



**Learning for Change (L4C):
Strengthening Women's Voices
in East Africa (Ethiopia, Rwanda, Uganda)**

**Final Evaluation
– Final report**

**For CARE Österreich
19 April 2019**



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The named authors of this report take responsibility for any errors of content or presentation.

Abbreviations

ACD	Assistant Country Director	JAF	Joint Action Forum
ADA.....	Austrian Development Agency	KII	Key informant interview
AEE.....	African Evangelistic Enterprise Rwanda	KM	Knowledge Management
AGGV.....	Austrian Platform for development and humanitarian aid	KM&L.....	Knowledge Management and Learning
AP	Action Plan	L4C.....	Learning for Change Programme
ARCT-R	Association Rwandaise des Conseillers en Traumatisme	LC.....	Local Council
ARTCF	Association Rwandaise des Travailleurs Chrétiens Féminine	M&E.....	Monitoring and Evaluation
BDI	Burundi	MGLSD.....	Ministry of Gender Labour and Social Development (Uganda)
BMEIA.....	Ministry for Europe, Integration and Foreign Affairs (Austria)	MOU	Memorandum of Understanding
BOD	Board of Directors	MoW/CA....	Ministry of Women and Children Affairs (Ethiopia)
CB.....	Capacity Building	MP	Member of Parliament
CBO	Community Based Organisation	MSC	Most Significant Change (tool)
CD	Country Director	NAP	National Action Plan
CDC	Capacity Development Coordinator	NAWOU.....	National Association of Women Organisations in Uganda
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women	NEKI	Nurturing Empowerment through Knowledge and Institutions Building (L4C in Ethiopia)
CEWIGO ...	Centre for Women in Governance	NGO	Non-governmental Organisation
CI	CARE International	OECD	Organisation for Economic Co-operation and Development
CIGN.....	CARE International Gender Network	ORDA.....	Organisation for Rehabilitation and Development in Amhara
CÖ.....	CARE Österreich	OSCE	Organisation for Security and Cooperation in Europe
CO.....	County Office	PM	Programme/Project Manager
COVID.....	Community Volunteer Initiative for Development	PMT.....	Project Management Team
CSO	Civil Society Organisation	PO	Partner Organisation
DAC	Development Assistance Committee (of the OECD)	PQL	Programme Quality & Learning
DEVCO	Directorate General for International Cooperation and Development	PSEA.....	Prevention of Sexual Exploitation and Abuse
DfID.....	Department for International Development	PSS	Psycho-social support
EDPRS.....	Economic Development and Poverty Reduction Strategy	RBM	Results Based Management
EEAS	European External Action Service	RMU	Regional Management Unit
EMB	Engaging Men and Boys	RWA	Rwanda
EPLO	European Peacebuilding Liaison Office	SAA	Social Analysis and Action
ER.....	Expected result	SII	Strategic Impact Inquiry
ETH.....	Ethiopia	SMT.....	Senior Management Team
EU	European Union	SPÖ.....	Social Democratic Party (Austria)
FGD	Focus Group Discussion	SRHR	Sexual and Reproductive Health Rights
FSF	Food Security for Farmers	SWOP	Strengths, Weaknesses, Opportunities and Problems analysis
GA	Gender Audit (tool)	SWOT.....	Strength, Weakness, Opportunities and Threats Analysis
GAC	Global Affairs-Canada Funded Humanitarian project	TA.....	Technical Advisors
GBV	Gender Based Violence	TL	Thematic Leaders
GE.....	Gender Equality	TOC.....	Theory of Change
GED	Gender Equality and Diversity	TOF	Training of facilitators
GEF.....	Gender Equality Framework [formerly Women's Empowerment Framework]	ToR.....	Terms of Reference
GEWEP III..	Gender Equality & Women's Empowerment Programme III	TOT	Training of Trainers
GLR.....	Great Lakes Region	UBOS	Uganda Bureau of Statistics
HH.....	Household	UGA.....	Uganda
HLKI	High level key informant interview (tool)	UMWA.....	Ugandan Women's Media Association
HQ.....	Headquarters	UN SCR1325...	UN Security Council Resolution 1325 (S/RES/1325), on women, peace, and security
HR.....	Human resource	UNSCR 1820...	UN Security Council Resolution 1325 (S/RES/1325), on women, peace, and security (against sexual violence in conflict)
IASC.....	Interagency Standing Committee	VLSA	Village Savings and Loans Association
IGA.....	Income generating activity	WE.....	Women's Empowerment
IM	Impact multiplier	WIDE	Women in Development Europe
IMAG.....	Interministerial Working Group on Gender		
INGO.....	International Non-governmental Organisation		

WorudetWomen and Rural Development Network
WPS.....Women Peace & Security

Executive summary

Background

CARE Austria, together with CARE Ethiopia, CARE Uganda and CARE Rwanda, has been implementing a three-year regional programme, “Learning for Change (L4C): Strengthening Women’s Voices in East Africa”, financed by the Austrian Development Agency (ADA) and CARE Austria. The programme started from 1st April 2016 to 31st March 2019. The core of this programme was organisational capacity development to support transforming gender norms. The Programme Objective was: “268,622 women and girls are meaningfully participating in decision-making at household, community, local and national levels”. The programme theory of change defined three expected results areas (ERs) to reach this objective: **ER 1: Improved organisational climate** in partner organisations and CARE reflects transformative GED and psychosocial wellbeing. **ER 2: Programmes and knowledge systems reflect an integrated gender transformative approach** in the design, implementation and reporting of CARE and partners. **ER 3: Women’s voices influence strategic forums** concerning women, peace and security at national and international levels (contributing to the implementation of UNSCRs 1325 and 1820). The L4C programme partners have included: CARE Austria; CARE Ethiopia with 5 government partners; CARE Uganda with 7 NGO partners; and CARE Rwanda with 6 NGO partners.

The main objective of the evaluation is to assess, measure and present the progress and success of the implementation of the L4C program (outputs and outcomes), draw out lessons learnt and provide recommendations based on these findings. The methodologies of the evaluation have included documents review; key informant interviews, focus group discussions, and self-completed most significant change (MSC) tools; reflection and review workshops; qualitative analysis; and presentation at a validation workshop. Key limitations of the evaluation included a baseline study that was done late and not well linked to project results framework, and thus of little value for comparative analysis; the evaluation was underbudgeted and needed to be done only as a qualitative study.

Findings

Added value achievements - The L4C is increasingly generating influence and interest within and beyond CARE.

Theory of Change – TOC

This programme has been built on critical lessons that implementing a holistic and “integrated¹” gender equality and women’s empowerment model is challenging, but more effective than single focus interventions (e.g., economic empowerment). The L4C programme has focused on women’s participation and leadership through: a) capacity development, particularly for implementing partners and their frontline staff; b) organisational development for the main stakeholders (implementing partners and, to some extent, CARE COs); and c) advocacy as an effective tool that women leaders and activists can use to advance women’s issues. Knowledge management and learning was intended as a multiplying catalyst for all three areas to support better programming and contributing to gender equality. Also, as CARE has been increasingly stepping back from direct implementation, the assumption was that L4C would support CARE’s profile as an expert organisation and contribute to a good reputation for gender transformative programming.

Redesign of L4C in 2017 – During its lifetime, the programme suffered recurrent staff turnovers at many levels, even in the first year of implementation, which led to significant challenges to its initial roll-out. ADA visited in March 2017, after which the programme was redesigned, including a comprehensive programmatic and budget revision of L4C, approved by ADA on 13th July 2017. The impact target of the *programme objective* was changed to reflect a more realistic ambition within the available resources: “268,622 women & girls are meaningfully participating in decision-making at household, community, local & national levels”. While the number of impact level beneficiaries was reduced in all three countries, the redesign put much greater emphasis on enhancing impact and promoting sustainability through an increasing focus on direct beneficiaries (trained staff and impact level multipliers).

Reaching the Programme Goal – based on reported data of October 2018²

The evaluator team assessed output numbers from the latest quarterly reports available at the time of writing (timing at February 2019; reports from end October 2018). Although it appears that the L4C has already met its output targets even

¹ The ‘integrated approach’ combines trainings in the following thematic areas: Gender, Equity and Diversity; Women’s Leadership; Engaging Men and Boys; Advocacy; Psychosocial Support.

² An updated data table for February 2019 was supplied in April after the analysis work was done for the evaluation; it is now included in the Annex section of the report. These new data show the number of impact level beneficiaries influenced (344,800) that is 1.28 times higher than the target (268,622); presumably these figures may be higher yet in the annual report for the 3rd year of the programme after the final quarter activities are completed.

two quarters prior to the end of the programme, these are not the final numbers, since implementation activities were still ongoing at the time of writing.

ETH+RWA+UGA	Targets (set Jul 2017)	Achieved outputs (by Oct 2018)		
	Total	Women	Men	Totals
Staff/including PO & cascade	789	2,287	1,971	4,258
Impact level multipliers	2,525	6,603	3,428	10,031
Impact group + indirect beneficiaries	268,622	204,781	123,376	315,201

Of the information available, the most robust portrayal of outcomes is available from the MSC self-completion tool, where there were 224 respondents across the three countries. At the highest level, the leading significant change reported by MSC respondents from each of the countries was change at the organisational level, which supports the intended TOC. In addition to data from the MSC self-completion tool, data from the MSC FGD tool confirms many of the above points. FGD respondents' perceptions are that human capital and personal skills were greatly enhanced, such as facilitation and communication skills, public speech, the production of evidence-based knowledge management products. They also say that the changes at organisational level are linked to changes in personal skills.

The L4C has had a twofold advocacy strategy, which consists of: a) Capacitating staff members at 15 partner NGOs and CARE COs to be able to conduct more effective and inclusive evidence-based advocacy/influencing and to contribute to the success of ongoing advocacy on gender equality and Women, Peace and Security (UN SCR1325, Kampala declaration, Maputo Protocol, implementation of national laws etc.); and b) Influencing the development and implementation of policies and politics on WPS at national and regional levels in East Africa (Rwanda, Uganda, Burundi and Ethiopia and at regional level) and in Europe (Austria and EU).

