication and triangulation with the project manager.

Source: elaborated by the Evaluation Team

5.6. Ethics and data management

The evaluation followed UNEG Ethical Guiding Principles, with the Assessment Lead contractually committed to the UN Women Evaluation Consultants Agreement and/or the UNEG Ethical Guidelines and Code of Conduct. The following UNEG Principles specially considered the following:

1) *Respect for dignity and diversity*: The evaluator was mindful about respect during inception phase, data collection and analysis and reporting. The language of the report treated all stakeholders with

the utmost respect for their life choices and perspectives.

- 2) *Right to self-determination*: The team consulted stakeholders and listened to them respectfully about their choices and implementation.
- 3) *Fair representation*: This inception report considered all the stakeholders which were found to be relevant, but the evaluation was open to include any other stakeholders which were identified in the course of the evaluation which may have a say or an important perspective to the

direction of UN Women's provision of online training.

- 4) *Ethical protocols for vulnerable groups:* Participants were briefed about the purpose of the evaluation and the data treatment, and the evaluator was very respectful for not getting into issues that interviewees were not be comfortable in addressing.
- 5) *Redress:* The evaluation report was shared with a wide list of stakeholders and the evaluation team was in dialogue with them as to make the report as comprehensive and fair as possible to represent what happened in the UN Women's provision of online training in the region.

- 6) *Confidentiality:* Interviewees were informed that all the data collected were used in the report in a confidential manner without attribution to their person; and

- 7) *Avoidance of harm:* The evaluation team carried out the process to make the exercise as useful and possible for everyone involved, helping stakeholders think about their work in a way which is constructive and avoids any type of harm for them.

To operationalize these principles, the Data Management Plan ([Annex 6.5](#)) provides more details on how data was managed and stored, ethical protocols were adopted, and other relevant areas.

6. FINDINGS

6.1. Relevance/Coherence

Question 1: To what extent and how did the project identify the more relevant capacity needs to design, implement, and monitor pilot care systems and strategies? How was the situation and needs analysis undertaken for the interventions?

Finding 1: *The project was built in close dialogue with the Municipality of Belém, which was the project main partner. Additionally, an evidence-based situation analysis was part of the PRODOC, resulting on the identification of relevant capacity needs to design, implement, and monitor pilot care systems and strategies. However, the project was not designed with basis on a structured consultation to the project targeted population.*

The project was the result of a previous and direct dialogue between the Open Society Foundations and the Municipality of Belém, with the objective of designing an initiative with focus on the care economy, but still without a definition of what the project's approach would be. It was in this context that the Open Society Foundations, which already had a dialogue channel with UN Women, invited the organization to take part in the design of the project. Meanwhile, UN Women was already working on care initiatives in cooperation with IPEA and the ECLAC Office in Brazil.

In the case of Belém, the Open Society Foundations²⁰ provided funding to UN Women, which designed the project in cooperation with the Municipality of Belém since the very beginning, which was appointed was one of the project strengths. Thus, the main project partner was a core part for designing the initiative, providing inputs for defining priorities and planning activities.

Interviews with Open Society Foundations, Municipality of Belém and UN Women have shown that there was a convergence

between their agendas on care economy, while UN Women's administrative capacity and previous expertise in the field were fundamental to the implementation of the cooperation agreement with the Open Society Foundations.

On its PRODOC the initiative was designed with a comprehensive and evidence-based situation analysis section²¹, where the main indicators regarding care economy in Brazil were addressed and analysed using official data from institutions recognized as relevant knowledge hubs, such as FioCruz, IBGE and IPEA. The situation analysis also considered the intersectionality of gender, race and class on the burden of unpaid care work and the barriers to accessing care services. The impact of the COVID-19 pandemic was adequately considered. Specific data from Belém was gathered and directly connected to the project results matrix and Theory of Change. However, it is relevant to note that the situation analysis was entirely based on secondary data lacking a structured consultation to the project targeted population, which was identified by gaps of primary data on the PRODOC and confirmed

²⁰ The Open Society Foundations cannot finance governments.

²¹ UN WOMEN. PRODOC "Building pathways towards an integrated care system in Belém do Pará: recognizing, redistributing and rewarding care work", pp.03-06.

by interviews with UN Women and the Municipality of Belém.

The project was officially launched in an event in Belém in June 2022, when UN Women signed an MOU with the Municipality of Belém that served as the institutional umbrella for project implementation. In this opportunity, UN Women held technical meetings with government officials of Belém and representatives of CSOs, academia and other UN agencies to identify priorities and needs, gathering inputs for planning the project initiation. The first training on care economy was provided in Q3 2022 to 40 public officers of the Municipality of Belém, when UN Women collected inputs for the development of further training activities and identified technical gaps and needs.

After the project kick off, the planning and design of project activities were defined in the context of a Management Committee conformed by UN Women and 11 institutions part of the municipal government of Belém²². UN Women and FUNPAPA were responsible for the committee coordination and for decision making on a regular basis, although relevant issues were discussed on plenary²³.

The Management Committee was the main body for the planning and monitoring of the project activities, while it has been a relevant space for the identification of demands and needs from the project main counterpart – the Municipality of Belém –, and from public policy beneficiaries – since the secretaries represented on the committee had been implementing initiatives in direct contact with beneficiaries.

Question 2: To what extent did the project include the needs of women care workers and women who undertook unpaid care work, particularly those facing multiple forms of discrimination?

***Finding 2:** The project has done comprehensive consultations with the main social groups representing women care workers and women who undertook unpaid care work that, although not exhaustive, were representative of Belém’s populational diversity, while an ad hoc diagnosis on the availability of and demand for care services were produced as part of the project results, though both initiatives were not timely implemented.*

Although the main focus of the project was at the institutional context of the Municipality of Belém, the initiative also addressed the needs of women care workers and women who undertook unpaid care work through a series of consultations and activities.

Firstly, throughout the project implementation cycle, 15 roundtable

discussions were implemented as *in loco* consultations. The consultations were done with targeted populations seeking to identify needs and priorities of individuals and organizations that request and provide care on a territorial basis. The consultations included strategic social groups considering the situation analysis provided in the

22 Fundação Papa João XXIII (Funpapa), Secretaria Municipal de Administração da Prefeitura de Belém (Semad), Secretaria Municipal de Educação de Belém (Semec), Secretaria Municipal de Saúde de Belém (Sesma), Banco do Povo de Belém, Coordenadoria da Mulher de Belém (Combel), Coordenadoria Antirracista (Coant),

Coordenação das Políticas de Segurança Alimentar e Nutricional (Copsan), Coordenadoria da Diversidade Sexual (CDS), Coordenadoria de Comunicação Social de Belém (Comus), Instituto de Assistência à Saúde dos Servidores Públicos do Município de Belém (Iasb).

²³ The committee meetings were, firstly, held biweekly, then the frequency became every month.

PRODOC, such as indigenous, *quilombola* and Afro-Brazilian women, Afro-Brazilian religious leaderships, domestic workers, LGBTQIA+, migrants and refugees, waste pickers and women living on islands.

The consultations were also a space for capacity building activities with focus on increasing the knowledge of women and CSOs about care work and services. Partners recognized the inclusion of women living in the Belém islands, where UN Women implemented 4 dialogues sessions and established a partnership with the Movimento de Mulheres das Ilhas de Belém (MMIB). The outreach of Afro-Brazilian women was also highlighted, especially through the cooperation with Centro de Estudo e Defesa do Negro (CEDENPA), which was one of the first organizations consulted for the identification of needs and demands on early 2022, although its participation on further activities of the project was sparse.

Besides these formal participation channels, stakeholders from diverse institutions have widely recognized UN Women openness to dialogue, considering that the project management team was able to hear their needs and demands and respond to them by adapting the project activities. These dialogues occurred both in the context of the Management Committee meetings and in *ad hoc* meetings and consultations with project partners.

Beyond consultations with stakeholders, two diagnoses for providing inputs to project design and implementation were produced:

- **Estimation of costs and impacts of the expansion of care services in Belém do Pará:** With a quantitative perspective, two consultants were responsible for developing a tool for the planning and

implementation of care services in Belém, containing a preliminary analysis of the demand for care services for children and the elderly in a situation of severe dependency. It also mapped the availability of care services for these populations. Additionally, the study provided information on the total number of jobs that would be generated by the investment in care services in the proposed scenarios, as well as the percentage of self-financing of such investment through the increase in tax collection and social security contributions of these new workers.

- **Participatory Diagnostic Study on the social organization of care in Belém – PA:** The diagnosis was implemented by a consulting firm and built on a predominantly qualitative methodology that sought to capture the perceptions of care workers and people who carry out unpaid care work, combining interviews, focus groups, questionnaires and the review of secondary data. The diagnosis led to the mapping of the care services available in the municipality of Belém, as well as the demands for such services, the gaps in supply and the territories with the greatest access barriers. Thus, the diagnosis concluded that there is a concentration of care services in the southern region of Belém, while the greatest deficit is in the islands region, which became one of the project's focuses of attention. The study recommends a territorial approach and a focus on priority populations, leading to increased access to essential care services, valuing caregivers, humanizing care and promoting the active participation of society. This participatory diagnostic study methodology was based on tools already developed by UN Women

in Mexico, and technical capacity was provided by the regional office to support this consultative process.

Both studies were relevant to provide an evidence-based needs assessment to the project management team. Moreover, due to their methodological diversity, the studies provided complementary perspectives on how the services and demands for care are distributed on the territory. Nevertheless, both studies were developed throughout

2024 and were published only in 2025, the end year of the project. In this sense, although inputs from both studies informed project activities during their development, the issuance of both products by the end of the implementation cycle limited their potential influence on project design and implementation. Even though, the publications still have the potential of providing evidence for advocacy with the new municipal administration, as well as contributing to project sustainability.

Question 3: To what extent do the programmatic initiatives adhere to corporate strategic priorities of UN Women and relevant normative frameworks and the local/regional/national government?

Finding 3: *The project adhered to UN Women corporate strategic priorities at the national, regional and global levels, also being aligned with the main regional normative frameworks on care economy and coherent with the Municipality of Belém priorities on this field.*

The project was designed in alignment with the previous Brazil Strategic Note 2017-2023, contributing to its Outcome 2.1, which was focused on UN Women support to the development and implementation of policies and strategies to strengthen women's economic rights and opportunities.²⁴

In terms of alignment to the UN Women Global Strategic Plan 2022-2025, the project is aligned with the *Impact 2: Women's Economic Empowerment (WEE): Women have income security, decent work, and economic autonomy*, responding to the SDG indicator 5.4.1: *Proportion of time spent on unpaid domestic and care work, by sex, age and location.*

The Belém experience is aligned and based on the development of normative frameworks at the regional level in the Latin America and the Caribbean region, with highlights to the following documents:

1. **Brasilia Consensus (2010)** – Consensus reached during the X Regional Conference on Women in Latin America and the Caribbean, it was the first intergovernmental agreement recognizing the right to care as universal, promoting social and gender co-responsibility and integrating social and economic policies.
2. **Montevideo Strategy (2016)** – Resulting from the XIII Regional Conference on Women in Latin America and the Caribbean, it was an effort to overcome

²⁴ Brazil Strategic Note 2017-2023: Outcome 2.1: Policies and strategies of public and private companies and institutions to strengthen women's economic rights and opportunities are adopted, implemented and monitored." Output 2.1.1 National and subnational governments, public and private companies and institutions have enhanced capacity to formulate, implement and monitor policies and strategies to promote decent work, social protection and

entrepreneurship for women, particularly those facing multiple forms of discrimination; Output 2.1.2 Women and gender equality advocates, particularly those facing multiple forms of discrimination, have enhanced capacity and opportunities to participate in decision-making processes, and to promote decent work and gender-responsive social protection and macroeconomic policies.

gendered labour division and unjust care structures, emphasizing wealth, income, and time redistribution to achieve gender equality and align with the 2030 Sustainable Development Agenda.