Relevance

In all three countries, the results of the evaluation show that the **L4C approach and TOC on country level can be rated as relevant**. The majority of significant change responses in each country were linked with positive, transformative changes at organisational level. **The integrated approach:** This approach has applied the CARE women's empowerment / gender equality framework in a holistic combination that is seen by programme participants as a definite added value. **The multiplier approach:** this approach provided ToT trainings plus thematic training for community-based workers and volunteers (e.g., extension workers, teachers, community activists) so that they are empowered/capacitated to cascade the thematic issues and facilitate group change processes with the ultimate community beneficiaries (e.g., women in VSLAs, role model men, etc.). **The regional approach:** L4C drew on expertise in each of the programme countries to drive the development of learning packages³ and implement the programme. This gave a boost to CARE CO and PO staff knowledge and expertise.

Effectiveness

All the CARE and partner offices in all three countries gave numerous examples of how their organisations have become more 'gender fit'⁴ as a result of the influence of the L4C programme. There have been changes in the behaviour of individual staff, building confidence among female staff and valued (by male counterparts); changes in recruitment with consideration of GED principles; shifts in mindset and now embracing GED by POs. There has been team building within CARE and across the POs. New concept notes and proposals by CARE and POs are incorporating not only GED, but also many elements of the L4C approach and principles; M&E indicators and budgets are being reviewed and adjusted for gender sensitivity; and organisational gender policies have been updated or written.

Efficiency

If we put initial budgets and expected final beneficiaries in a simple relation, the cost-benefit ratio from final beneficiary to budget has changed. Initial 2016 budget: with 3,120,000 Euro, it was aiming for a target of 644,000 final beneficiaries, which would have led to a cost-benefit ratio of 4.84 Euro per person reached in three years. Revised 2017 budget: After the 2017 review, the same budget aimed to reach 268,622 final beneficiaries, i.e., a cost of 11.61 Euro per person reached in three years. This ratio has improved somewhat, as the numbers of final beneficiaries have, in fact, exceeded the target; it had reached 315,201 as of October 2018, yielding a cost/benefit ratio of 9.89 Euros. Implementation was continuing up to March 2019; with an even higher final number of impact beneficiaries, the cost-benefit ratio will be further improved.]

Meanwhile, if we acknowledge that the L4C was a short-term programme focussed on capacity building for COs and POs, aiming to create a large cadre of staff equipped, committed, and functioning for promoting gender transformation, the efficiency picture becomes much more favourable. The initial RF proposed to train 500 staff of COs and POs (i.e., as

³ L4C learning packages were developed per theme, and each package consisted of: two workshops, a training manual, action plan development and provision of technical backstopping from CARE staff in implementing the action plans and supporting ongoing learning.

⁴ While 'gender fit' was the term used by respondents in the evaluation, some stakeholder also refer to this status as 'gender competent'

‘direct beneficiaries); using the simplistic ratio of overall budget vs persons trained, this would have implied a cost/benefit ratio of 6,240 Euros per trainee. The 2017 revised RF (with the same budget) targeted training for 3,044 staff and community multipliers; this would have had a cost/benefit ratio of 1,026 Euros per person trained. Based on the October 2018 data, 14,289 staff and multipliers had already been trained, with more expected in the final quarters. This reduces the cost to approximately 218 Euros per person trained – the majority of whom are expected to remain in their respective organisations and continue to integrate their skills and knowledge in their work, even after L4C has ended.

Outcomes & impacts

The L4C approach takes time to trigger mindset changes and to look at diversity; but it has also shown that it is possible to do this. It is possible to change cultures and attitudes; in the L4C programme, conscious engagement breaks down known cultural rigidity, e.g., changing gender role stereotypes. A related lesson from all countries was that change starts with the individual; personal attitudes and behaviour have to change for the individual before they can effectively implement or cascade to others.

Sustainability

The original proposal from March of 2016⁵ does discuss sustainability, but without including a specific strategy for sustainability or an exit plan. Despite its short duration, the L4C programme has achieved many very positive outputs and outcomes in all three participating countries. The short duration, however, means that the sustainability of these outcomes beyond the end of the programme has been questioned by many of the evaluation respondents. Looking at the leading worries for the L4C expressed in a specific question on the MSC self-completion tool, we heard that almost half the worries in each country were about sustainability issues. As the programme is nearing conclusion, there have been good discussions about sustainability in all three countries. The draft report of the final coordination meeting in early 2019 showed these ideas were being taken up for exit planning and knowledge sharing, but this plan that was being developed in the final quarter did not yet have CO leadership commitment or integration into CO and PO AOPs.

By the end of the programme, however, multiple opportunities are already developing in the programme countries for on-going support to and/or integration of the L4C initiatives and transformative changes. These range from linking the multipliers to local government/ administrative leaders for on-going community change in Rwanda, to involving gender competent POs in a new ADA phase with refugees in Uganda, to preparing an invited concept note from DfID for national level support to the MoW/CA in Ethiopia that will use L4C strategies to support gender mainstreaming and transformation throughout the federal government⁶.

Conclusions and lessons

What went well

The L4C was bold and brave to set out to do what it has achieved. The L4C programme would be an excellent candidate for an ex post evaluation in 2-3 years to reassess the nature and sustainability of the outcomes and impacts.

Institutional influence – the L4C was a small project, relative to the portfolio of CARE country offices, but it has contributed to the wider CARE transformation on social change for women’s empowerment and learning around social norms. Recently in Ethiopia, 4 of the 5 sector partners (-health) were recognized by the regional level for good gender mainstreaming performance. UNWOMEN has been asking the Amhara regional government in Ethiopia about gender and were told to talk with CARE that it is CARE’s approach that is working in Amhara. CARE Rwanda received a request to facilitate GED training by the Government Gender Monitoring Sector and the City of Kigali, indicating that the outcome of L4C is being noticed.

Organisational capacity building for gender transformation – the L4C capacity building programme has been changing mindsets, delivering influence, and developing institutional capacity. It has been building the capacity of CARE and partner staff, at individual and organisational levels. It has crossed the boundaries of project silos, which is different to the other more sectoral programs of POs and CARE. L4C promotes an Integrated Program Approach (including GED, women’s leadership; PSS and staff wellbeing; RBM and KML) and has used the GED framework in all the trainings - Agency-Structure-Relationship. CO and PO staff and impact multipliers have now absorbed the framework in all aspects.

Staff and partner capacity building - Staff awareness is linked with programme quality and expanding tolerance. Staff need attention and building their capacity is not a luxury, not an add-on. GED & TOT trainings have helped the country office change attitudes and behaviours; Stress Management and Women’s Leadership trainings have supported personal

⁵ CARE Learning for Change Programme description_rev_03_2016_cleaned.docx

⁶ Information has been shared after the evaluation draft that CARE Ethiopia has won the DfID bid to implement the programme with MoW/CA, i.e., a fantastic opportunity to build on L4C achievements and approaches, especially now that the Government is opening up to CSO involvement in work on advocacy, gender and rights.

development and leadership. Trained individuals have influenced organisational climate; Personal change has energized teams to work for impact in beneficiary groups. The L4C has been quite transformational, not only for CARE, but also for partners. The POs have learned how to look critically at their work and results through applying gender analysis and using gender indicators. POs in Rwanda and Uganda reported that before L4C they did not have a Gender policy but now they have one and it is very helpful for both staff and beneficiaries. Stress management has become part of the office rhetoric now. CARE Uganda and CARE Rwanda now have a resting place, and a breast-feeding corner; CARE Ethiopia has a wellness group; respondents attributed each of these to the influence of the Women's Leadership discussions of L4C.

Achieving impact - Although the L4C was a small project, at least relative to the portfolio of some CARE country offices, it has contributed to the wider CARE transformation on social change for women's empowerment and learning around social norms. The L4C approach takes time to trigger mindset changes and to look at diversity; but it has also shown that it is possible to do this. A related lesson from all countries was that change starts with the individual; personal attitudes and behaviour have to change for the individual before they can effectively implement or cascade to others.

Looking at sustainability and transferability – The issue of sustainability is still an open question for the L4C. It has been a very short project, effectively rolling out implementation for only a bit more than 1 ½ years. As noted above, the achievements at output and outcome level have been remarkable. There is, however, no specific follow on phase, though multiple opportunities, including at national level, are surfacing in all the three participating countries – which is a testament to the achievements of this programme. The L4C is generating increasing influence and interest within and beyond CARE as its results are becoming known. CARE Ethiopia has recently won a bid from DfID to do similar work to the L4C at a federal level to help the Ministry of Women and Children Affairs carry out its mandated activity for gender mainstreaming in government. In Uganda, the L4C approach has already been streamlined into new programmes, including the next ADA-funded phase for refugees.

Key challenges

Staff turnover - Staff turnover on all sides has been an important challenge in this programme: there have been changes of regional leadership at CARE Austria; loss of technical leads who were not replaced; changes in senior management within the participating countries. There have also been significant changes in PO personnel in all three countries. Each of these changes was accompanied by either increased workload for the rest of the team, or a long learning curve for the new employee who was unfamiliar with this complex project.

Integration without funds – there were multiple frustrations about funding (see risk analysis in Chapter 6 Lessons); also, many requests for some tangible resources in any future reiterations or replications of the project. Meanwhile, the fact that L4C project did not provide sub-grants and yet it was successfully implemented showed that it is possible to integrate different components of such a project into other partner and CARE projects/programmes and organisational management, even without large funding. This has been a lesson about a new model of low budget programming; people have realised there is some potential to work on initiatives without major funding.

Preparing for sustainability – while the L4C had no exit plan in the programme design, it now has a problem of more success than anticipated; e.g., they face the challenge of coordination and management of the big number of impact multipliers trained by the end of the project. Without concrete plans for support and follow up, their quality may not be assured or sustained in the absence of the L4C project. The lesson here is that programmes should have a sustainability plan from the beginning, which can be updated over the life of the programme according to evolving results and context.

Senior management support - In this programme, there were significant challenges in trying to get senior management buy-in/support at regional and CO levels. It has become clear that a focused and conscious effort is needed to secure PO senior management/leadership buy-in to this kind of programme. This project needed a robust presentation and follow up to engage and convince senior management, but this project was hard to understand. A key reason was the high rate of staff turnover; it meant that L4C was driven by different people, at different times, often with their own nuanced interpretations of L4C, thereby preventing a coherent and unitary L4C narrative to internal as well as external audiences. The existing staff were challenged in trying to explain the project, and to demand attention for its lessons. In consequence, the L4C was not very visible or concise for the senior management of CARE and POs.