3. **Santiago Commitment (2020)** – Agreed on the XIV Regional Conference on Women in Latin America and the Caribbean, this document focused on the design of comprehensive care systems with a gender, intersectional, and human rights perspective, promoting co-responsibility between individuals, the state, and the private sector. It highlights the economic importance of the care sector.
4. **Buenos Aires Commitment (2022)** – Adopted in the XV Regional Conference on Women in Latin America and the Caribbean, the commitment is one of the most comprehensive agreements on care economy as it recognizes care as a right, advocating for fair care organization, gender-equal policies, and sustainability-focused development.
5. **Other Regional Agreements** – Various other agreements (Montevideo Consensus on Population and Development, Asunción and Santiago Declarations, Inclusive Social Development Agenda) reinforce the importance of care in social protection, aging policies, urban planning, and economic development.

In the case of the Buenos Aires Commitment, it is relevant to notice that the XV Regional Conference on Women in Latin America and the Caribbean was held during the first year of

the project implementation. In this sense, the influence of the commitment was not in the design of the project, but on the planning of its activities. Besides that, UN Women supported the participation of two women from civil society organizations representing Afro-Brazilian women and domestic workers at the XV Regional Conference on Women and its side event Feminist Forum.²⁵

At the local level, interviews with representatives of the local government have shown that the project was in line with the priorities of the Municipality of Belém. The implementation of public policies at the municipal level were oriented by the Belém Pluriannual Plan 2018-2021²⁶, which guaranteed the defence and valorisation of women, ensuring their rights and full manifestation of their autonomy, leading to the development of a Municipal Plan for Policies for Women with a pillar on women's economic autonomy and equality in the workplace with social inclusion. However, these normative frameworks did not include specific objectives on care economy.

Although there was not a normative framework on care at the municipal level – which is also an indicator of the project innovative approach –, the focus on the provision of care services were in line with the municipal normative frameworks. In this sense, women economic autonomy was one of the priorities for the Municipality of Belém by the time the project was negotiated with UN Women and the Open Society Foundations. Therefore, there was an inductive normative and institutional

²⁵ Centro de Estudos e Defesa do Negro do Pará (CEDENPA, Pará's Center of Black People Studies) and the Federação Nacional de Trabalhadoras Domésticas (FENATRAD Domestic Workers National Federation).

²⁶ LEI Nº 9339/2017, DE 09 DE NOVEMBRO DE 2017 (PPA 2018-2021 Dispõe sobre o Plano Plurianual para o período

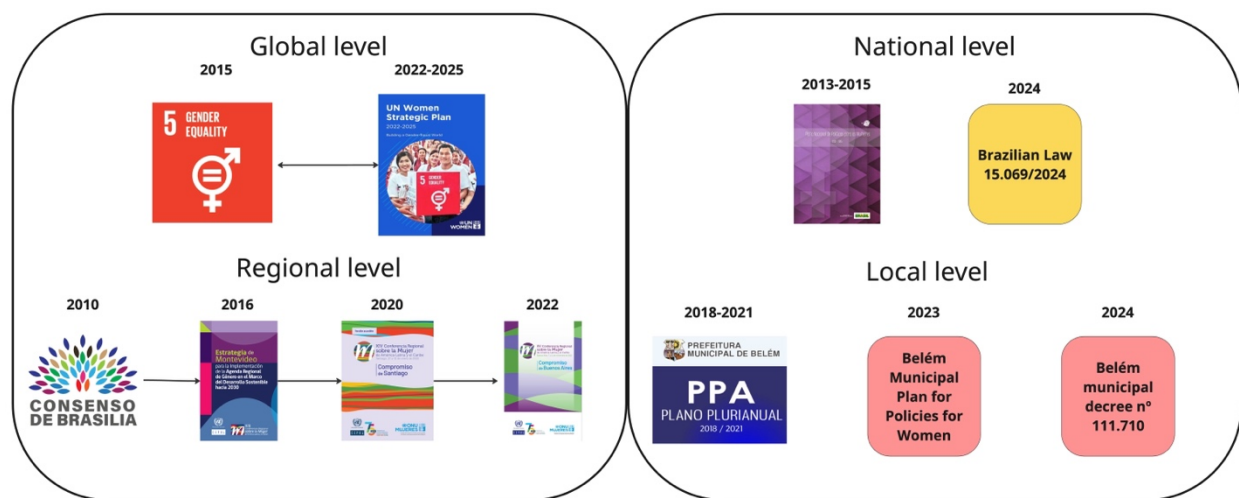
2018/2021 e dá outras providências). <https://cmb.pa.gov.br/lei-no-9339-2017-de-09-de-novembro-de-2017-ppa-2018-2021-dispoe-sobre-o-plano-plurianual-para-o-periodo-2018-2021-e-da-outras-providencias/>

framework for the developing of a municipal care system in Belém.

Regarding the national level, the last Brazilian National Plan of Policies for Women was valid between 2013 and 2015²⁷. Although this plan did not have specific actions on care economy, it recognized the additional burden for women on unpaid care work and the need to have this in consideration for policy

making. Finally, the project is aligned with two normative frameworks to which the own initiative contributed to the creation: at the local level a Municipal Care Committee was created through the Decree nº 111.710 in 2024; at the national level, in 2024 the Brazil Parliament has issued the Federal Law 15.069/2024, with creates the Brazilian National Care Policy.

Figure 1. Project alignment with normative frameworks



Source: elaborated by the Evaluation Team

6.2. Efficiency

Question 4: Have UN Women’s organizational structure, managerial support and coordination mechanisms effectively supported the delivery and changes required during the implementation of the programme?

Finding 4: *Despite delays, UN Women’s presence in Belém was a decisive factor to directly engage with stakeholders and decision-makers, thus effectively supporting delivery and changes required during the implementation of the programme.*

UN Women demonstrated adaptability in its organizational structure, particularly by establishing a physical presence in Belém, rather than operating through a partner agreement with a local institution. This local office was critical for project implementation and maintaining relationships with

stakeholders, enhancing UN Women’s visibility and facilitating direct engagement with municipal governments, civil society organizations, and communities.

Furthermore, it enhanced the implementation speed and enabled effective

²⁷ Plano Nacional de Políticas para as Mulheres

2013 – 2015.
<https://www.gov.br/participamaisbrasil/blob/baixar/9474>

mobilization of beneficiaries and partners. Consulted stakeholders indicated the significant level of influence UN Women had with local government (in comparison with other local CSOs), which enhanced efficiency in terms of advocacy and agenda setting with stakeholders, and the capacity to elevate care in settings where it was easily deprioritized. Furthermore, it was widely referenced that the presence of the UN Women team within Belém de Pará facilitated the connection with the municipal and federal governments and civil society.

The decision stemmed from a request from the mayor's office for UN Women to be in Belém, and lessons from a previous project in Itabira, Minas Gerais. However, respondents also indicated considerable delays in hiring qualified personnel for managerial roles and multiple recruitment cycles before being filled (the position had to be advertised three times) and high staff turnovers that disrupted project continuity, while monthly travel from Brasília to Belém was required to 'make things happen'.

Managerial support for the programme was a notable strength, though it fluctuated

throughout the implementation period. Stakeholders consistently commended UN Women for its professionalism, commitment, and flexibility of staff in daily interactions. In particular, their proactive and dialogical approach was appreciated by partners. Respondents further highlighted the ability to deliver results despite structural challenges, such as the delays mentioned and the small size of the team in Belém, which limited its capacity to respond quickly. Despite the positive views highlighted above, those partners engaged at the start of the programme mentioned that UN Women staff members initially involved in the programme did not seem to have sufficient managerial experience and thus coordination and communication was lacking.

Yet, despite the initial delays, the UN Women team was described as supportive and proactive, always willing to listen and collaborate. This approach helped in building strong relationships with partners and ensuring that the project's work was aligned with the needs and expectations of the stakeholders.

Key testimonies: "UN Women has always had a very proactive and dialogic stance, always willing to listen and build together" (KII, representative of local partners).

"The presence of the UN Women team in Belém de Pará facilitated the connection with the municipal and federal government and civil society" (KII, representative of women carers).

Finding 5: UN Women's Participative Coordination Mechanisms Created Ownership and Strong Dialogue, Effectively Supporting Long-Term Policy Development and Efficient Decision-Making

Additionally, UN Women's strong focus on creating participative and all-inclusive decision and coordination mechanisms created ownership and strong dialogue across the multiple stakeholders. The following coordination mechanisms were mentioned:

- **Management/Steering Committee:** Strengthened coordination capacities of government officials and civil society actors, contributing to long-term policy development. It served as a vital space for dialogue with communities, though UN Women assumed a lot of administrative

and coordination responsibility. A smaller group composed of entities like FUNPAPA, Banco do Povo, SEMADIS, COPISAT and COANT ensured day-to-day implementation of project activities.

- **Working Groups:** Small groups established from the members of the Management Committee. These facilitated task division, qualitative discussions, and streamlined decision-making processes.
- **Coordination with Other UN Agencies:** Enhanced knowledge-sharing through partnerships with agencies like UNICEF, ILO, OHCHR, and ECLAC, including for knowledge sharing, UN International Day of Care and Support, and the Intergovernmental Working Group for the National Care Policy.

For all of these mechanisms, regular meeting times were established, helping to ensure that decisions included the views and needs of all project participants (both right holders and duty bearers) and improving interaction across government representatives and civil society. For example, for the Management Committee, the level of interaction among committee members was almost daily, as many decisions required collective input. This high level of interaction ensured that

decisions were well-informed and considered multiple perspectives.

Furthermore, members of these coordination mechanisms highlighted that roles were well-defined and understood. Defined roles helped in ensuring that everyone knew their responsibilities and could contribute effectively. Equally, dividing the Management Committee into smaller working groups was beneficial for more detailed discussions and increased efficiency. These groups could focus on specific issues and then bring their findings and recommendations to the larger committee, facilitating more efficient decision-making.

However, one of the negative aspects noted was the frequent changes in personnel within government institutions which led to disruptions in knowledge transfer and continuity. This required additional efforts to ensure that new members were adequately briefed and integrated into the committee's work.

Yet, despite the few challenges, the existence of these coordination mechanisms was mentioned as a key enabler of success and one of the key setups for sustainability of the efforts.

Key testimonies: *“Initially (in the Steering Committee) we had moments of tension because there were many people making decisions (...) so, in general, we had a tighter core, about 5 institutions that handled the day-to-day, the frequency of implementation. Together we were responsible for the main decisions, for forwarding the main tasks. At times, UN Women had to take forward the decisions on its own, but we always felt consulted and close to each other.” (KII, government stakeholder).*

Question 5: Was the project able to leverage UN Women's contributions through its comparative advantage/added value compared to other UN entities and key partners? To what extent has the project positioned UN Women as an important organization in the promotion of gender equality?

***Finding 6:** UN Women leveraged its global mandate and expertise to mobilize support, engage stakeholders, and raise awareness about care policies, positioning itself as a key player in promoting gender equality. Its efforts in agenda-setting, convening diverse stakeholders, and aligning global norms with local realities significantly advanced care policies and solidified its role within the UN system.*

Global mandate: UN Women's global mandate provided a unique leverage that significantly enhances its ability to mobilize government support, engage civil society, and raise awareness about care policies. Stakeholders consistently highlighted the added value of the UN's name, which lends credibility to initiatives and ensures widespread participation. UN Women's expertise in gender-sensitive policy formulation stands out, particularly in its care actions across the LAC region demonstrating its ability to combine technical knowledge with strategic contacts and an appropriate mandate. UN Women's expertise in public policy and its flexible mandate allowed it to lead on care policies, coordinating with other UN entities like UNICEF, UNDP, ILO, ECLAC and OHCHR.

While the focus of UNICEF is on childhood, UNDP works with development of tools, ILO on data analysis and paid work and UN Women's niche has been focused on a more comprehensive perspective of care and with a focus on public policies and technical support for local, federal and national governments.

Agenda-setting: The credibility and visibility of the UN Women name amplified its agenda-setting power. Stakeholders contacted perceived communications and initiatives from UN Women as more impactful compared to those from local organizations.