Positioning the programme - Where to base or start the program needs to be very strategic from the beginning. If it had been more clearly linked with the CIGN, a Regional Management Unit (RMU) or the international CARE Gender Cohort, it would have had more visibility and been easier to take emerging lessons up to scale as well as having more influence on CARE and other partners, including potential funding partners. It is crucial to have effective coordination and collaboration and ownership of the programme at the regional level. Within the programme countries, the design for embedding /piggy-backing of L4C (with little funding) on other projects with funding was strongly challenged by

becoming a “Dependency Approach”. Many voices complained that the implementation of the L4C was made difficult by not having its own operative budget. While there have been some benefits from embedding the L4C in other complementary projects (e.g., enabling shared use of resources and resource people, easier entry to the community level), the early termination of complementary projects before the L4C ended has directly contributed to the loss of trained staff in POs or even dropping out of the PO from the programme. As one senior Ugandan staff of L4C explained, the complementary funding must be part of the design for the full period, or there must be a plan B. The key lesson is for the programme designers to be more aware of the associated risks (e.g., truncated and asynchronous timelines) and to guard against them, i.e., position the programme with a central cross-programme unit in the organisation and facilitate cross-programmatic embedding, rather than being dependent on just one project or programme.

Recommendations

The following recommendations are based on a combination of field data (interviews, focus groups and self-completed MSC tool) plus reflections by the evaluation team. They are presented as two sets of recommendations: a) a short set of recommendations for the conclusion of the present L4C programme, and b) a set of 10 major recommendations related to full or partial replication of the L4C programme. For additional details, see Chapter 7 Recommendations.

A - Recommendations for conclusion of current L4C programme

The recommendations related to concluding the present L4C programme are principally addressing knowledge management and sustainability issues. Many of these have been discussed by representatives of CARE Austria and the three CARE COs in the final international coordination workshop, held in February 2019.

Knowledge management

- **Link L4C information to networks** – CÖ should engage vigorously with the relevant gender and organisational change networks of CARE, such as the CIGN and the Gender Cohort, to promote sharing the learnings of the L4C, as well as seeking to explore for new or alternate sources of longer-term support for the programme.
- **Knowledge capture** - engage the COs and L4C teams in further / fully documenting the L4C programme results and successes.
- **Knowledge products** - produce and maintain an **up-to-date inventory of ALL knowledge products** with information about how they can be accessed for anyone interested. **Distribute manuals**, guidelines and learning materials to all trainees
- **Sharing resource people/organisations** – Prepare and share the **database/list of the trained CARE and PO staff** (alumni); also, a **database/list of multipliers**

Sustainability

- **L4C partner / CARE alumni platform** - Promote on-going peer support to sustain values and practices
- **Promoting continuity and talent management** - Prepare a **list of L4C staff**; Prepare a **list of gender fit/competent partners** and prioritise them for involving in the design and implementation of new proposals.
- **Institutionalise GED** – GED training should be compulsory for all CO staff and a **requirement for all new staff** where it isn't already. Senior management to consider how to deliberately and sustainably integrate gender and capacity building approaches across programmes and initiatives.
- **Follow up** – have some substantive follow-up to ensure sustainability; including broker L4C with other donors.

B - Recommendations for replication / integration of L4C

The L4C programme has provided important lessons on what works and what should be avoided if a programme like L4C is to be replicated. We list recommendations arising from these lessons below; these are largely based on suggestions contributed from the field:

1 Scale up - Recommendation - The L4C approach should be scaled up to more geographical areas, including more regions of the same countries and to additional countries. Implications – there will be a need for integrating L4C approaches in upcoming concept notes and proposal writing by the capacitated CARE COs and POs; also, for identifying available civil society and/or government partners, and mobilising SMT level commitment in the potential locations.⁷

2 Duration - Recommendation – the duration of any replication project/programme should be longer than three years, i.e., at least five years or even longer. Implications – concept notes and proposals for programmes or projects/initiatives

⁷ As noted earlier, this is already happening with CARE Ethiopia securing DfID funding for a national government level project on gender mainstreaming in Ethiopia that will be drawing heavily on the ADA-funded L4C experience in the Amhara region of the country.

aiming for organisational transformation should be designed for a period of at least five years, with assured funding and support structures within the organisation.

3 Capacity building for organisational transformation - Capacity building for organisational gender transformation is clearly still needed in development organisations and worth investing in. The approach should be integrated (multi-thematic), needs-based, institutionalised, include experiential learning, and have qualified technical backstopping (coaching and mentoring). Implications – preparing, implementing, and monitoring a specific capacity development plan with CARE and partner organisations – that addresses desired outcomes/content, needs assessment, institutionalising capacity development, experiential learning, and technical support.

4 Participants and stakeholders [to engage / to influence] – Evaluation respondents identified the most important groups to engage with for capacity building and influencing to achieve organisational transformation. These are: the staff and leaders of CARE and partner organisations; governmental structures and their leaders at executive, operational and technical levels; as well as community-based multipliers. Implications – this recommendation links with the one above about capacity development, including the recommendation to engage participatively with the target groups in conducting the needs assessment and creating the capacity development strategy. In addition, CÖ should be more systematic and pro-active from the outset of any L4C type of project/programme in the future, ensuring strong linkages to relevant existing gender and organisational change networks of CARE, such as the CIGN and the Gender Cohort.

5 Design considerations - COs/organisations should create a coherent capacity development and organisational transformation strategy; also, to consciously address the integration of L4C concepts and approaches where possible in existing and new projects/programmes. Implications – this will need non-distracted time for reflection, open communication, and commitment from all levels to identify real gaps and realistic solutions; it may take some budget and possibly external facilitation to be achieved. And it will certainly take a champion in senior management to monitor and keep the stakeholders accountable for following through on the plan.

6 Leadership buy-in and support systems - The success of any L4C replication or integration will be highly contingent on certain critical forms of support within the organisation; the most essential and influencing to the others is getting senior management buy-in from the very beginning. Enabling this will be a combination of ensuring that the programme is well positioned in the organisation and that partner organisations are selected based on genuine interest and commitment for the programme. Implications – the plan/proposal for any L4C replication or integration (see above) will need to be clear, simple, and realistic to be convincing and able to capture senior management and partner commitment. The alignment of the other suggestions will be able to follow from this first condition.

7 Resources [for replication or integration] - L4C programmes should have an independent budget, and thus able to better manage staff turnover, motivate partner organisations, achieve advocacy, provide support for experiential learning, and have greater influence at management level in the stakeholder organisations. Implications – the profile of L4C managerial staff will need to ensure financial and narrative project management skills at all levels, not just technical skills in GED or capacity development. Responsibilities for mobilising funds may go to or be shared by the programme design team, the CO SMT, the RMU, and the originators of the L4C, CÖ.

8 Knowledge management - Future versions of the L4C programme should have a very clear KM&L plan, with budget, activities, and qualified technical support from the very beginning; the KM&L plan should cover knowledge capture, knowledge sharing and knowledge application. Implications – the KM&L plan will need both a budget and a technically qualified focal point or champion in place with the programme to guide and monitor its implementation.

9 M&E system - In any replication or integration of the L4C approach, there should be strong preparation (including a solid M&E plan and appropriate indicators) for capturing credible evidence of outcome and impact level change – for learning and sharing purposes, and for refining the approach. Implications - Ability to do this will depend upon the design of the M&E system, and the capacity of the persons implementing it; therefore, well qualified M&E expertise should be engaged at the time of the design, and recommended indicators should be tested for feasibility and sensitivity to show organisational level changes.

10 Risk management - Any future iterations / replications of the L4C should do a careful and thorough risk analysis as part of the design, and use the lessons learned analysis from the current L4C programme to facilitate the discussion. A detailed (but flexible) risk management plan should be produced and reviewed at least annually during the life of the programme. Implications – time will need to be budgeted during the design phase to engage in an in-depth reflection about risks and their mitigation.

1. Background⁸

CARE Austria, together with CARE Ethiopia, CARE Uganda and CARE Rwanda, has been implementing a three-year regional programme, “Learning for Change (L4C): Strengthening Women’s Voices in East Africa”, financed by the Austrian Development Agency (ADA) and CARE Austria. The framework programme, which is 80% financed by ADA, is implemented from 1st April 2016 to 31st March 2019. The current framework phase is the fourth (after phases 2007-09; 2010-12; 2013-15).

Central to this programme phase is the organisational capacity development component in support of transforming gender norms. L4C pursues a threefold strategic approach by promoting: (i) conducive environments at organisational level to foster gender equality within L4C partner organisations and CARE offices; (ii) capacity development in selected gender-related programmes and methods; and (iii) supporting national, regional and international advocacy efforts on gender equality and women’s rights. The programme directly contributes to the achievement of the Sustainable Development Goals (SDGs), especially on Gender Equality (SDG5).

L4C encourages regional collaboration between partners and CARE offices across the three participating countries. The aforementioned strategic approach provides a number of opportunities for programmatic synergies at three levels:

- (1) At partner country level, where L4C support in organisational development, capacity development and advocacy can cross-fertilize to both strengthen stakeholders’ work and improve conditions and prospects for gender equality and women’s rights in all three countries.
- (2) At cross-country level, where L4C activities and overall collaboration in implementation provides opportunities for CARE and partners to share their expertise, experience and learning in all three expected result areas, such as in Knowledge Products, for instance.
- (3) At international level (especially Austria, the EU, African Union, ICGLR etc.), where the focus is on generating robust evidence to support advocacy and influencing efforts across the programme countries as well as providing technical and knowledge management support to partners and country offices.

The Programme Objective is defined as: *“268,622 women and girls are meaningfully participating in decision-making at household, community, local and national levels”.*

The programme theory of change⁹, defines three expected results areas (ER) to reach this objective:

ER 1: Improved organisational climate in partner organisations and CARE reflects transformative GED and psychosocial wellbeing.

Indicator: By March 2019, 60% of staff report about an improvement in “organisational climate” at CARE and partners.

ER 2: Design, implementation and reporting of Partners’ and CARE Programmes and knowledge systems reflect an integrated gender transformative approach.

Indicator: By March 2019, a minimum 70% of staff in partner organisations and CARE offices report an enhanced integrated culture of gender and PSS responsive results-based programming, reporting and knowledge management.

ER 3: Women’s voices influence strategic forums concerning women peace and security at national and international level (contributing to the implementation of UN 1325 and 1820). Advocates, i.a., for the implementation of UNSCR 1325 Indicator 12: Level of women’s political participation in conflict-affected countries.