By prioritizing care policies and consulting marginalized groups through innovative platforms like the Management Committees, working groups, regional seminars, roundtable discussions, conversation circles and visits to and from other care initiatives in the region (Colombia, Argentina, Federal Government of Brazil), UN Women Brazil and ACRO have strengthened advocacy efforts. These initiatives unite diverse social movements, ensuring that the voices of marginalized women are amplified in policy discussions. This ability to set priorities and mobilize diverse stakeholders enhances its effectiveness in advancing care policies globally. According to many of those interviewed UN Women's added value has been placing this thematic at the centre of the debate.

Convening power: According to the interviews, UN Women excelled in convening diverse stakeholders—government entities, civil society organizations (CSOs), academia—and fostering collaboration across sectors. Its ability to organize workshops on care policies and steer disagreements constructively among municipal departments underscores its convening strength. Furthermore, UN Women facilitated dialogue across interconnected sectors such as health, education, and social assistance, ensuring holistic approaches to care policy development. This capacity to bridge gaps

between sectors solidified its position as a key facilitator of multi-stakeholder partnerships.

Expertise in Care Policies and Holistic Approaches: UN Women's specialized expertise in gender equality and holistic care policies sets it apart from other UN entities. While agencies like UNICEF focus on childhood care or the ILO on paid work, UN Women adopts an integral perspective by addressing public policies comprehensively and securing government support. This broader approach enables it to tackle systemic issues related to care policies effectively.

Knowledge Sharing: UN Women addressed critical gaps in knowledge sharing by ensuring accessibility and relevance of resources. For instance, translating four knowledge products on care into Portuguese has enhanced their usability in Brazil, enabling federal government officials to access legislative insights on care policies through advanced monitoring software provided by UN Women Brazil. Additionally, leveraging international exchanges—such as learning from Bogotá's care system—has strengthened the capacity of government officials and civil society actors involved in care policy development. By promoting South-South collaboration across Latin America (e.g., Brazil, Colombia, Uruguay, Chile) and national and international seminars, UN Women fostered regional knowledge sharing that informs local policy innovation. Finally, the Regional Office also provided strong technical support during the mapping and diagnostic process.

The project's visibility was enhanced through media coverage and participation in international events, such as the Women Deliver Conference and the Mercosur Seminar on Care Policy, where UN Women

shared its experiences and strategies. Participants from the project were also invited to participate in the Laboratory of Activation of Care Economy "LA Cuida" in Cali, Colombia, on spoke on a panel "Places that care: The community care in the construction of well-living", where they shared UN Women Brazil's vision of incorporating the community practices into the creation of care systems, using the Belém experience as an example.

A key lesson, however, was that more visibility was needed in the visits from other UN Women programmes focused on care. In some cases, there were missing opportunities to highlight the shared experiences through communication methods and/or to open workshops for CSOs and care organizations to join within the discussions and take advantage of the lessons learned in other countries.

Global local connection: UN Women Brazil effectively connected global agendas with local realities, facilitating the alignment of local actions with global norms and standards. By aligning international norms with grassroots needs, UN Women ensures that global guidelines resonate with local experiences. This approach has been instrumental in shaping public discourse and institutional frameworks for care policies and ensuring that local policies were informed by global best practices. The organization's ability to articulate these connections uniquely positions it as a bridge between global aspirations and local implementation.

Through these multifaceted contributions—global mandate leverage, agenda-setting power, convening strength, global-local alignment, expertise in holistic approaches, and robust knowledge sharing—UN Women solidifies its position as an indispensable

entity within the UN system for advancing care policies worldwide.

Table 4 Added Value and Comparative Advantage

Aspect	UN Women’s Added Value	Comparative Advantage
Expertise	Integral perspective on care policies	Specialized mandate in gender equality
Legitimacy	Credibility through the ‘UN’ name	Non-partisan legitimacy
Coordination	Convening diverse stakeholders	Leading inter-agency collaborations
Advocacy	Raising awareness via media campaigns	Sustaining initiatives despite political shifts
Intersectionality	Focus on gender, race, class, diversity	Innovative methodologies
Capacity building	Technical assistance for local and national governments	Advanced structuring of committees
Global-Local Connection	Aligning global norms with local realities	Promoting South-South cooperation
Proximity	Decentralized project management	Enhanced implementation speed

Source: elaborated by the Evaluation Team

“UN played a very important role in this, I think that if we hadn’t had the strength of the UN, we wouldn’t have reached the level of structuring this policy and I recognize without any kind of sugar coating anyone, the UN team was huge, they held the end of this rope and didn’t let go”. KII, local social organization.

“The good results came from professional competence, but also from having UN Women behind them. UN Women has this mandate, this recognition... it gives the project a neutral cover”. KII, supporting organizations

Finding 7: *Through the Ver-o-Cuidado project, UN Women succeeded in firmly positioning and expanding its role as gender equality stakeholder through the creation of spaces for dialogue and discussion. Its efforts included international and national seminars, workshops, and media campaigns, which amplified marginalized voices and fostered collaboration across sectors.*

Through the Ver-o-Cuidado project, UN Women has advanced in positioning itself as a key stakeholder in advancing gender equality by adopting a multifaceted approach that combines advocacy, intersectionality, and tailored initiatives. Its dialogical attitude—actively listening to local stakeholders and fostering collaboration across diverse sectors—has been instrumental in ensuring inclusivity,

particularly for marginalized groups such as indigenous women, Afro-religious women, waste pickers, and caregivers for the elderly. Through international and national seminars, workshops, roundtable discussions and conversation circles, UN Women amplified the voices of these groups, fostering trust and participation while addressing their specific needs. This approach has strengthened its reputation as a responsive and inclusive

advocate for gender equality. Some of the key initiatives developed included:

- In November 2023, UN Women technically and logistically supported the I Mercosur Seminar on Care Policy and Systems, as part of the Meeting of Social Development Ministers and Authorities (RMADS) within the 2023 Pro Tempore Presidency of Brazil. The event featured contributions from UN Women panellists, including Cecilia Alemany, Deputy Regional Director Americas and the Caribbean, and Raquel Coello, Policy Specialist Americas and the Caribbean. They shared UN Women's regional strategy on care and discussed the importance of partnerships, social participation, and financing for sustainable care policies and systems. Four women government officials from Belém enhanced their knowledge on care policies by participating in the event.
- Innovation Week at the Brazil National School of Public Administration. UN Women was invited to contribute to the Innovation Week 2023 at the National School of Public Administration. Raquel Coello, UN Women Policy Specialist Americas and the Caribbean, participated in the panel "Innovation and Care: Transformative Approaches in Public Policy," discussing how to innovate in the care agenda and develop care systems. This collaboration has continued through the use of the capacity building materials created within the Ver-o-Cuidado project for the consolidation of a national public administration course which is being developed at the moment.
- Women Deliver Conference Americas: UN Women participated in the Women Deliver Conference Americas in Bogotá, Colombia, in June. Representatives from the Municipal Government of Belém and the Brazilian Federal Government accompanied UN Women Brazil to learn from the care system of the District of Bogotá and reflect on what could be adapted into the Belém Municipal Care System, developed by the Ver-o-Cuidado project (Text 3).
- Laboratory of Activation of Care Economy "LA Cuida": UN Women was invited to participate in the Laboratory of Activation of Care Economy "LA Cuida" in Cali, Colombia. The Country Office spoke on the panel "Places that care: The community care in the construction of well-living," sharing UN Women Brazil's vision of incorporating community practices into the creation of care systems, using the Belém experience as an example. The event facilitated the exchange of experiences and knowledge with representatives from Brazil, Colombia, Uruguay, and Chile, who are also developing care policies .
- Regional CONGEMAS Meeting: UN Women participated in the 23rd Regional CONGEMAS Meeting, in July 2023, an event focused on training for managers and technicians working in Municipal Social Assistance Secretariats within the Northern region. UN Women contributed to the panel "Challenges in Building a Care Policy," sharing its vision on integrated systems of care and the experience being developed through the Ver-o-Cuidado project in Belém.
- In February 2024, UN Women Brazil CO and ACRO, alongside the municipal government of Belém, Ministry of Social Development and Ministry of Women organized the seminar "Between the Local and the Global: Experiences in the Construction and Territorialization of Care Policies and Systems in Latin

America and the Caribbean”. The seminar was also co-financed and counted with technical support by the Brazil Cooperation Agency, Open Society Foundations, the Development Agency of Spain, and the Government of Luxembourg, and supported by the National Federation of Mayors (FNP) and the Instituto Alziras.

- UN Women provided technical assistance and policy advice to include care work as one of the three priorities of the W20. The W20 is one of the G20's engagement groups, composed of women from academia, private sector and civil society. The aim is to draw up recommendations for public policies to foster women's economic empowerment. The CO participated in a panel discussion with various stakeholders and presented on Care Systems and the International Agenda.
- Civil society organizations, along with municipal government

UN Women's advocacy efforts have also expanded awareness of critical issues like care work through media campaigns, interviews, and seminars. In partnership with Belém do Pará's government communication office, released a series of social media posts, press releases, and videos about the project and the meetings held during the mission. This effort aimed to increase access to information on care work and raise awareness about the importance of care work to achieve gender equality. UN Women gave interviews to five relevant media channels, including O Globo and O Liberal, enhancing the project's visibility.

Additionally, UN Women's technical support has led to significant advancements in

economic empowerment initiatives for refugee and migrant women in Brazil. For instance, under the Joint Programme Moverse, 86% of participating companies adopted strategies to hire and integrate refugee women into their workforce, while others committed to breaking stereotypes and funding empowerment initiatives.

Further contributing to systemic change, UN Women supported the Brazilian Ministry of Citizenship in incorporating a stronger gender component into the Happy Child Programme (HCP). This initiative strategically addresses gendered aspects of care through staff training courses on violence against women, attention to pregnant women, and shared caregiving responsibilities. Such efforts enhance public sector capacities to implement gender-responsive social protection strategies.

In 2023, UN Women continued its focus on women's economic empowerment by enhancing the capacities of governments, companies, and institutions to adopt evidence-based policies. As seen above, UN Women has also adopted the role as a bridge builder within Brazil. The project supported the connection across the municipalities of Belém de Pará and Belo Horizonte, but also between the municipalities and the federal government, and in particular with the Ministry of Social Development (MDS) and Ministry of Women, who took developed in Belém as a reference. By prioritizing women facing multiple forms of discrimination and fostering advocacy and social mobilization, UN Women has solidified its role as a transformative force in promoting gender equality across Brazil.

6.3. Effectiveness

Question 6: To what extent did the project achieve its outcome and output aims? What was not achieved, if anything, and why?

Finding 8: *The project made significant progress in establishing a municipal care system in Belém by building frameworks, enhancing capacities, and engaging stakeholders. However, it did not fully achieve its outcome due to ambitious goals, a short timeframe, and the arrival of new municipal administration with different priorities. Despite this, it laid strong foundations for future efforts and positively influenced Federal policy and greater awareness and advocacy in the area.*

Overall, the project made significant progress towards its outcome of establishing a municipal care system in Belém. It successfully built institutional frameworks, enhanced capacities, and engaged a wide range of stakeholders. However, the full implementation of the integrated care system and the establishment of other planned institutional set-ups, such as the Observatory of Care were not achieved within the project’s timeframe. The project’s ambitious goals and the short implementation period were key challenges, as well as the project time, since most of its main deliverables were planned for a period of local elections and, considering its results, government transition. However, across all stakeholder categories there was agreement that the foundations laid by the project provide a strong basis for future efforts and created a positive spillover effect into Federal policy.

As shown in the table below, the project was able to influence the consolidation of Law No. 2,762 of 2024, which establishes the National Care Policy²⁸, and whose main objective is “to guarantee the rights of both people who need care and those who provide care, with special attention to gender, racial, ethnic and territorial inequalities, in addition

to promoting the necessary changes for a more equal division of care work within families and between the community, the State and the private sector”²⁹. As mentioned by one of the stakeholders, “the project was supposed to be isolated, as a pilot initiative, but it ended up having a significant impact on the design of the national care policy, as well at the international level within international fora such as the G-20”³⁰.