Indicator: By March 2019, 10 L4C advocacy partners and 3 CARE offices facilitate the meaningful participation of women’s and girls’ voices from the ground in at least 11 global forums (e.g., ICGLR and EU) regarding WPS

In addition to the above regional indicators, the programme has also developed indicators at the national level in Ethiopia, Uganda, Rwanda and Austria, for more detailed monitoring and evaluation purposes.¹⁰

L4C program partners include:

- CARE Austria,
- CARE Ethiopia and 5 government partners
- CARE Uganda and 7 partner non-governmental organisations (NGO).
- CARE Rwanda and 6 NGO partners.

⁸ Extracted from ToRs - 20181016_TORs for L4C Final Evaluation.docx

⁹ <https://www.care.at/wp-content/uploads/2018/01/Theory-och-Change-31.01.pdf>

¹⁰ Logframe see Annex

The main zones of implementation are South Gondar in Ethiopia, Northern and Western Uganda and 4 districts in Southern, Western and Eastern Province of Rwanda.

2. Introduction

2.1 Purpose of the evaluation

The purpose of this evaluation is to:

- Assess L4C's impact, as per the theory of change, but also with respect to unintended and/or unplanned outcomes.
- Draw out insights, knowledge, good practices and learnings generated by programme implementation both at the country and regional levels.
- Provide recommendations for all stakeholders concerned to inform:
 - Future programming in capacity, organisational development and the advancement of women's rights and gender equality
 - How programme results can be sustained and increased, if applicable and possible.
- Be accountable to donors, partners and beneficiaries with regard to the programme's intended implementation, results and other relevant consequences and effects.

Objective of the evaluation¹¹

The main objective of the evaluation is to assess, measure and present the progress and success of the implementation of the L4C program¹², draw out lessons learnt and provide recommendations based on these findings. The evaluation's overarching objective is to assess the impact of L4C programme over the three years of implementation.

The L4C program result areas in capacity and organisational development are long-term and incremental processes of change. The evaluation is therefore being conducted at the end of the program phase in order to better measure and assess its impact and develop better informed recommendations for future programming as well as L4C sustainability.

Evaluation findings and recommendations will be particularly relevant to CARE's L4C country offices in Ethiopia, Rwanda, and Uganda, their partner organisations, and as well as CARE Austria and the ADA. Government and other stakeholders will be able to use the findings and recommendations to plan interventions that sustain and/or complement L4C.

3. Methods

3.1 Methodology and approach

The core elements of the methodology used by the team have included:

- a) **Documents review** – conducted by the evaluators on project knowledge products and other related materials, as supplied by CARE Austria (over 400 documents) and the three country project teams. The questions pursued in the documents review were developed during the inception period [see inception report in Annex]; and also used to summarise the desired information to be obtained from the fieldwork [see desired info vs tools matrix in Annex]
- b) **Primary data collection (total 696 respondents)**: Key informant interviews (41 respondents); Gender Audit tool (60 respondents); Focus group discussions (371 respondents); and self-completed MSC tools (224 respondents) – with a range of stakeholders in Austria and the three participating countries; some conducted by the evaluators, but most of the sessions in the three project countries have been conducted as a learning exercise by teams of project staff and partners, plus collecting self-completed most significant change tool from a larger sample of stakeholders. These teams were trained by the evaluators [see training reports in Annex] and used a common set of pretested and translated tools [see tools in Annex]. The sampling frames for each country included all categories of persons who had been involved with the capacity building (CARE and partner leadership and staff, impact multipliers and targeted beneficiaries) [see sampling frames in Annex]. Each country team used a logical and judgmental (non-probability) approach to sample the potential respondents for this qualitative exercise. [see data inventory in Annex] Country teams were backstopped by

¹¹ See further details on focus of the evaluation in the ToRs in the Annex

¹² At the output and outcome levels of change.

remote communications to the evaluation team during their fieldwork and data entry.

Tool used	# of encounters	# of respondents	# women	# men	# sex not listed
HLKI (KII)	30	41	30	11	0
Gender audit tool	24	60	36	23	1
MSC self-completion	224	224	105	116	3
MSC FGD	42	371	211	166	1
Total for L4C	320	696	382	316	5

Figure 1: Number of encounters and respondents of final evaluation of L4C, disaggregated by sex

- c) **Reflection and review workshops** (#)– conducted as a learning event at the end of fieldwork, seeking to bring out tacit knowledge from the field and strengthen the learning for the field teams. These sessions were facilitated by the evaluators in each of the project countries with the teams who had carried out the fieldwork. [see reflection workshop reports in Annex]
- d) **Qualitative analysis** – initiated as a collective effort in Uganda by the three evaluators, and then continued independently. The primary strategy for clustering themes and extracting meaning from data is a matrix analysis [see handout in Annex], using the most significant change approach. [see resulting aggregated data matrices in Annex]
- e) **Presentation and validation** – the lead evaluator presented highlights of the evaluation findings in verbal and written form at the last annual international Coordination Meeting for the project on 27th of February 2019; and then facilitated a series of provocative learning discussions with the participants. Many interesting ideas emerged in these discussions about: a) significant outcomes of this project that are worth promoting; b) risks of this kind of project to be mitigated in any replication; and c) ideas about knowledge capture, sharing and sustainability as the project is wrapping up. [see notes in Annex – report if available]

3.2 Limitations of the evaluation study

Baseline – while the L4C ‘baseline’ was of value to CARE and POs for self-reflection and gap assessment, it was of little value for comparative analysis; the study was done late; report not available until almost a year after project start-up; programme indicators were not fully determined until a year after start-up and not measured in the baseline.

Qualitative study – the programme had an insufficient evaluation budget and inadequate baseline data to justify a quantitative study; so, it was agreed to do a participatory qualitative study and use secondary data for the quantitative indicators in the log frame. The limitation was addressed by triangulation in using multiple tools and sampling multiple categories of stakeholders. While quotes can be subjective and / or ill-informed, the triangulation approach was designed to help mitigate this aspect.

Participatory data collection – the field teams from the project countries that gathered data for the evaluation might have had a selective bias in greater care to record positive observations/perceptions; mitigating this by sending teams to different countries was not feasible within the budget for the evaluation; for the same reason, it was not possible to include on-site supervision of the fieldwork by evaluation team members.

Training and field teams – training for two tools and two methods, plus pre-test and translation was done in 3 days; this was rapid and depended on the team participants having some prior experience of qualitative data gathering. Meanwhile, there was a time lapse of 6-7 weeks between training and data collection, which led to up to half of the trained team members dropping out in all three countries. In Ethiopia and Rwanda, the remaining team coped by working harder; in Uganda the project coordinator left before actual data collection, and the team mobilized additional data collectors from partners and gave them only a very small amount of training and/or preparation for the exercise.

Translation of tools – done in the training workshop for all three countries; some challenges in Uganda as the translation (into two languages) was supposed to be typed before the fieldwork, but with dropout of the project coordinator, this was not done – so some of the data collectors were using only English versions of the tools and translating in the moment

Finalization of tools – tools were finalized in the training workshops and copies sent to the country coordinators; but it seems that incorrect versions (earlier longer drafts) were used in Uganda and Rwanda.

Scheduling – data collection was done later than originally planned at inception and negotiated during the training workshops; all data was requested by 1st Feb, but the evaluators were still receiving new data up through the 12th Feb. This delayed qualitative analysis of the field data as only incomplete data sets were available at the time of the face to face analysis workshop in Uganda in early Feb.

Delayed documents – while an efficiency analysis was expected in the ToRs, financial information was only received quite late in the writing phase of the evaluation, delaying preparation of the cost-efficiency analysis.

4. Evaluation findings

In this chapter, the evaluation findings are presented in detail. The evaluation report is structured according to the OECD/DAC criteria of relevance, effectiveness, efficiency, sustainability and impact as listed in the ToR. The evaluation questions and the corresponding results are linked to the OECD/DAC criteria¹³.

4.1 Theory of Change – TOC

The CARE Österreich (CÖ) “Learning for Change. Strengthening Women’s Voices in East Africa” Programme, was submitted to Austrian Development Agency (ADA) for the implementation duration of three years – from 1st of April 2016 to 31st of March 2019. It has a total budget of 3,125,000 Euro, 80% financed by ADA and 20% by CÖ.

The focus of CÖ’s Framework Programmes since the first phase was built on a deliberate strategy to promote women’s and girls’ meaningful participation (“Claiming rights” – “Women’s voice”) in decision making at household, local and national level; to organise women on the local level, enable them to represent their interests at regional and national level, especially regarding the women-peace-security agenda, link them to civil society and women’s movements to move forward necessary structural changes for gender equality and implementation of rights that guarantee gender equality.

For phase IV of a framework programme financed by ADA, CÖ planned to “continue to build on the empowerment and strengthening of women at three levels: agency (her own aspirations and capabilities), structures (legal framework for gender equality) and power relations women are faced with (gender equality in every-day life).”¹⁴

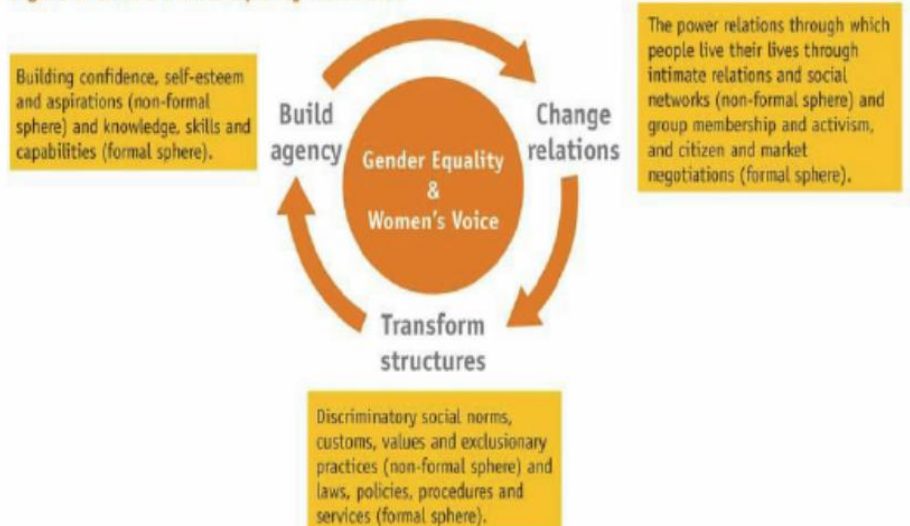
This Phase IV has been built on the critical lesson that the implementation of a holistic women’s empowerment model is challenging regarding its implementation, but more effective than single focus interventions (e.g., economic empowerment). Overall, partners’ feedback from the preceding programmes indicated that CÖ’s programming has been very effective in helping staff and management to improve interventions from being gender sensitive to becoming gender transformative¹⁵.