According to the KIIs, there is strong evidence to demonstrate contribution to these achievements. On one side, UN Women provided strong technical capacity and advice, and this advice followed the steps of regional publications and roadmaps written by UN Women³¹. Further, the process in Belém do Pará was a strong inspiration for the national process. Several meetings of the IWG were attended by members of the municipality and UN Women, and the MDS and the Ministry of Women came to Belém to learn about the project in situ. This was recognized by representatives of the federal government who mentioned that “Belém had a lot of influence at the national level, because there were no other experiences in this field. (...) It became very clear to us how important the training process was, which is

²⁸ Please check Finding 11 for supporting evidence.

²⁹ Apresentação do PL n. 2762/2024 (Projeto de Lei), pelo Poder Executivo, que "Institui a Política Nacional de Cuidados.

<https://www.camara.leg.br/proposicoesWeb/fichadetramitacao?idProposicao=2447010>

³⁰ KII, supporting partners.

³¹

something we brought with great importance to the national process”.

Also, a result of this process, the Federal Government also decided to use the capacity building materials created within the project to build a national course in partnership with UN Women. These materials are being updated at the moment aimed at state and municipal managers. There are two modules, one with general information and a second one just for managers focused on constructing a care plan. UN Women is financing the update of this course for the first module and the MDS is financing the adaptation of the second course, as well as transforming it into a virtual course with recorded classes in partnership with the Federal University of Santa Catarina. The partnership thus saved time and reused resources, as the courses did not need to start from scratch and there was significant technical support.

Another key result was the consolidation of the Municipal Care Committee Policy that was established in 2024 by Decree No. 111,710. The Committee has a balanced composition between representatives of the City of Belém and organized civil society,³² and as such has provided a structured platform for ongoing dialogue and policy development. Calling civil society to be part of the Committee was a key factor of success

³² CSOs have 9 seats (42%) against 12 local government seats (58%). Institutions represented in the Municipal Care Committee are: Associação de Doulas do Pará, Associação de Pais e Amigos dos Excepcionais de Belém, Associação dos Amigos da Terra Firme, Associação Paraense de Pessoas com Deficiência, Federação das Trabalhadoras e Trabalhadores Domésticas da Região Amazônica, Grupo de Mulheres Brasileiras, Instituto Nangetu de Tradição Afro-Religiosa e Desenvolvimento Social, Instituto Nossa Voz, Movimento Mulheres das Ilhas de Belém, Banco do Povo, Coordenadoria Antirracista (COANT), Coordenadoria da Mulher (COMBEL), Coordenadoria das Políticas de Segurança Alimentar e Nutricional (COPSAN),

because it empowers these organizations and gives them an instrument to engage with the new administration. As mentioned in one of the KIIs with the CSOs, *“one of the main legacies was leaving this committee, which allows civil society to move forward and demand public power. The work now is to convince the new administration to get buy-in for the care policy”.*

Key testimonies: *“The (Municipal Care) Committee is a super important space to consolidate this public policy. The installation of the Committee itself was something important. The various training institutions are engaged and were very present in the construction of this process. I think this is very important. It guarantees the space for dialogue with society, keeps this space functioning, and civil society made a point of being there. I remember that one day we went to the appointment ceremony with the mayor present. He was very present, including the presence of PcDs.” KII, civil society organization.*

The data collected also showcased evidence of enhanced capacities of Belém’s government and public institutions to design, implement, and monitor care systems were noted. This included training sessions and workshops that improved the understanding and skills of public servants. The project also empowered women care workers and those undertaking unpaid care work by providing

Coordenadoria de Diversidade Sexual (CDS), Fundação Papa João Paulo XXIII (FUNPAPA), Instituto de Assistência e Saúde (IASB), Secretaria Municipal de Cidadania e Direitos Humanos (SECDH), Secretaria Municipal de Economia (SECON), Secretaria Municipal de Educação (SEMEC), Secretaria Municipal de Saúde (SESMA) e Secretaria Municipal de Administração (SEMAD). Available at <https://semad.belem.pa.gov.br/posse-do-comite-em-belem-marca-iniciativa-pioneira-em-politicas-de-cuidado/#:~:text=O%20Comit%C3%AA%20ser%C3%A1%20respons%C3%A1vel%20pela,sua%20maioria%20minas%20e%20mulheres.>

them with knowledge and skills to participate in decision-making processes and access decent work and social protection policies. Perhaps the only point for improvement mentioned across all partners, was of lack of consolidation of knowledge across all strata of the municipal government, as those initially trained did not had the means or time to train their colleagues across their own government departments.

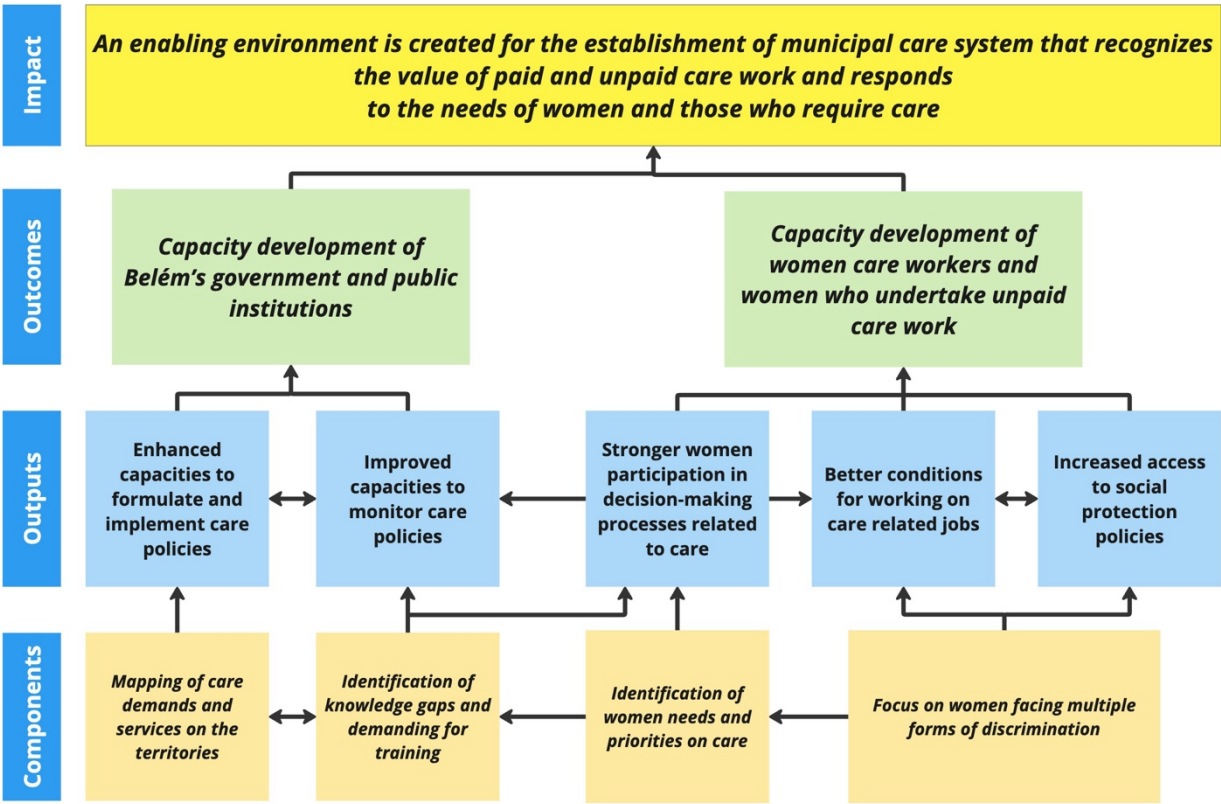
However, the project involved various stakeholders, including civil society organizations, women's groups, and local communities, ensuring a broad base of support and engagement. This created a significant increase in awareness and advocacy around the value of care work, both paid and unpaid, within the community and among policymakers, which can continue to influence other programmes in the long term.

"I am now not anymore part of the public administration, but I will now coordinate a project here in Pará on youth and rights, and I will address the issue of the care economy and women caregivers from the very beginning of the project. Since the project will address the issue of gender parity, many women will be present". KII, duty bearers.

Finally, the project was also able to create results outside those in the initial results framework. For one, it created strong connections across CSOs, such as the Belem's Care Activists Network, or alliances across its members such as Alziras and ProComum. It brought services and more public awareness to remote areas of the municipalities such as the islands. And it is leaving behind a legacy of tools that can be replicated in other contexts such as translations of care calculation tools and the Buenos Aires Commitment, training and capacity for care-aware journalism and communication, and methodologies for participatory diagnosis of care needs and care provision. Given the implementation time, the results were positive and there is evidence of multiple multiplying factors. The legacy of the project includes the consolidation of capacity, networks, institutional structures and the possibility to influence federal policies.

An in-depth assessment about the results obtained by the project is provided in Table 6, while a revised Theory of Change considering the results achieved against planned results is provided below:

Figure 2. Revised project theory of change



Source: Elaborated by the Evaluation Team

Question 7: To what extent partnerships contributed to the scalation of results initially planned, or not? What aspects of partnership could have been improved, and which ones can be used as best practices?

Finding 9: The Ver-o-Cuidado project built strong partnerships with the local government, civil society, and international organizations, which significantly contributed to scaling the results initially planned. Despite challenges like frequent personnel changes or missing opportunities for visibility, these partnerships engaged a large number of CSOs and aligned with national and international care agendas, enhancing the project's impact.

The Ver-o-Cuidado project was strongly built on partnerships not only with the local government, but also across civil society, other UN Women teams and other international organizations.

In the first instance, the involvement of the municipal government of Belém and the consolidation of an intersectoral approach was pivotal. The project originated from an dialogue between the Open Society

Foundation and the Belém local government, which then sought UN Women as a partner given the expertise in the area and the possibility to create a coherent strategy with civil society. In particular, the Strategic Planning Workshop organized by UN Women helped align the strategic objectives and goals of the project with the municipal government's priorities. This workshop also facilitated the creation of a Project's

Management Committee composed of 11 governmental institutions, which met regularly to align activities and monitor progress. In average, this Committee met every two months and included at least 75% of the original members. All the meetings included a specific agenda and objectives for discussion, and decisions, as well as roles and responsibilities were documented. A total of 12 meeting minutes were revised, with all including well detailed discussions and decisions. Members of the Committee also highlighted that besides the meeting minutes, they would also commonly receive a brief email describing actions and decisions taken.

This structured approach ensured that all key stakeholders were on the same page and working towards common goals. These regular meetings created a strong sense of ownership across the municipal government, and according to the interviews led to high levels of engagement and mobilization of resources. This commitment was evident in the active participation of government officials in various project activities and meetings, which accelerated the implementation and scaling of the project.

“We participated in meetings that had a dozen departments, it was no longer just the initial four, it was truly an in-depth training that mobilized a large part of the city government, which reorganized its way of understanding public policy, and put a new lens on how to look at public policy.” KII, support organizations

However, primary data collection revealed many areas for improvement. First, the project's heavy reliance on municipal decisions led to challenges, such as the government's perception of ownership over project resources and the need for constant approval, which sometimes slowed down

processes. The establishment of working groups (GTs) within the Management Committee facilitated focused discussions and decision-making on specific themes. This division of labour allowed for more efficient handling of various aspects of the project and ensured that all relevant issues were addressed in a timely manner.

Second, as it is usual in this kind of projects, frequent changes in government personnel required continuous efforts to level their knowledge about the project, which could have been streamlined with better knowledge transfer mechanisms. This joins up with issues mentioned before, such as the fact that capacity building was not effectively escalated or transferred to other government departments and non-participants. As such, there were concerns about the sustainability of the project, with some partners feeling that the partnerships were insufficient to guarantee long-term sustainability, particularly because of political differences between the current and previous municipal administrations. As mentioned before, the consolidation of a network of CSOs and a Municipal Committee were meant to mitigate this risk.

Strong partnerships were also built with civil society and international partners. Despite initial civil society's involvement was limited, it became more substantive over time. Regular meetings and discussion circles with diverse groups, including women from indigenous, black, and other marginalized communities, ensured that the project addressed a wide range of needs and perspectives. This inclusive approach helped in identifying and addressing specific challenges faced by different groups, thereby enhancing the project's impact. The project engaged with over 30 civil society organizations, including key groups like

FETRADORAM, ADOUPA CEDENPA and MMIB. These partnerships brought valuable insights and helped in tailoring the project to meet the needs of specific target groups, such as black women and women from the islands of Belém. This engagement also facilitated the co-construction of solutions, making the project more relevant and effective.

The project's alignment with national and international care agendas, such as Brazil's participation in the Global Alliance for Care and the inclusion of care work in the W20 priorities, added significant value. This alignment not only enhanced the project's visibility but also ensured that it was in line with broader policy frameworks and recommendations. Participation in international conferences and South-South exchanges through other UN Women COs also facilitated knowledge sharing. For instance, government officials from Belém gained insights into intergovernmental processes and care systems in the region through their participation in the Regional Conference on Women in Buenos Aires, or visits to and from teams of the municipal governments in Colombia. These experiences helped in refining the project's approach and incorporating successful strategies from other contexts, although various interviews mentioned that more could have been done to give more visibility to these exchanges, and to create spaces for local CSOs to have direct contact and debate with international experts.

Table 5. Progress and achievements against project outputs

Output	Findings from data analysis
<p>Outcome 1. A municipal care system that recognizes the value of paid and unpaid care work and responds to the needs of women and of those who need care is adopted, implemented, and monitored in Belém.</p>	
<p>Outcome indicator: Integrated and gender-responsive care system is adopted, implemented, and monitored in Belém. Baseline (2021): No, Target (2024): Yes</p>	<p>Output score: B (under-achieved but with potential to be achieved at the national level).</p> <ul style="list-style-type: none"> The Law No. 2,762 of 2024, which establishes the National Care Policy, was drafted by an Interministerial Working Group (IWG). UN Women was incorporated as an observant participant at the IWG, being able to contribute to the debate, but not participating in the voting processes. The main objective described is “to guarantee the rights of both people who need care and those who provide care, with special attention to gender, racial, ethnic and territorial inequalities, in addition to promoting the necessary changes for a more equal division of care work within families and between the community, the State and the private sector” (Brazil, 2024). Representatives from 15 Brazilian ministries in the Interministerial Working Group (IWG) for the creation of the National Care Policy have benefited also from technical capacity from the project, and the Federal Government and Belém’s municipal government exchanged good practices on developing care policies at national and local levels. In 2024, the Municipal Care Committee Policy was established by Decree No. 111,710, with an equal composition between representatives of the City of Belém and organized civil society. UN Women participates as an observer, contributing with technical assistance for the activities. The objective of the Committee is to draft the Bill that will effectively establish the Municipal Care Policy, bringing together the lessons learned, and knowledge gained during the implementation of the Ver-o-Cuidado project. The establishment of the Municipal Care Committee has provided a structured platform for ongoing dialogue and policy development, and the new government has committed publicly to continue with the committee’s work to draft the Bill. The Government of Brazil also adheres to the Global Alliance on Care, announced at an international care seminar organized by UN Women and partners in Belém in February 2024.
<p>Output 1. Belém’s government and public institutions have enhanced capacities to design, implement and monitor pilot care systems and strategies</p>	
<p>Output Indicator 1.1: Number/Percentage of government authorities, technical staff and other employees in public institutions who report enhanced knowledge and skills to design, implement and monitor a care system and strategies as a result of their participation in UN Women trainings (disaggregated by gender, colour/race, age, disability and migratory status) Baseline (2021): 0, Target (2024): 75%</p>	<p>Output score: A (met or surpassed milestones/ target). 96% of government officials in public institutions reported having enhanced knowledge to design, implement and monitor a care system and strategies according to the latest report. Eighty-seven per cent of government officials that attended project activities reported having increased knowledge on care economy and on formulation of care policies and systems, as a result of UN Women’s trainings. Other related activities and results included:</p> <ul style="list-style-type: none"> Over 70 government officials from 19 institutions across various sectors (health, education, social assistance, social participation, and infrastructure) were trained. In the final week of the project, UN Women took advantage of the commitment from the new municipal government to continue the work drafting the Bill, and as a key step provided capacity-building training to the staff of the newly created Municipal Secretariat of Women in Belém, who will now lead the work of the Municipal Care Committee. Participants provided feedback to inform the creation of an e-learning course, expected to be incorporated into the federal public servants’ learning plan and available nationally. UN Women translated 4 key knowledge products on care into Portuguese. Federal government officials (from MDS) gained increased access to legislative information on care policies through a monitoring software program provided by UN Women Brazil. The project contributed with technical assistance and integrated policy advice to the Brazilian Federal Government for implementing global agreements, norms and standards relevant to the promotion of a care society, equal pay and decent work. As part of UN Women technical assistance to the Interministerial Working Group to develop the National Care Plan and Policy, led by the Ministry of Social Development and the Ministry of Women, the ministries have pledged Brazil’s participation into the Global Alliance for Care, a feat extremely important to involve the country in the international norms and recommendations regarding the care agenda.

Output	Findings from data analysis
	<ul style="list-style-type: none"> • Alongside other resources from the Brazil CO, the project also provided technical assistance to the Legislative Branch in fostering the development of care policies and the establishment of a care society. In April 2024, UN Women contributed to the seminar Care as Work, Care as a Right, organized by the Working Group on Care Policies of the Women's Secretariat of the Chamber of Deputies. In May 2024, UN Women participated in a Public Hearing on Care Economy organized by the Participatory Legislation Committee of the Chamber of Deputies. • 231 participants from 14 Latin American countries attended the International Seminar “Between the Local and the Global: Experiences in the Construction and Territorialization of Care Policies and Systems in Latin America and the Caribbean”, with 49% being government officials. • Government officials and civil society representatives participated in regional and international conferences, such as the XV Regional Conference on Women and the I Mercosur Seminar on Care Policy and Systems, facilitating knowledge exchange and capacity building. • A mapping exercise of the offer and demand of care services in Belém was conducted, providing valuable data for policy development. This data will be useful for current and future government officials. This diagnostic mapping used a unique participatory methodology, because it went beyond official data and collected local data, including people's perceptions. This methodology will be also available for future use.
<p>Output 2. Belém’s women care workers and women who undertake unpaid care work, particularly those facing multiple forms of discrimination, have enhanced capacities and knowledge to participate in decision-making processes related to care, and to access decent work and social protection policies.</p>	
<p>Output indicators 2.1. and 2.2. Number and Percentage of women care workers and women who undertake unpaid care work who report to have enhanced capacities to participate in decision-making processes related to care as a result of their participation in UN Women trainings and activities (disaggregated by colour/race, age, disability and migratory status). Baseline (2021): 0, Target (2024): 6</p>	<p>Output score: A (met or surpassed milestones/ target). 26 women care workers and who undertake unpaid care work reported having enhanced knowledge on care. 94% of women from 16 organizations reported increased capacities to advocate for care programmes, policies, and systems after participating in pilot workshops on “Advocacy for Care.” 87% of civil society respondents reported increased knowledge of care policies and systems after participating in the international seminar.</p> <p>Other related activities and results included:</p> <ul style="list-style-type: none"> • As a result of the technical support and capacity development efforts, the Belem’s Care Activists Network was formed as an independent group of civil society leaders from 13 organizations. UN Women facilitated a dialogue session for capacity building among its members with the focus of exchange good practices on advocacy for care, receive feedback on the new tools that UN Women is developing on the theme, and strengthen the engagement between the members of the Network. Members of this Network also used the capacities received to get new funding associated with this thematic. In particular, ADOUPA managed to get funding through Fundo Brasil, to implement activities to provide additional services for its associates (doulas³³). • A care lens was added to an already existing municipal policy called “Donas de Si”. As a result of this investment, 50 women and men were trained in care for elderly people and children through this programme. • Introduction of the first professional training course for paid care workers under the government’s “Donas de Si” program in January 2024, which was influenced by the increased capacity of the municipal government. • 59 representatives from paid and unpaid women care workers’ civil society organizations and women entrepreneurs participated in the international seminar held in Belém, with 9 serving as speakers in thematic panels. • Consultation and dialogue sessions were held with women from various groups to increase their knowledge on care work and advocacy capacities. 30 people from black movements and 20 women from the waste pickers movement increased their knowledge of care work through consultation sessions. 7 migrant and refugee Warao women from Venezuela articulated their care needs during a dialogue session at the Indigenous Women March in Brasilia. 40 women from the islands of Belém engaged with the Federal Government to discuss care challenges in island contexts.

³³ A doula is a non-medical professional who provides emotional, physical, and informational support to a person during pregnancy, labor, birth, and the postpartum period, aiming to help them have a positive and satisfying experience

Output	Findings from data analysis
<p>Other results: Cross-cutting, advocacy, comms and engagement with private sector.</p>	<ul style="list-style-type: none"> • With the aim of minimizing historical salary inequality, in 2023 the Brazilian Government proposed Law No. 14,611/2023, focused on promoting salary equality and establishing remuneration criteria for men and women, a result to which UN Women contributed through its advocacy efforts. To ensure the implementation of the law, the government also created an Interministerial Working Group (IWG) to design a National Plan for Equal Pay and Labour Equality for Women and Men, which counts with UN Women technical support. • The Brazilian government officials had increased access of information on the care situation of women in Belém, through the development of videos and reports by the Ministry of Development and Social Assistance, Family and Fight against Hunger. Outputs included a series of photographs, two video reports, and five articles on the Ministry's website to raise awareness of care work. • UN Women provided technical assistance and policy advice to include care work as one of the three priorities of the W20. The W20 is one of the G20's engagement groups, composed of women from academia, private sector and civil society. The aim is to draw up recommendations for public policies to foster women's economic empowerment. The CO participated in a panel discussion with various stakeholders and presented on Care Systems and the International Agenda. • Civil society organizations, along with municipal government communication staff and journalists, were trained in “Communication for Cultural Transformation for Care”, to better communicate the concept of co-responsibility of care and avoid stereotypes. A methodology of care communication workshops for cultural transformation focused on journalists and communicators was launched aiming to generate a guide of good practices. In the last week of the project, UN Women promoted an event to publicly launch a series of animations on care as well as to inaugurate a mural painting leaving an artistic legacy of the project. • Events such as the International Women’s Day celebration on the Island of Cotijuba provided health, juridic, social assistance, and psychological services to nearly 100 women, raising awareness about care work and policies. • Other planned results/activities were started but not completed: discussions with the business sector began but were not consolidated, and perhaps more could have been achieved if private sector would have been involved from the onset. No changes were achieved in regard to public capacity for daycare. A Care Observatory (an Observatorio de Cuidados) aiming to consolidate information within the municipality and partnerships with Universities and Academia were not consolidated. Some meetings were held but never progressed.

6.4. Sustainability

This section will be responding to two questions:

Questions 8: What evidence is there that achievements in government capacity will be sustained or expanded? And what specific activities have duty bearers implemented that would ensure the continuation of efforts to implement the care system after the project?

Question 9: What evidence is there that capacity created within care workers and women who undertook unpaid care work will be sustained after the end of the project?

Finding 10: *For promoting programming sustainability, the project focused on a twofold approach: a capacity building strategy, comprehending the training of municipal public officers and the enhancement of care workers and women who undertook unpaid care work capacities; and the creation of an enabling institutional environment for the creation of a Municipal Care System even in the context of a government transition.*

The project was designed with two complementary approaches for promoting programming sustainability: partnering with local government and organizations to sustain activities while deploying fewer resources (phasing down); and transferring programming activities to local institutions or communities (phasing over).