The fourth phase aimed at reinforcing this strategy, and it applied the focus on women’s and girls’ participation and leadership at programming and organisational level with the intention of scaling up learning from previous phases through:

- capacity development focused especially on implementing partners and their frontline staff,
- organisational development of the main stakeholders of this new programme (implementing partners and, to some extent, CARE country offices),
- advocacy as one of the most effective tools that female leaders and activists can use to advance women’s issues (implementing partners and CARE).

Knowledge management and learning would be used as a catalytic multiplier for all three areas to support better and more programming that benefits women and girls and contributes to gender equality.

Figure 1: CARE’s Gender Equality Framework



¹³ Operational definitions of these key concepts are based on ADA/OECD-DAC guidelines; copy included in the Annex folder of this report. Full document available in English at: <https://www.oecd.org/development/evaluation/dcdndep/47069197.pdf>

¹⁴ See: CÖ Programme Proposal: Learning for Change. Strengthening Women’s Voices in East Africa, Vienna 2016, p. 9.

¹⁵ For more information on CARE’s gender continuum, see page 4 at the following link:

https://www.care.at/images/care_2013/expert/pdf/COE_Resources/Gender/Explanatory_Note_on_CAREs_Gender_Focus_2012.pdf

The CÖ Program Director described that in the design phase, the CÖ asked itself:¹⁶

“What is the logical development? Should we do the same of the old, which we did for nine years already (...) We made a SWOT¹⁷ analysis – which countries were possible thinking about the ADA focus countries. That meant that ETH and UGA were fixed starters. (...) So, we wanted to do a regional approach with two satellites – these were also RWA and BDI. But when we came to the detailed budget planning, we saw that it was not enough, and I had to tell the CD of BDI who was with us in the planning that we were sorry, but there was not enough funding. Also, ADA was suggesting urgently to be more focused. And as BDI is francophone, it was also dropped due to language reasons. So, we stayed with three countries. And the second point was – lets really make it regional, in order not to bring in the “expensive” international consultants as parachute people but have a stronger exchange of experts in the region and that once the program stops, the knowledge stays in the region and is anchored. Secondly, we thought to make something interesting and to “put the money where your mouth is”. We thought about the levels, and then we came up with these three components.” [CÖ, HLKI]

One of the early CÖ technical advisors who left soon after the start of implementation, stated that CÖ saw the Phase IV programme as a chance to capture their previously undocumented experiences of many PSS-related learnings from the earlier framework programmes. Phase IV was seen as an opportunity to produce guidance documents based on these learnings, e.g., Manuals for Staff Wellbeing, a Handbook for PS Management, etc.

The designers hoped that close partnerships would develop for CARE with the partner organisations, and through joint programming, the partners could be strategically strengthened as gender fit/competent organisations. CÖ thought that the Capacity Building for CARE and partners would be a strategic leverage for staff benefit. Also, as CARE is generally stepping back from direct implementation, the assumption was that L4C would support the CARE’s profile as an expert organisation and contribute to a good reputation for gender transformative programming.

4.1.1 TOC Programme Objective

In the executive summary of the initial programme proposal from March 2016, the focus of the programme and its overall objective were described as follows:

“However, the focus of phase IV of the framework programme is not on direct implementation of activities with poor women, men, boys and girls, but on strengthening civil-society and other local actors: the programme enables NGOs and CARE country-offices, grassroots organisations and government agencies (especially in Ethiopia) to successfully promote and enhance gender equality in their own poverty reduction programmes. Indirectly, this will impact the lives of the vulnerable women and girls that partners and CARE work with.

The programme objective is therefore: 644,000 women and girls are meaningfully participating in decision-making at household, community, local and national levels. (...) as beneficiaries of development programmes of at least 40 institutions that are direct participants to CARE’s intensive training and coaching programme and that will act as multipliers. The programme will develop the capacities of around 500 staff in these institutions. (...)”¹⁸

The initial TOC reads that:

If women’s organisations are strengthened +
And if there is organisational transformation of government institutions and civil society organisations for gender equality +
And if there is delivery of high-quality activities and services for impact group members, their families and key community gatekeepers that promote women’s leadership and gender equality, including on engaging men and boys for gender equality, psychosocial approach +
And if there are strengthened advocacy networks and ‘influencing’ capacities for gender equality +
And if there is a favourable policy and legal and policy ‘enabling environment’ for women’s meaningful representation
Then 644,000 women and girls are meaningfully participating in decision-making at household, community, local and national levels

The programme approach was developed with a plan for much closer collaboration between partners and CARE offices across the three countries than the previous ADA Framework programmes. Not only in terms of advocacy work, but also in training and coaching activities, regional exchange and use of synergy-effects at three inter-connected levels: **1)** The level of the partner countries where organisational development, capacity development and advocacy interventions would take place; **2)** The cross-country level where CARE and partners would exchange learning outcomes, benefit from each other’s expertise and engage together in advocacy; **3)** The international level (especially Austria and the EU), where the focus would be on advocacy, technical support and knowledge management.

ER 1: 40 partner NGOs, partner government institutions and CARE offices demonstrate increased/continued progress towards gender equitable working cultures, organisational policies, practices and programming;

¹⁶ Key Informant Interview with Daniel Seller, Program Director CÖ 11.12.2018, Vienna.

¹⁷ SWOT: Strength, Weakness, Opportunities and Threats Analysis

¹⁸ Ibid.idem, p.9.

- ER 2: 500 staff members at partner NGOs, CBOs, government institutions and CARE are applying increased technical capacities for gender equality programming to the benefit of vulnerable women and girls;
- ER 3¹⁹: Staff members at 40 partner NGOs, CBOs, and CARE have increased capacity in conducting more effective and inclusive advocacy and have contributed to the success of ongoing advocacy on gender equality (UNSCR1325, Kampala declaration, implementation of national laws etc.).

Staffing

During its lifetime, the programme was confronted with multiple staff turnovers at many levels, even in the first year of implementation, which led to many challenges regarding its roll-out.

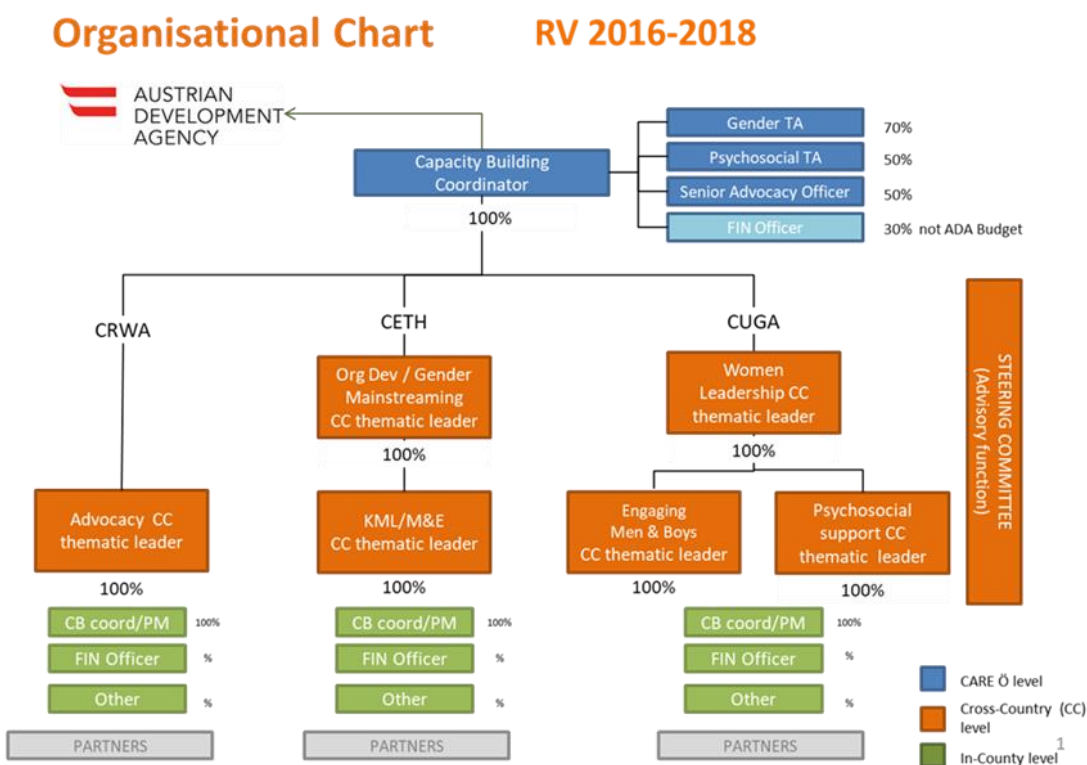
The programme director of CÖ said it took a long time after the official approval to get the theory shaped into a practical strategy; the CÖ felt it challenging to put the L4C's theory of change into practice, as the key staff who designed the TOC left very soon after the start of the program. It also needed time at the COs, where there were transitions happening in the CO leadership in all three countries just as the L4C was trying to get started. These staff turnovers from the very start meant that the programme implementation was changing hands continuously, leading to sometimes confusing reinterpretations of the plan, as well as having repercussions on the scheduling and smooth roll out of the programme.

Within CÖ, the Gender Advisor position who was present at the design left soon after the design process, and replacements were recruited twice during the lifetime of L4C. After losing the lead of the ADA FP and Gender Advisor, half a year later the Psychosocial Advisor left CÖ; followed by the Programme Coordinator who left CÖ in June 2017 after 1.5 years. After the loss of the Programme Coordinator, the Programme Director of CÖ had to take over the lead of the L4C Programme for four months, until a new Programme Coordinator was recruited. In 2017, the then advocacy/PSS advisor took over the overall Program Coordinator role within CÖ – but also kept her earlier position, which was not replaced.

Figure 2: Organisational Chart from initial Programme Proposal, submitted in March 2016

In the original design, the main staff roles within L4C were²⁰:

- **CDC:** Capacity Development Coordinator- one for each country - project management, also does technical backstopping in the field
- **TL:** Technical/ thematic Leader – initially five regional positions - responsible for developing and realizing trainings and materials on one specific thematic area; facilitates trainings in all three countries, also does technical backstopping in the field
- **National Specialists:** responsible for the follow up of Action Plans and for supporting the partners in the field
- **TA:** Technical Advisors - responsible for backstopping the TL, facilitation and cofacilitation of workshops



The programme was designed to start with six regionally based Thematic Leaders on Adv, KML/PM, EMB, PSS, WL, and OD/GM²¹, of which three left soon after the programme started, which led to periods of empty posts and to a

¹⁹ This result was only partly expected for Ethiopia due to its legal context, for Ethiopia the result was therefore formulated as follows: Partner government institutions and CARE staff members have increased evidence and influence decision makers to promote women's empowerment and gender equality in their work.

²⁰ Data from: Main roles in L4C, PPP provided by CÖ for desk review to evaluators.

combination of positions. The TL for KML/M&E was based in Ethiopia but left in February 2017 and was not replaced. Eventually, CÖ staff filled the gap by delivering the RBM trainings, albeit with a delay; and also, the KML trainings but only in the final quarters of the programme. The TL position of EMB based in Uganda left to work as a politician, so the EMB and the Women's Leadership TL positions were merged into one role, which unfortunately contributed work overload for the staff member and the need to withdraw for some time. Then the TL for Organisational Development/GM left in May 2018 to study in the USA. The two positions on PSS (in Uganda) and on Advocacy (in Rwanda) stayed stable. At the end of 2018, the Country Coordinator for L4C in Uganda had to leave abruptly; followed soon after by his direct supervisor, the ACD, which presented serious challenges for the evaluation process. [See Limitations in chapter on the evaluation methodology]

At the level of the local partners organisations (both CSOs and government), staff turnover was also frequent. While this turnover may have resulted in wider sharing beyond CARE and POs of the L4C capacities that had been built, it also contributed to implementation challenges in following up on the trainings and Action Plans within the organisations.

Redesign of L4C in 2017

In *November 2016, after 7 months of implementation, a "Review-Harmonization-Planning" Workshop* was held in Uganda²² with the L4C teams from CARE Ethiopia, Rwanda, Uganda and Austria. Key lessons learned and challenges identified at this point included:

- **Ethiopia** had challenges to conduct the consultative partners' engagement workshop due to many government sector meetings. But with the support of the governmental Head of Women and Children's Affairs by discussing with zone administration, the workshop was conducted with all required stakeholders. Other challenges included timelines, and security in South Gondar, one of the programme's implementing regions.
- **Rwanda** complained about the dependence of L4C on other projects; the limited resources dedicated to the baseline, some partners who not fully committed to be part of baseline process, one partner (Rwanda Women's Network) withdrew. People said it was a very complex capacity building project and there was need of joint planning to avoid conflicting priorities; also, to keep regular meetings with partners; as well as the need to package information in a way which is attractive to partners as main issues to be tackled.
- **Uganda** identified that local partners already had a very high expectation for capacity building initiatives, which needed to be leveraged by other initiatives for L4C to deliver due to the limited project financial resources. Challenges included that the L4C project started before staff were on board, thus overloading the few staff that were in place. Also, one key Technical Lead staff resigned to join politics (the TL for Engaging Men and Boys). This gap was filled by combining two positions (Women's Leadership and adding Engaging Men and Boys).

ADA conducted a field visit in March 2017 to Uganda and upon ADA's recommendations, the programme made major revisions, including a comprehensive programmatic and budget revision of L4C, which was approved on 13th July 2017 by ADA, and then applied. ADA stated in an interview in December 2018 that the L4C intervention logic was rather a pilot of CARE, and that the overall impression was that:

"they themselves didn't know what they were doing – so they started at the beginning of the program with the partner assessment, which was very much done through the head – but (implementation) was not driven by the needs of the partners." In order to redesign the programme, a "Learning and Coordination Workshop" was held in Vienna from 15th to 19th of May 2017²³.

²¹ There were Thematic Leaders (TL) for Advocacy, Knowledge Management and Learning/Programme Management, Engaging Men and Boys, Psycho-Social Support, Women's Leadership, Organisational Development/Gender Mainstreaming

²² See: Felix Neuhaus for CÖ: Review-Harmonization-Planning WS., 7th to 10th of November 2016, Kampala Uganda.

²³ See: CÖ: Learning and Coordination Workshop Vienna. Minutes & Photo Documentation, 15th to 19th of May 2017. The status of the program as well as a detailed description of the roll-out plans and contents of the learning packages is described in the attached "L4C Update and Implementation Strategy".

The *programme objective* was changed to: “268.622 women & girls are meaningfully participating in decision-making at household, community, local & national levels”. The respective partner structure was reviewed and downscaled from 40 to 21 organisations (5 Government institutions in Ethiopia, 7 NGOs in Uganda, 6 NGOs in Rwanda and 3

Learning for Change (L4C) Strengthening Women’s Voices in East Africa

Regional Program: Ethiopia, Uganda, Rwanda, advocacy components in Austria and European Union



Country Offices of CARE). The mentioned partners expressed full commitment to the programme, and MOUs were signed. ADA’s recommendation to plan for joint advocacy interventions of L4C partners is also addressed within the mentioned revision. The target group structure was reviewed for the benefit of a more focused and effective implementation in line with the available resources and budget. The number of impact level beneficiaries was reduced in all three countries from a total of 644,000 to 268,622 people. The new figures by country were 70,000 for Ethiopia, 139,082 for Uganda and 59,540 for Rwanda. A stronger linkage at impact level was set and, within the framework of ER 2, the capacity development of 2,525 impact level multipliers as direct beneficiaries of the programme were included. To increase the impact and ensure greater sustainability the number of direct beneficiaries (trained staff and multipliers) grew from 500 at proposal stage to 3,341 people (500 in Ethiopia, 465 in Rwanda, and 2,079 in Uganda).

4.1.2 Reaching Programme Goal – from reported data of October 2018²⁴

In 2019, the L4C team described reaching the overall programme goal of 268,622 people (the final impact group) to be a challenge, and there might be a possible “attribution gap” between the program interventions on results level and the strategy on impact level. The cross-cutting nature and little or no operational budget of L4C makes it difficult to come to the exact numbers of the final impact group. As a result, the available figures may not accurately reflect the reach of L4C.

The evaluator team has assessed the numbers from the latest quarterly reports available at the time of writing the report (February 2019); the reports were from all three L4C country Office teams, stemming from 31st of October 2018:

Category of beneficiaries	Targeted			Reached to date		
	Women	Men	Total	Women	Men	Total
Ethiopia:						
CARE Staff			80	123	56	179
CARE staff cascade				203	130	333
Partner Staff			150	49	132	181
Partner Staff Cascade				1,529	1,358	2,887
Impact level multipliers			270	100	154	254
Impact group + Indirect Beneficiaries			70,000	37,377	37,339	74,716
Rwanda:						
Staff			71	125	106	231
Impact level multipliers	243	151	394	358	204	562
Impact group	42,728	16,810	59,540	41,602	18,914	60,516
Uganda:						
Staff	127	91	218	258	189	447
Impact level multipliers	1,290	570	1,861	6,145	3,070	9,215
Impact group	97,357	41,725	139,082	125,802	67,123	179,969
ETH+RWA+UGA						
Staff/including PO & cascade			789	2,287	1,971	4,258
Impact level multipliers			2,525	6,603	3,428	10,031
Community level impact group			268,622	204,781	123,376	315,201

Although it appears that the L4C has already met its output targets, these are not the final numbers, as the trainings were still ongoing at the time of writing the report. These preliminary data do suggest that in all of the three COs, the numbers envisaged in the latest TOC (from the revision in June 2017) will be surpassed in many of the categories by the end of the programme:

- Ethiopia has reached 99 more CARE staff than expected; it has also surpassed the community / impact level target by 4,716, but it has missed 16 impact multipliers. Both the impact groups and indirect beneficiaries are community members reached with L4C interventions and are not overlapping²⁵; when summed up, they managed to reach more than the target level of community beneficiaries.
- Rwanda surpassed all categories by having trained 160 more CARE staff, and 168 more impact multipliers and reached 976 more persons in the impact group than planned.
- Uganda reported 229 more CARE staff trained, 7,355 more impact multipliers trained, and 40,887 more persons of the impact group reached.
- Overall, by the end of October 2018, the programme had already reached 4,258 staff (including staff from partner organisations and cascade/TOT & TOF of CARE and PO staff), 10,031 Impact Multipliers (instead of 2,523) and at total of 315,201 beneficiaries.

4.1.3 Significant outcomes perceived by participants of L4C

Going beyond numbers into the reported outcomes of the L4C interventions, the empirically gathered qualitative evaluation data show the following picture within and across the countries on outcome levels:

²⁴ An updated data table for February 2019 was supplied in April after the analysis work was done for the evaluation; it is now included in the Annex section of the report. These new data show the number of impact level beneficiaries influenced (344,800) that is 1.28 times higher than the target (268,622); presumably these figures may be higher yet in the annual report for the 3rd year of the programme after the final quarter activities are completed.

²⁵ the impact groups and indirect beneficiaries are community members reached with L4C interventions and they are not overlapping; when summed up, we managed to reach more than our target. Impact groups are community members who are reached directly through by impact multiplier discussions and the data obtained from impact multiplier reports; the indirect beneficiaries are community members reached through L4C government partners' offices and their formal program interventions related to gender and women's empowerment initiatives that were directly supported by CARE L4C initiatives. The source of information was the government sector reports for these data. [ETH, Nathan]

In **Ethiopia**²⁶ the Gender Audit Q 10 on gender equality outcomes ranked the most significant outcomes as follows:
Positive changes in education, at community level, equality at HH/family and at organisational levels, followed by changes in women.

In **Rwanda**²⁷, the leading gender equality outcomes identified in the GA tool discussions were, in rank order: Change in gender relations/support at HH level; women’s leadership; women’s voice in public participation, including holding authorities accountable; and GBV decreased.

In **Uganda**²⁸ the Gender Audit Q 10, the most important gender equality outcomes of L4C can be ranked as such: The changes in organisations, a reduction of GBV and early marriage, increased women’s leadership and the joint decision making of men and wife at HH levels.