On both cases, the capacity development of partners was a core strategy. The project has built a stronger partnership with the municipal government, which included the training of public officers with focus (but not limited to) on fixed-term contracts, since these workers stay in office even in the event of a government change. Care workers from public institutions were also targeted, while there were limitations on the outreach of care workers from the private sector and women who undertook unpaid care work capacities.

The courses were focused on care policies and systems, such was the case of a professional training course for paid care workers under the government's "Donas de Si" programme in 2024. Interviews have shown that the courses were relevant not only for the professional careers of attendees but also transformed their perspectives

about personal life and unpaid work at the domestic realm. At the same time, surveys applied to course participants identified that 85% of public officers who attended to project activities reported increased knowledge on care economy.

As an innovative initiative lacking normative frameworks, the development of a municipal care system in Belém was an unstable process dependent on the political will of the municipal government and, for this reason, susceptible to changes in the political context. To face this inevitable challenge, the project developed and implemented a couple of strategies: the creation of the Municipal Care Committee (*Comitê Municipal de Cuidados*); and establishing a dialogue channel with the new administration.

The Committee, as mentioned before, was created through the municipal decree n° 111.710 and established a governance mechanism with 21 seats selected for a two-year term, and balanced formal representation of governmental and civil society representatives. Although an administrative act of the municipal government, partners widely recognized the core role of UN Women for the designing and implementation of the Municipal Care

Committee, which was done as an oriented strategy for promoting project sustainability. The creation of the committee was also recognized by interviewees as a relevant tool for the sustainability of project results in the context of a changing political environment.

Even though a major part of project results was reached during the former municipal administration, UN Women has been holding a dialogue channel with the new major to sustain an agenda on care at the municipal level, which is still uncertain. During this process, UN Women has provided a training for the new municipal Secretariat of Women, while representatives of the new administration have participated on the closing ceremony of the project and reinforced their commitment with the initiative. Moreover, the capacity of dialoguing and partnering with diverse political groups was mentioned as an added value for UN Women, helping to keep a technical agenda beyond local political disputes.

Although this optimistic prospect for project sustainability even in a challenging political context, the project was not successful on its objective of implementing a municipal care system. Nevertheless, this outcome was pitched at a very high level considering the project resources and timeframe, while the creation of a Municipal Care Committee was assessed by partners as a strategic step to seek this outcome.

Civil society engagement was also targeted as a sustainability strategy and was recognized by partners as a relevant tool to promote the local appropriation of programme results. In this sense, the Project Management Committee implemented a series of 7 engagement activities with CSOs, comprehending capacity building and consultation sessions.

Moreover, in 2023, a group of CSOs comprehending paid and unpaid care workers was launched: Network of Care Activists of Belém. Although the network was independently created by civil society partners, UN Women support was recognized as relevant for its conformation. The group is formed by 13 organizations and advocates for care policies and support. In 2024, UN Women facilitated a dialogue session for the capacity building and the exchange of good practices between the organizations that are part of the group. Finally, CSOs were represented in the Municipal Care Committee. Thus, although the project was mainly focused on public officers and policies, the engagement with civil society representatives and organizations turned to be a relevant mode of engagement to promote the local appropriation of project results and, consequently, its sustainability.

"Our expectation is to achieve the sustainability of the project by creating the Municipal Care Policy Committee, thinking that it will be able to maintain sustainability even with the change of government, also guaranteeing the participation of civil society, now more empowered and composing this committee by decree.. " (KII local partners).

Finding 11: *The development of an enabling environment for a municipal care system in Belém represented the first initiative in this field in Brazil. Taking advantage of its pioneering dimension, UN Women was able to draw attention from the new Federal administration to the Belém initiative, which directly influenced the development of the Brazilian National Care Policy.*

The project was the first experience in developing a public care system in Brazil at all levels of government. It began to be implemented during the previous federal government, when the care agenda was not a priority at the national level. With the entrance of the new federal government, the creation of a national care policy became an objective for the Ministry of Social Development and Assistance, Family and Fight Against Hunger (MDS), which took Belém's experience as a reference point.

Interviews with different counterparts, such as local and national government representatives, UN Women personnel and CSOs partners, agreed that the Belém experience had a decisive influence on the construction of the *Brazilian National Care Policy*. The policy was established by the Federal Law 15.069/2024³⁴ and besides setting up the basis for the development of care policies in all levels of government, opens the possibility of formal adhesion of municipalities and states to the Brazilian National Care Policy, which represent a strong sustainability potential for the initiative.

In addition to the perceptions of the counterparts, a series of evidence point to the positive influence of the project on the development of the national policy. A mission from the MDS visited Belém in 2023 to learn

about the project's activities, including a field trip to the Cotijuba Island, which provided a reference for the MDS to formulate a national care policy, including a territorial approach to the normative. A second mission took place in 2024, no longer only with staff from the MDS, but from the Federal Government Interministerial Working Group (IWG) responsible for developing the national policy, which involved more than a dozen ministries.³⁵

Under the umbrella of the *Ver-o-Cuidado* project, in 2023 UN Women also provided direct support to the IWG engaged in the development of the National Care Policy and Plan by co-organizing 4 dialogue sessions for the identification of targeted populations specific needs. One consultation was done with 9 Indigenous Warao women refugee in Brasília, while the other three were done with women living on Belém islands, specifically the Mosqueiro, Outeiro and Combu islands.

In addition, the presentation of the Belém experience at a series of seminars and meetings in Brazil and abroad made the initiative known to other governments and organizations, which, summed to its pioneering nature, contributed to the

³⁴ LEI Nº 15.069, DE 23 DE DEZEMBRO DE 2024, Institui a Política Nacional de Cuidados. https://www.planalto.gov.br/ccivil_03/_ato2023-2026/2024/lei/L15069.htm#:~:text=L15069&text=Institui%20a%20Política%20Nacional%20de%20Cuidados.&text=Art.,cuidados%2C%20consideradas%20as%20múltiplas%20desigualdades.

³⁵ Grupo de Trabalho Interministerial para Elaboração da Política e do Plano Nacional de Cuidados. [https://www.gov.br/mulheres/pt-br/aceso-a-informacao/grupos-de-trabalho/grupo-de-trabalho-interministerial-para-elaboracao-da-politica-e-do-plano-nacional-de-cuidados#:~:text=O%20Grupo%20de%20Trabalho%20Interministerial,MDS\)%2C%20com%20o%20objetivo%20de.](https://www.gov.br/mulheres/pt-br/aceso-a-informacao/grupos-de-trabalho/grupo-de-trabalho-interministerial-para-elaboracao-da-politica-e-do-plano-nacional-de-cuidados#:~:text=O%20Grupo%20de%20Trabalho%20Interministerial,MDS)%2C%20com%20o%20objetivo%20de.)

appropriation of the good practices generated by the project in other regions.³⁶

Finally, the training materials used in the capacity-building actions for public managers and care workers also served as a

reference: an adapted and expanded version of the course will be offered online to public managers throughout Brazil through a partnership between UN Women, the MDS and ENAP.

6.5. Human rights and gender

Question 10: To what extent has gender and human rights principles and strategies been integrated into the programme design and implementation?

Finding 12: *The project sought strategies to implement a gender and human rights perspective in its activities, which included consultations with targeted populations, mapping of care needs on specific territories and the promotion of activities for priority populations, such as domestic workers and women living on islands.*

The project sought strategies to implement a gender and human rights perspective in its activities, which included consultations with targeted populations, mapping of care needs in specific territories, and the promotion of activities for priority populations, such as domestic workers and women living on islands.

The inclusion of vulnerable populations was not the primary focus of the project, as it was concentrated on the formulation of public policies and the development of care workers and public officers' capacities. Even so, the project promoted efforts on the inclusion of priority populations, especially those facing vulnerabilities or with a heavier burden of care work.

To identify these populations and their needs, besides the revision of secondary data, the project promoted 15 roundtable discussions with specific demographic groups, such as indigenous and Afro-Brazilian women, domestic workers, LGBTQIA+, migrants and refugees, women living on islands, among

others. This effort was especially relevant in the context of Belém, which is a state capital with 1.3 million inhabitants, but with a complex demographic distribution that includes 42 islands and specific populations such as indigenous, *quilombola*, and riverside groups.

The dialogues were an entrance door for some populations into project activities, which was the case of women living on Cotijuba Island, where the project provided capacity-building activities for nearly 100 women on how to access public services and information about the care agenda. This also resulted in a close relationship with the Movimento de Mulheres das Ilhas de Belém (MMIB), a civil society organization that represents women living on islands, which are territories with significant gaps in public services. A diverse range of partners, including women living on island, municipal government representatives and UN Women personnel, recognized the relevance of the project activities for those territories, also

³⁶ Representatives of the Municipality of Belém and from local CSOs have shared the Belém experience on spaces such the XV Regional Conference on Women in Buenos Aires (2022), the International Seminar “Between the Local and

the Global: Experiences in the Construction and Territorialization of Care Policies and Systems in Latin America and the Caribbean” and the I Mercosur Seminar on Care Policy and Systems.

considering the care needs of these specific populations.

Moreover, during the official consultation process for the National Care Policy, UN Women articulated for 12 people from the Indigenous Warao Migrant and Refugee group from Venezuela that live in Belém to travel to Brasília to be heard during the consultation. During the session, the women contributed with their perspective on the subject and read an official letter that contained their needs and priorities. Also, as part of this national consultation, over 40 women that live on the islands of Belém participated on the first official territorial session.

The project also implemented an intersectional approach to its activities and capacity-building actions, mainly considering the gender, ethnic, and race dimensions of the distribution of unpaid care work and its relevance to identify care needs and design public policies. Besides that, the planning of

project activities was based on an *ad hoc* georeferenced mapping of the offer and demand of care services in Belém, which considered the demographic diversity of the local population and used a snowball methodology to identify territories and networks. This mapping process was systematized in a participative diagnosis that was launched by the project closure and was translated into an interactive website³⁷.

Other groups were also addressed, such as domestic workers, with whom the project established a dialogue with the Federation of Domestic Workers of the Amazon Region (FETRADORAM), also supporting the representation of two domestic worker leaders in the XV Regional Conference on Women in Buenos Aires (2022) and its side civil society encounter (Feminist Forum). On the other hand, the inclusion of certain populations has been limited, such as people with disabilities.

Finding 13: Despite significant strides in integrating gender and human rights principles, enhanced mobilization strategies, targeted outreach, increased resources, and a more robust intersectional approach to ensure no one is left behind.

The review of the programme documents and respondents confirm that the programme integrates the UN Common Understanding of the Human Rights-Based Approach (HRBA) as its core conceptual framework. The following four HRBA principles have been implemented, namely Non-Discrimination and Equality, by aiming to address intersecting power structures in care work and to repeal discriminatory norms and ensure equality by focusing on the needs of marginalized groups. Furthermore, the principle of participation and inclusion, by actively engaging civil society organizations in

the programme through roundtable discussions and conversation circles. These activities aimed to amplify the voices of marginalized groups such as waste pickers, island women, caregivers for the elderly, and Afro-religious women.

In terms of implementation, this evaluation finds consistent application of the Leave No One Behind (LNOB) principle. The programme focused on vulnerable populations such as people with disabilities, *quilombolas*, indigenous communities, and waste pickers. Despite progress through targeted activities like technical visits and

³⁷ Available at <https://mapadocuidadobelem.com.br/>.

advocacy courses, logistical barriers and resource constraints limited outreach to remote areas. The Leave No One Behind (LNOB) principle was central to the programme's design. It focused on reaching vulnerable populations such as waste pickers, people with disabilities, *quilombolas*, and indigenous communities. While significant progress was made in engaging these groups through targeted activities like technical visits and advocacy courses, some gaps persisted due to logistical barriers or lack of resources.