4.1.4 TOC - Expected result area 1&2

As already described above, the initial programme theory of change had defined three expected results areas (ER) to reach the Programme Goal, which were redesigned in 2017. The evaluator team could not follow up a quantitative measurement of the results due to the limited possibilities for doing a total staff survey of all organisations and their staff involved in L4C, and to come up with a statistically relevant percentage.²⁹

Of the information available, the most robust portrayal of outcomes is available from the MSC self-completion tool, where there were 224 respondents across the three countries. At the highest level, the leading significant change reported from each of the countries was change at the organisational level.

Significant change stories [from MSC self-completion]

All significant changes	Eth MSC self	Rank, points	RWA MSC self	Rank, points	UGA MSC self	Rank, points	Overall ranking
	93 respondents, 128 responses		35 respondents, 70 responses		96 respondents, 105 responses		
For organisation	43/128, 34%	1, 5pts	34/70, 49%	1, 5pts	24/105, 23%	1, 5pts	1, 15pts
For individual	36/128, 28%	2, 4pts	16/70, 23%	2, 4pts	19/105, 18%	3, 3pts	2, 11pts
For community	23/128, 18%	3, 3pts	7/70, 10%	3, 3pts	13/105, 12%	5, 1pt	3, 7pts
For women	15/128, 12%	4, 2pts			16/105, 15%	4, 2pts	4, 4pts
For men					22/105, 21%	2, 4pts	4, 4pts
For multipliers			7/70, 10%	3, 3pts			5, 3pts

Looking more deeply, the qualitative, open-ended responses to the MSC self-completion tool showed that the leading significant changes were highly aligned with the L4C results framework for the following:

- ERA 1, Outcome 1, and intermediate outcome 1.1
- ERA 2, Outcome 2, and intermediate outcomes 2.1 and 2.2

Result Area 1 (Organisational Development): 21 partner NGOs, partner government institutions and CARE offices demonstrate increased/continued progress towards gender equitable working cultures, organisational policies, and practices.
Outcomes 1: Improved organisational climate in partner organisations and CARE reflects transformative GED and psychosocial wellbeing
Intermediate Outcome 1.1: Capacitated staff, and GED and PSS inclusive managerial and team building processes enhance a friendly and productive work environment in Partners' offices and at CARE
Result Area 2 (Programming): 3,044 staff members and attached multipliers of partner NGOs, CBOs, government institutions and CARE are applying increased technical capacities for gender equality programming to the benefit of vulnerable women and girls
Outcome 2: Design, implementation and reporting of Partners' and CARE Programs and knowledge systems reflect an integrated gender transformative approach. <i>Supports CI 2020 Indicator: # & % of projects/programs that developed innovations for fighting poverty & inequality</i>
Intermediate Outcome 2.1: Partners and CARE integrate diversity, Gender transformation and PSS in their programming
Intermediate Outcome 2.2: Knowledge on GED is systematically documented and shared for scaling up program quality and outreach

The core of both ERs is related to organisational gender transformation. The following paragraphs describe the main significant changes at organisational level in the three programme countries, and in the process address both outcomes and all three intermediate outcomes.³⁰

²⁶ Participants in Gender Audit Tool, Ethiopia: female =3, male =8, total respondents n=11

²⁷ Participants in Gender Audit tool for Rwanda were 7 FGDs, 6 mixed, 1 female only; total 20 women, 11 men = 31 participants

²⁸ Participants in Gender Audit tool Uganda: 5 Organisations participated, with 17 persons, f=12, m=4, 1=n.a.

²⁹ It was agreed with CARE Österreich in the inception phase that the evaluator team could not do a statistically relevant sampling of the 21 partner organisations programs and all the staff in CARE and POs. See chapter on methodology.

³⁰ More detail on these outcomes is covered in the later chapter on Effectiveness

In Ethiopia, the analysis of all significant changes due to L4C that were mentioned in the MSC self-completion tool respondents³¹ [93 respondents, 128 responses], the biggest cluster of changes were at the organisational level/for the organisations pointed out the changes for the organisations [43/128, 34%]. Looking deeper into the issues included within organisational change shows the following:

- **Enhanced human capital/skills [18 responses]:** Availability of many staff who got TOT on GED; behaviour change of male & female staff; better KM skills, shift from activity to results-based approach; involving beneficiaries in M&E; tracking most significant change; incorporated KM to show success stories; improved understanding of SAA;
- **Collaborative work [9 responses]** sharing with other colleagues helps in finding solutions; improving team spirit for effective implementation; better collaboration & mutual respect; better communication & integrity, team communication; sharing experience from trainers & trainees; peer challenges & engagement with growth for the country office; coordination platform & review meetings creates trust & partnership spirit among sectors; lays foundation for mutual objective & goal
- **Stress management [6 responses]** developing projects that take on board stress management; creating unit for PSS; stress management & better working environment; leader now able to monitor & address stress, flex time for lactating mothers
- **Advocacy/influencing [5 responses]** development of 'influencing' approach with gov't & partners on transformative gender work; influencing woreda officials; making services accessible;
- **Diversity awareness [2 responses]** acknowledging diversity; GED helped increase respect for differences, increase understanding;

In Rwanda, the stories of change³² due to L4C also rank the organisational changes as the leading category of change (34/70, 49%). The most frequently highlighted organisational changes were:

- **Knowledge & skills [17]** – All staff trained; Better staff & leader understanding of GED; improved gender sensitivity; practicing GED in work and at home;
- **Wellbeing [13]** – Wellness day and activities, leading to stress management, increased collaboration, tolerance, team work, social cohesion, have a wellness-GED committee; monthly GED discussions; improved motivation; has promoted individual reflections on how to contribute to diverse workforce; staff feeling better treated, better interactions among staff, less hierarchy, etc.
- **Policy & structure [12]** – transformed to gender sensitive organisations (policies, staffing); review of policies and procedures; modifying existing gender policy, adding new gender sensitive policies; sexual harassment policy; supported by BOD; implementing transformative structure in organisation; training on WL led to senior management buy-in, increased number of women project managers, hiring woman driver, etc.
- **Programming [4]** - Contribute to GED for women & girls via projects; Using GED tools as energisers with community; Colleagues able to use new knowledge in their work; integrating GED in all work.

In Uganda, the most commonly reported significant changes happened at organisational level (24/105, 23%)³³. Breaking this down further shows the following:

- **Organisational changes due to changed policies (6 responses)** Policy change and following better implementation of women's rights clauses, such as breast feeding policies and flexi-time for mothers; proactive HR strategies for inclusion of women into decision-making positions and reach of gender parity in high level positions; women in leadership positions, PSS support to staff, power relations better managed between staff = Changed working environment and better cooperation through GED and PSS, PSS strategies for staff well-being;
- **Programming enhanced (5 responses):** increased number of female participants in VSLA; New programming through understanding GED concerns - targeting young women and girls as beneficiaries in emergency contexts – education, menstrual hygiene, sex, teenage pregnancy etc. = Create support groups of adolescent girls in emergency situation;; gender lens of colleagues, change of usual way of business in order to reach gender transformation, improved documentation; appreciation of diversity, able integrate gender into proposal writing, advocacy skills, RBM, replication of gender & diversity trainings in 8 districts= Program beneficiaries directly benefit, as well on personal level for effective delivery as program manager; through enhanced personal staff skills – GED training, facilitation skills, advocacy skills, etc. – whole program benefitted at lot= Empowered through applying gender work on the ground, able to see issues from project participants perspectives; capacity in GED for GATE project.
- **Organisational culture (5 responses)** – free communication with colleagues, non-discrimination, Staff well-being: introduction of GED topics into Monday morning meetings (CARE Uganda), introduction of a buddying system for mutual support at COVID for each staff member;

³¹ The number of respondents were 93, they could mention several changes and determine themselves the relative importance.

³² reported by the respondents of the MSC self-filled tool: 35 respondents, with 70 responses – it was an open question, where respondents could mention several most important change noted due to the L4C intervention.

³³ Please note that these were open ended questions with no categories suggested.

- **Change at organisational level linked to change in personal skills (5 responses):** Training skills and non-discrimination, improved self-esteem, take up greater tasks and handling projects, writing proposal; able to produce knowledge management products linked
- **Gender norms changed (3 responses) -** Female staff now ride motorbikes

In addition to data from the MSC self-completion, data from the MSC FGD tool confirms many of the above points. From the FGD MSC tool, respondents' perceptions are that human capital and personal skills were greatly enhanced, such as facilitation and communication skills, public speech, the production of evidence-based knowledge management products. They also say that the changes at organisational level are linked to changes in personal skills. The organisations now count on staff with better training skills and understanding of non-discrimination, improved self-esteem, staff can take up greater tasks and handle projects, write proposals; and can use evidence-base for gender analysis, proposal writing and follow up on RBM in M&E.

Important organisational outcomes from the Gender Audit tool

In Ethiopia, data from the GA tool show that due to L4C, many sector offices have changed their way of operating: L4C created awareness and staff capacity and is deemed very supportive on the day-to-day organisational & personal development like stress management & RBM.

“Project has influenced the way we plan, monitor, evaluate and produce reports. The knowledge & skills developed are helpful for programming” (GA tool, Ethiopia)

There is a higher commitment to gender equality, the training created huge potential pool of trained human capital with knowledge about gender equality; the sector offices now have a sense of ownership for gender equality issues; women's leadership is promoted; include focus on women farmers. The newly skilled CARE and partner staff (in government) are applying a gender-sensitive results-based approach; developing results chains; using gender responsive & sensitive planning & reporting; and producing gender disaggregated data. Capacity has been built in government sector experts for facilitation skills, checklists; and model male and female farmers for practical teaching.

Also, under organisational change, six respondents report increased targeting of women; targeting women in separate trainings on an agricultural extension package and targeting more women & adolescent girls than before. Previously women participation in cooperatives were very limited. The L4C project contributed to influencing the government Cooperatives sector to allow and promote women only cooperatives, which have become more successful than any previous mixed gender or male-preferred cooperative efforts. The MoW/CA is following-up other sectors to ensure that they include women in their development interventions; also assisting technically with gender mainstreaming. All the women & children office staffs provide support in gender issue initiatives. One of the regularly assessed and discussed agenda items of the cross-sectoral coalition working at zone, woreda and kebele level is gender mainstreaming.