In terms of intersectional outreach, UN Women identified and included several vulnerable groups in programme activities, such as indigenous women (urban and rural), black women, *quilombola* women, domestic workers, doulas, caregivers for the elderly, migrant women (including Venezuelans), women living with HIV/AIDS, street-dwelling women with children, waste pickers, and others. A dialogical approach fostered collaboration across sectors to ensure inclusivity. In particular, the Association of Persons of Disabilities was one of the most active organizations in the care committee, and the civil society representative in the project's closing event. According to information provided by its representative, the project provided ample spaces for her participation, as well as appropriate mechanisms to attend the needs of people with disabilities attending the events. Interviews with women caring for PwD, nonetheless noted gaps in their participation and representation.

However, certain groups remained underrepresented due to structural barriers like geographical isolation or systemic challenges. Some of these are:

- **Quilombola Women:** Limited engagement was achieved with *quilombola* communities, particularly due to physical distance and logistical challenges (e.g., accessing Mosqueiros Island).
- **Migrant Women:** Specifically, Venezuelan migrants were identified as a vulnerable group but were not actively included in the project's scope. Women Living with HIV/AIDS: This group was not reached during the project's activities.
- **Homeless women and their children:** Women living on the streets had limited engagement in the project, although a dialogue session with homeless people were held in 2023. Also, certain peripheral areas, particularly those under the influence of drug trafficking, were inaccessible. Finally, in terms of broader riverside populations, the project reached only a fraction of their territories, specifically 10 out of 38 islands.

Despite notable efforts to include gender and human rights principles and strategies, this evaluation finds the following remaining gaps:

- **Geographical challenges**, as physical distance and logistical barriers limited outreach to remote areas like *quilombola* territories and other islands.
- **Stronger commitment to intersectionality** was needed to address overlapping vulnerabilities (e.g., race, gender, disability).
- **Difficult operational barriers**, as despite efforts to reach and include all of the groups mentioned (except women living with HIV/AIDS), it was difficult maintaining commitment and operationalizing logistical and transport arrangements for these populations to participate in the events.

- **Structural barriers**, issues like lack of formal recognition (e.g., *quilombola* identity) and systemic challenges (e.g., drug trafficking control) restricted access to some communities.
- **Institutional support** for participation is required, as many grassroots women leaders lacked financial or logistical support to participate fully in the project.

In conclusion, while the programme effectively integrated HRBA principles and made notable strides in addressing gender equality and human rights concerns, persistent gaps highlight the need for enhanced intersectionality, resource allocation, and institutional support to achieve broader inclusion.

7. CONCLUSIONS

UN Women sought, with the Ver-o-Cuidado project, to support the Belém do Pará municipality in designing a municipal participatory care system that recognized the value of paid and unpaid care work, responded to the needs of women and those who required care, and promoted a co-responsibility culture in society to realize women's economic rights and opportunities. The project focused on strengthening the capacities of both duty-bearers (government and public institutions) and rights-holders (care workers and women performing unpaid care work), as a critical step towards creating an environment where care work is adequately valued and rewarded. By enhancing the skills of local authorities and care workers, the project was aiming to set the foundation for long-term systemic change contributing to the economic empowerment of women and the promotion of gender equality. The key conclusions were the following:

Conclusion 1.

The project benefiting from close collaboration with the Municipality of Belém and civil society partners, which played a central role in identifying priorities and shaping the project's implementation. The project's comprehensive situation analysis, grounded in secondary data, ensured that the care economy and its intersectionality were well understood, alongside a direct mapping of the needs of women carers on the ground. The Ver-o-Cuidado project also made significant strides in integrating gender and human rights principles into its design and implementation. Through consultations with marginalized populations, georeferenced mapping of care needs, and targeted capacity-building

activities, the project addressed the specific needs of vulnerable groups, such as domestic workers, women living on islands, and indigenous communities.

However, the project faced challenges in achieving full inclusion due to logistical constraints, limited resources, and structural barriers. Vulnerable groups, including quilombola women, people with disabilities, and migrant women, were underrepresented or difficult to engage fully due to geographical isolation and systemic issues. Furthermore, while an intersectional approach was implemented, further strengthening of this approach—especially considering overlapping vulnerabilities such as race, gender, and disability—was required.

Related findings: 1, 9, 12, 13

Conclusion 2.

The initiative's design was aligned with both UN Women's corporate strategic priorities and regional normative frameworks on the care economy, demonstrating its coherence with broader global and local agendas. While there were no existing municipal care policies at the time, the project contributed to creating new frameworks at both the municipal and national levels, further reinforcing its alignment with strategic priorities. Furthermore, it adhered to key Human Rights-Based Approach (HRBA) principles, such as non-discrimination, equality, participation, and inclusion, ensuring that the voices of marginalized groups were heard through dialogues and roundtable discussions.

Related findings: 3, 12

Conclusion 3.

UN Women’s decision to establish a physical presence in Belém played a pivotal role in the success of the Ver-o-Cuidado project, enabling direct and continuous engagement with stakeholders, including municipal governments, civil society organizations, and communities. This local office significantly enhanced the efficiency of the project by fostering stronger relationships and enabling quicker mobilization of partners and beneficiaries. While the project faced challenges such as delays in staffing and high turnover, UN Women’s adaptability and proactive approach helped maintain momentum, ensuring that despite these setbacks, key outcomes were achieved. The team’s professionalism and commitment were frequently highlighted by stakeholders, contributing to the overall success of the project despite its limitations.

Related findings: 4, 8

Conclusion 4.

UN Women’s participative approach, combined with its ability to mobilize diverse actors and align global norms with local realities, allowed it to firmly position itself as a leader in advancing gender equality and care policies in Brazil and reaching intermediate results. The project’s success also exemplified UN Women’s role as a crucial bridge between global mandates and local implementation, amplifying care issues and ensuring that marginalized voices were included in policy development.

Partnerships played a central role in scaling the project’s outcomes, particularly the collaboration with the local government, civil society organizations, and international actors. The strong intersectoral coordination and engagement of diverse stakeholders,

including marginalized groups, enhanced the project’s relevance and effectiveness. Despite challenges such as the frequent turnover of municipal personnel and the need for better knowledge transfer mechanisms, these partnerships proved essential in fostering ownership and driving policy changes. The alignment with national and international care agendas further amplified the project’s impact. Moving forward, the lessons learned regarding partnership dynamics and knowledge transfer will be valuable for future initiatives, highlighting the importance of sustainability planning and the visibility of cross-border exchanges.

Related findings: 5, 6, 7

Conclusion 5.

The Ver-o-Cuidado project made notable strides in establishing a municipal care system in Belém, achieving significant progress in creating frameworks, enhancing capacities, and engaging a broad range of stakeholders. While it did not fully reach its ambitious outcome within the project’s timeframe—particularly the establishment of the integrated care system and an Observatory of Care—its efforts laid a solid foundation for future initiatives. Challenges such as the short duration, the introduction of a new municipal administration, and the expansive goals set for the project contributed to this gap. However, the project successfully influenced national care policy and provided tools and frameworks that will benefit future endeavours. The establishment of the Municipal Care Committee Policy and the incorporation of training materials into federal initiatives represent important steps toward long-term sustainability, although frequent personnel changes occasionally disrupted continuity.

Related findings: 6, 8, 9

Conclusion 6.

The project laid strong foundations for the sustainability of its results through a dual approach: capacity building and the creation of an enabling institutional environment. The training of municipal officers and care workers, alongside the establishment of the Municipal Care Committee, were pivotal in embedding the project's outcomes within local government structures, ensuring that the progress made in care systems could be carried forward despite political changes. The formation of the Committee, with balanced representation from both government and civil society, provides a robust governance mechanism that will help sustain the project's legacy. Moreover, the active involvement of civil society organizations, exemplified by the formation of the Network of Care Activists of Belém, adds an additional layer of ownership, empowering local actors to advocate for care policies and ensuring continued community engagement.

Additionally, the project had a significant impact on the development of Brazil's National Care Policy, with the Belém initiative serving as a model for the federal government. This influence underscores the potential for the project's sustainability at a national level, as it contributed directly to the creation of a national care framework and the formal inclusion of municipalities in this

policy. Through the creation of training materials, ongoing dialogues with governmental bodies, and the establishment of networks for knowledge exchange, the Ver-o-Cuidado project has positioned itself as a key reference for future care policy development both locally and nationally.

Related findings: 8, 10, 11

In conclusion, the Ver-o-Cuidado project has highlighted key strengths, weaknesses, and lessons learned that offer valuable insights for future UN Women initiatives in the care economy. By understanding the importance of close collaboration with local governments and civil society, the relevance of building capacities on public officers, the need for a physical presence and territorial outreach to enhance engagement, and the benefits of a participative approach, future programming can build on these experiences to achieve even greater impact. Addressing challenges such as staffing delays and high turnover, pitching results and defining the project timeframe in a realistic manner and ensuring comprehensive inclusion of vulnerable groups, will be crucial for enhancing efficiency and sustainability. These insights will help UN Women to refine its strategies, improve project implementation, and strengthen its advocacy efforts, ultimately contributing to more effective and inclusive care policies.

8. LESSONS LEARNED

Effective Use of Data for Tailored Interventions:

The project's use of georeferenced mapping and participatory diagnoses was key to understanding the specific needs of different territories and populations. This lesson emphasizes the value of data in identifying gaps and designing tailored interventions that address the particular needs of diverse communities. Moving forward, more comprehensive data collection and analysis should be prioritized to improve the precision and effectiveness of interventions, especially in underrepresented areas. For example, future projects can make use of the methodologies applied in these mapping and diagnostic processes and the expertise provided by the Regional Office teams. Additional innovations can be added such as employing machine learning algorithms to predict care needs based on demographic and socioeconomic indicators, based on the data collected can enhance the targeting of interventions.

Related findings: 2, 8, 12 & 13

A Territorial-based Approach Creates an Enabling Environment for Results:

The presence of UN Women personnel in Belém do Pará was widely recognized as a core reason for project positive results by fostering local networks, creating a trustful relationship with partners and taking advantage of opportunity windows only available locally. At the same time, through events, local consultations and service provision activities, the presence of UN Women and other project partners in the field, especially on those areas with major gaps on care services, has created local

appropriation of project results and made heard the voice of women who perform paid and unpaid care work. Future projects should consider establishing local offices or appointing local representatives in key areas to maintain a continuous presence. Yet, recognizing the limitations of resource availability for maintaining multiple local offices, projects should explore cost-effective solutions such as partnering with other UN agencies and international /national organizations working in the thematic area.

Related findings: 4, 9 & 12

Importance of Political Commitment and Strategic Partnerships:

A key lesson from the project was the critical role that political will and strategic partnerships play in ensuring the sustainability of care policies. The establishment of the Municipal Care Committee and the continued dialogue with the new municipal administration demonstrated the importance of aligning project activities with local governance structures. One of strengths of the project was its continued dialogue with diverse political groups, even during government transition. Establishing stable governance mechanisms with strong civil society organization (CSO) involvement was identified as a core strategy to enhance continuity and stability for long-term initiatives. The partnership with CSOs thus played a crucial role in ensuring the local appropriation of project results, highlighting the need for broad-based, inclusive collaboration in policy initiatives. Acknowledging the limitations of political instability, projects should develop

contingency plans to ensure continuity in case of changes in political leadership, and, as done in this project, create a basis of local and national support for the initiatives so there is local demand for continuation.

Related findings: 7, 8, 9 & 10

Sustainability Requires Long-term Capacity Building: The project's dual focus on capacity building for both public officers and care workers was a key strategy for ensuring the sustainability of its outcomes. While the training of public officers was crucial for building institutional capacity, training care workers, including those in the private sector and women engaged in unpaid care work, is equally important for ensuring the continuity of the care agenda. Moreover, the focus of capacity building on permanent civil servants, ensured that the capacity created would persist even after the change of public administration. However, not ensuring that this training was then cascaded to other civil servants meant that the degree of ownership and sustainability was lower than it could have been achieved otherwise. Practical suggestions include developing comprehensive training manuals and online courses, as those being developed in this programme, to facilitate knowledge transfer. Recognizing the limitations of high staff turnover, projects should establish mentorship programs to support new staff and ensure continuity.

Related findings: 1 & 10

Relevance of Using UN Women's Convening Power: UN Women convening power was used as a tool for engaging partners on project activities, while bridged

buildings among a diverse group of institutions and organizations. UN Women was a relevant player to create synergy not only across municipal secretaries, but also among local and national governments or among public institutions and civil society organizations. This lesson shows the importance of maintaining UN Women reputation and technical approach in this area of work, which allows a trustful and qualified dialogue with divergent political actors and represents an asset on periods of political transition. Maintaining the leadership of UN Women in this thematic area through continuous research, advocacy and innovation can ensure that these convening power and value added is maintained.

Related findings: 3, 4, 6 & 7

Targeted Outreach for Vulnerable Populations is Essential: The project's emphasis on reaching vulnerable populations, such as domestic workers, indigenous women, and women living on islands, was a critical approach in integrating gender and human rights principles. The lesson here is the importance of targeted outreach to these groups to ensure their needs are addressed, especially in territories where care needs are more pronounced. Effective outreach requires a detailed understanding of the unique challenges faced by each population, including geographical isolation, cultural barriers, and socioeconomic disparities. Developing culturally sensitive communication materials and training local outreach workers can enhance engagement and trust. Recognizing the limitations of logistical barriers and resource constraints, projects should seek additional funding and partnerships with local

organizations to expand their reach and ensure inclusivity.

Related findings: 2, 12 & 13

Geographical Barriers Require Innovative

Solutions: The challenges in reaching remote and geographically isolated populations, such as those living on islands or in *quilombola* territories, provided an important lesson about the need for creative solutions to overcome logistical barriers. The project's experience in reaching remote populations in Belém, such as those on islands, underscores the necessity of employing creative solutions to overcome logistical challenges. This includes not only leveraging digital communication platforms and mobile service delivery units, but also building strong partnerships with local community leaders and organizations who possess intimate knowledge of the terrain and can facilitate access and trust. Future interventions in geographically dispersed areas should proactively explore and budget for such tailored approaches, considering the specific infrastructure and communication capacities of the target populations.

Related findings: 2, 4 & 13

Connection to National Policy Enhances

Long-Term Impact: A significant lesson from the project is the importance of linking local initiatives to national policy agendas. The influence of the Belém project on the development of the Brazilian National Care Policy demonstrated that successful local

models can have a broader impact. Establishing connections with national policy frameworks from the start can help scale up successful initiatives and provide a more solid foundation for sustainability, both at the local and national levels. Practical suggestions include presenting project findings at national and international conferences, contributing to policy briefs, developing advocacy strategies that highlight the success of local models and their potential for national impact.

Related findings: 3, 6, 8 & 11

Inclusion of Civil Society as a Long-Term

Strategy: The active engagement of civil society organizations was not just a means of inclusion but a strategy for long-term sustainability. The creation of networks such as the Network of Care Activists of Belém exemplifies how fostering civil society engagement can create a strong, localized advocacy movement that supports the continued implementation of care systems. For future projects, recognizing the limitations of varying capacities among CSOs, projects should offer tailored support to ensure all partners can effectively contribute. Additionally, fostering networks and coalitions among CSOs can amplify their collective voice and impact, ensuring sustained advocacy and engagement beyond the project's lifespan.

Related findings: 6, 7 & 10

9. RECOMMENDATIONS

Recommendations were developed based on a desk review of secondary data and, primarily, through consultations with project stakeholders. All interviewees were asked to provide suggestions for improving the project, and recurring themes in their responses were synthesized into recommendations and suggested steps to be taken.

RECOMMENDATION 1.

To implement a structured approach for early and continuous consultation with partners, including representatives from government, civil society organizations (CSOs), and beneficiaries' groups to gather timely inputs for all project design and implementation.

Priority → HIGH Timeline → SHORT-TERM

Suggested steps to be taken:

- **Develop a situation analysis** based on the consultation of representative from civil society organizations and potential beneficiaries of the initiative, which may be improved by hiring a consultancy;
- **Use the participatory mapping tools and territorial-based roundtable consultations** used by the Ver-o-Cuidado project in order to keep expanding good practices, requiring budget allocation for facilitators and logistical support;
- **Continue regional practices to support these processes** through regional expertise that is available when the requirement exists, including a review on whether these tools can also be used for projects not related with care, which may be done through the organization of *ad hoc* seminars or workshops;
- Establish the **territorial-based roundtable consultations as a formal tool** on future projects in this field, which should also be translated into budget allocation for this type of activity;
- **Schedule knowledge products** relevant to project planning – such as the participative diagnosis – **to be delivered at the first half of the project cycle.**

To be led by: UN Women Project Teams, especially from the Economic Empowerment area, with support from ACRO Regional expertise and manuals.

Impact: Increased relevance and responsiveness of the project to local needs, fostering greater ownership and alignment with community priorities.

Difficulty: Medium

Related findings: 1,4, 5, 6, 7, 8, 9, 12 & 13

Related conclusions: 1, 3 & 4

RECOMMENDATION 2.

To ensure that capacity building and technical assistance to national/regional/municipal governments has a strong sustainability logic by training permanent public officers, especially those who are directly involved in service delivery (e.g., community-based workers), creating incentives for them to cascade learning with their teams and colleagues, and aiming to consolidate courses into public administration educational materials and systems.

Priority → MEDIUM Timeline → MEDIUM-TERM

Suggested steps to be taken:

- Public officers directly involved in service delivery often have better insights into the needs of the population they serve. **Future initiatives should prioritize their inclusion in decision-**

making bodies, such as the Municipal Care Committee, and provide them with training to increase their capacity to contribute effectively, which may include in-person and online training;

- **Evaluate existing capacity** within government beneficiaries of capacity building initiatives and ensure that training includes a **majority of permanent public officers**;
- **Provide incentives for the training to be cascaded** and converting trainees on multipliers of knowledge, for example through offering them access to other courses or sharing stories of success through communication methods that can support in their career path;
- **Leverage existing capacity-building materials** and resources to contribute to the **development of national and local government training programmes**, ensuring these materials are updated and adapted for wider use across different levels of public administration, which may include hiring a consultancy for systematizing best practices and updating training materials.
- Evaluate whether these materials can also be **incorporated within other projects or online capacity building systems such as the UN Training Centre (UNTC)**.

→

To be led by: UN Women Project Teams, especially from the Economic Empowerment area, implementing partners responsible for training activities, government institutions receiving the training, UNTC and other ACRO Regional capacity building initiatives.

Impact: Strengthened capacity of public officials at various levels, enhancing service delivery and ensuring more effective participation in governance. Enhanced sustainability of the results of this evaluation.

Difficulty: Medium

Related findings: 6, 8, 9, 10 & 11

Related conclusions: 5, 6

RECOMMENDATION 3.

Enhance efficiency and improve results frameworks by ensuring that project outputs are realistically achievable, particularly within the timeframe and funding available. A stronger consultation process with stakeholders should inform the design of the project Theory of Change (TOC), and initiatives should be framed with scalability in mind to ensure wider impact.

Priority → MEDIUM Timeline → MEDIUM-TERM

Suggested steps to be taken:

- **Results should be pitched at a realistic level** in which UN Women is totally responsible for delivering the output-level results, while it has a clear contribution to the outcome-level results, and, when possible, ensure longer timeframes for delivery;
- Besides an evidence-based situation analysis, a **stronger consultation process with the main project potential stakeholders** could help with the design of the project TOC, including the organization of consulting workshops potentially mediated by a professional with expertise on planning processes;
- To **take advantage of the UN Women strategic positioning at the local level** to establish a cooperative relationship with the new administration of the Municipality of Belém, and take a proactive relationship-building with new government counterparts in future initiatives.
- Use project evaluations and final reports to **establish a set of indicators applicable to specific thematic areas** such as care;

- Initiatives at the local level can have a low cost-benefit rate and a high administrative burden, since, although small-scaled, they require a stronger presence in the field. For this reason, **it is recommendable to establish a results framework that goes results beyond the local level and seeks wider results**, such as incidence on state or national processes or the development of pilot initiatives for scaling-up;
- **UN Women should focus on its comparative advantages on projects at the local level**, such as the singularity of its triple mandate, its expertise on areas like care economy and its convening power. The Ver-o-Cuidado was a good example of this approach, although this was not strategically defined on the project design.

To be led by: UN Women Project Teams, especially from the Economic Empowerment area, with support of the national M&E officer and from the ACRO Evaluation team.

Impact: Increased project efficiency and scalability, leading to broader impact at both the local and national levels, with improved coordination and clearer results tracking.

Difficulty: Medium

Related findings: 1, 5, 6, 7, 8, 9, 12 & 13

Related conclusions: 1, 4, 5

RECOMMENDATION 4.

Strengthen the long-term sustainability through the expansion of tools, methodologies, and training resources for broader impact.

Priority → HIGH Timeline → MEDIUM-TERM

Suggested steps to be taken:

- **Systematize the project as a pilot experience** that focuses on the dissemination of best practices, sharing tools, and scaling the initiative to other municipalities, which may require seeking for new resources mobilization opportunities;
- Explore **opportunities for sharing the methodologies and resources developed during the project with other countries** (particularly Portuguese speakers), enhancing global knowledge exchange, including South-to-South and Triangular Cooperation initiatives;
- **Monitor the success and effectiveness of the courses being consolidated with the Federal Government in Brazil**, assessing whether they should be made available on other UN Women platforms (e.g., Moodle) for broader accessibility;
- **Develop a comprehensive dissemination plan for key knowledge products of the project, especially the participatory diagnosis**, ensuring these materials are shared widely and contribute to future initiatives;
- Establish a **follow-up mechanism to track the results of new online training programs**, ensuring that success metrics are integrated for ongoing improvement and impact assessment;
- For other projects, assess **potential for integrating key lessons from the project into national-level training courses**, ensuring long-term sustainability through capacity-building at the federal and municipal levels;
- Build a **feedback loop for continuous improvement of the tools and courses**, based on evaluations and feedback from users and stakeholders, ensuring that the resources remain relevant and effective over time.

To be led by: UN Women Project Teams, especially from the Economic Empowerment area, implementing partners responsible for training activities, UNTC and other ACRO Regional capacity building initiatives.

Impact: Increased sustainability and scalability of the tools and methodologies developed, with potential for national and international adoption, leading to broader long-term impact.

Difficulty: Medium

Related findings: 6, 8, 9, 10 & 11

Related conclusions: 5, 6

RECOMMENDATION 5.

Design a comprehensive strategy for promoting the inclusion of social groups facing vulnerability in future projects.

Prio → HIG
rity H

Timeline → MEDIUM-TERM

Suggested steps to be taken:

- Develop a more explicit and detailed strategy to engage and **include diverse LNOB constituencies, ensuring that social groups in need of care services and those providing care** are adequately represented in project design and implementation, which may include *ad hoc* consultations or even the establishment of an advisory group;
- Create a **tailored approach for the inclusion of people with disabilities, considering the specific barriers to accessing and providing care for individuals** with a range of needs, such as physical, visual, or cognitive disabilities. Best practices from projects working with these populations can be consulted or a specialized consultancy may be hired;
- Design a **comprehensive plan to identify and prioritize the most relevant social groups to be included in future projects**, outlining clear methods for their participation in activities and ensuring that the benefits of the project reach them;
- **Expand the involvement of community-based organizations (CBOs) and faith-based organizations (FBOs)**, including religious institutions (e.g., churches or Afro-Brazilian religions), in care policy discussions and integration into the broader care framework to enhance outreach, foster community participation, and strengthen the effectiveness of care programs.

To be led by: UN Women Project Teams, especially from the Economic Empowerment area, in dialogue with CSOs and in line with best practices on disability and inclusion to be taken from other existing projects

Impact: Improved inclusion of vulnerable social groups in care initiatives, leading to a more equitable and comprehensive approach to care policies and stronger influence on public policies and normative frameworks.

Difficulty: Medium

Related findings: 1, 3, 9, 12 & 13

Related conclusions: 1 & 2