In Rwanda, the most important gender equality outcomes reported in the GA tool were changes in gender relations/ support at HH level, e.g., improved gender relations in family, men and women working together to do HH chores, and changes in mindsets; followed by women's leadership, e.g., some VSLAs are now led by women, more women being elected for leadership and taking up leadership positions; women's voice in public participation, including holding authorities accountable, and women are able to challenge power imbalance at different levels; GBV decreased in refugee camps, and local leaders now able to manage GBV cases.

A good example is that there are some VSLAs led by women, while before this was not the case. Women's voice has been raised and they are able to make speeches in public during different meetings. Women are economically empowered and are able to contribute to their family growth. GBV cases have decreased comparing to the time before the L4C trainings. (RWA, GA tool, AEE, PO)

In Uganda, all partner organisations report that their programming has been significantly enhanced through the trainings. Especially capacity building on GED, PSS/wellness, women's leadership and RBM, advocacy and EMB were mentioned. The skills learned are generally used and implemented directly in the design of new projects, better M&E, the production of own knowledge management products, and advocacy strategies. Uganda partners report that the training on Knowledge Management has significantly contributed to their capacities to elaborate knowledge management products on their own, also with a better quality. Nevertheless, the sharing of knowledge management products was not as high as staff expected.

4.1.5 TOC - Expected result area 3

Result Area 3 (Advocacy): Staff members from 15 partner NGOs and CARE have increased capacity in conducting more effective and inclusive influencing and have contributed to the success of ongoing advocacy on gender equality (UNSCR1325, Kampala declaration, implementation of national laws etc.)

Outcome 3: Women's voices influence strategic forums concerning women peace and security at national and international level (contributing to the implementation of UN 1325 and 1820). *Advocates i.e., for the implementation of UNSCR 1325 Indicator 12: Level of women's political participation in conflict-affected countries*

Intermediate Outcome 3.1: Partners and CARE are actively involved in policy dialogue and advance women's peace and security issues in networks and alliances by linking local to global

Intermediate Outcome 3.2: Capacitated partners and CARE implement their strategies and action plans on evidence-based advocacy more effectively

Intermediate Outcome 3.1: Partners and CARE are actively involved in policy dialogue and advance women's peace and security issues in networks and alliances by linking local to global

In its advocacy strategy, CÖ states that its advocacy work³⁴ on Women, Peace and Security contributes to L4C's objective that: "women's voices influence strategic forums concerning women peace and security at national and international level (contributing to the implementation of UN 1325 and 1820)"... "the Women, Peace and Security Agenda is closely linked to the 'Learning for Change (L4C) Strengthening Women's Voices in East Africa' financed by the Austrian Development Agency (ADA) and CARE Austria. Already in former phases of this framework programme, the promotion of UNSCR 1325 played an important role, with various activities and publications taking place in Austria and around the world".

CARE Austria has developed several products within L4C such as the CÖ Advocacy Strategy, and the Advocacy Manual – used in the L4C CO trainings but modified in Ethiopia to refer to "influencing", rather than advocacy because of government regulations. The L4C has had a twofold advocacy strategy³⁵, which consists of:

- Capacitating staff members at 15 partner NGOs and CARE to be able to conduct more effective and inclusive evidence-based advocacy/influencing and to contribute to the success of ongoing advocacy on gender equality and Women, Peace and Security (UN SCR1325, Kampala declaration, Maputo Protocol, implementation of national laws etc.).
- Influencing the development and implementation of policies and politics on WPS at national and regional levels in East Africa (Rwanda, Uganda, Burundi and Ethiopia and at regional level) and in Europe (Austria and EU)

The desk-review of the annual reports to ADA and the KIIs have revealed that CARE Austria has good advocacy contacts within Austria, such as the BMeiA (Austrian Ministry of Foreign Affairs). The Program Lead stated that CÖ is consulted in WPS issues by the Ministry. CÖ is also going on to host the Austrian "Friends of 1325", which has been founded by the coordinator of the II ADA Framework Agreement in 2009. It is an informal platform of representatives of Ministries which form part of the NAP on 1325, and NGOs who work on women-peace and security. These meetings are held several times a year. At EU level CARE Austria participated in EU level meetings for women-peace-security issues, together with the Advocacy Technical Lead from Rwanda, Olive. In 2017, there were talks on the GBV Strategy, and the situation of WPS in the Great Lakes Region (GLR).

At the end of October 2018, CÖ presented a list³⁶ of CÖ advocacy activities undertaken for the desk review of the evaluator team. There, 52 advocacy activities of L4C are listed, summarised here:

Austrian Level: 33 activities out of the 52 relate to the Austrian level: 10 meetings with BMEIA are mentioned, 3 meetings with WIDE and also 3 with UN Women Austria; 2 meetings with ADA, 2 meetings with AGGV, 2 meetings with not further defined "Ministries", 1 with BMLSV, 1 with *Bundesministerium für Gesundheit und Frauen*; 3 meetings with Austrian CSOs and one with Austrian Public, one with the IMAG of the NAP 1325, one with the MP of SPÖ and one with the radio station Women On Air.

European Level: 10 contacts are mentioned in the file, including the Informal EU Task Force; the EEAS, DEVCO, and EPLO. Activities included comments on strategic approach to WPS, the presentation of CARE and WPS, and e-mail contacts. It was not clear from the file where exactly those meetings took place.

International / multilateral level: a) 3 meetings with OSCE are mentioned - Manual on gender sensitive reporting was handed over at one event; as well as the participation and talk with practitioners and the OSCE gender unit on the OSCE GBV survey tool. b) **IASC (Interagency Standing Committee):** 2 times participation in the IASC RG MHPSS Annual Meeting in Geneva (Karen). c) **COHAFA 1 meeting for Gender in Emergencies** (CD Ethiopia and Emergency Coordinator CÖ).

Regional link in Eastern Africa: Link of L4C to the ADA financed Regional Advocacy Initiative (Policy Dialogue Program of ADA in Eastern Africa) – this was positively mentioned during a KII in Uganda. L4C's advocacy component was linked to the Policy Dialogue Program of ADA. Synergies were particularly strong in Uganda where L4C and PD shared the same partner and worked on WPS. Additionally, L4C supported the process of CARE's advocacy strategy

³⁴ CARE L4C Initiative: CARE Austria's Advocacy Strategy: Women, Peace and Security, December 2017, p. 3f.

³⁵ It further states that: CARE Austria's advocacy work is embedded in CARE International's wider efforts on Women, Peace and Security. It is informed by CARE International's positions and experiences and is realized in the context and in close consultation with advocacy actors of CARE International members, country offices and partner organisations. CARE Austria integrates in its advocacy evidence, voices and positions from the ground and, at the same time, channels information and developments on WPS at the European level back to the field and to CARE members working on WPS.

³⁶ Excel sheet: Advocacy Activities L4C CAUT, 2017-2018, dated 31.10.2018.

development at regional level (Impact Growth Strategy on GBV). The Rwandan and Ugandan advocacy officers participated actively in the strategy development and in implementing regional activities such as the Roundtable Dialogue organized by CARE East, Central and Southern Africa Regional Office (12/2017) under the theme “Leave No One Behind: Together for Cross-Border and Journeys to Settlements Free from Violence”. In this context, the Rwandan TL also participated in a side event at the CSW 2018 and at an ICGLR meeting.

Country PO levels: Met with the EU Delegation in Rwanda in order to discuss the GAPII implementation. This is linked to a CONCORD report on GAPII implementation that took Rwanda as one example.

The evaluator team observes that CÖ has been active in the field of advocacy and could gather evidence for outputs, such as # of meetings held, or in events participated, on different levels. What was not clear was the nature of any outcomes that the CÖ’s activities credibly contributed to. This finding is in line with a comment of ADA that reporting on Advocacy work should be more detailed.

Intermediate outcome 3.2. Capacitated partners and CARE implement their strategies and action plans on evidence-based advocacy more effectively

In **Ethiopia** – details about the success of evidence based ‘influencing’ to establish women only cooperatives is presented in the chapters on Effectiveness and Lessons Learned.

In **Rwanda** – partners collaborated in various networks advocating and influencing multiple gender related national policies in Rwanda; see more details about this in the chapters on Effectiveness and Lessons Learned.

In **Uganda**, the partner organisations state that the advocacy training was very helpful and supported them in the elaboration of advocacy plans and being focused and realistic about targets. Many, even long-standing feminist organisations were outspoken about the usefulness of the training, especially as they learned about creation of an evidence-base through research and gender analysis. See, for example, details about the collaboration of POs in addressing child marriage – in the Uganda country chapter.

4.2. DAC criteria Relevance

The definition of the OECD/DAC for “relevance” is: “The extent to which the objectives of a development intervention are consistent with beneficiaries’ requirements, country needs, global priorities and partner’ and donor’s policies.” The same definition is followed by ADA in its Evaluation Guidelines (2009) and is used by the evaluator team.

Within the TORs and the inception report, it was agreed that under the chapter of relevance, the following questions should be analysed:

- To what extent was the programme Theory of Change³⁷ (TOC) responsive to the needs of the countries of intervention?
- What is the logic of the programme design in terms of: the integrated approach, the multiplier approach; the regional approach,
- To what extent were programme activities & outputs consistent with the overall goal & attainment of its objectives?³⁸

4.2.1 To what extent TOC responsive to the needs of the countries?

Overall relevance:

In the initial Programme document (2016)³⁹ of L4C, it is stated that the TOC of Phase III of the current ADA and CÖ-funded Framework Programme is firmly built upon the synergies between different aspects of the holistic approach and the added value of certain interventions (i.e., the activities for changing gender norms, the leadership and participation activities, and the psychosocial activities) on women’s economic empowerment and on women’s participation and leadership. The baseline and endline datasets of predecessor programs have largely confirmed the relevance of this TOC and the added value of the interventions toward this end.

In the programme document, CÖ also states that in the settings in which partners and CARE work, it has been proven that a “simpler” approach, e.g., by only supporting the establishment of savings groups without additional interventions, was less successful for a variety of women’s empowerment and other development outcomes. However, partners and CARE generally find it generally much easier to identify funding for economic empowerment programming and many donors supporting women’s economic empowerment or even women’s leadership do not consider supporting such holistic interventions.

³⁷ The specific elements and objectives of the TOC of L4C are discussed detailed in chapter 4.1.1. of this evaluation.

³⁸ This last question is covered in chapter 4.1 on ToC and chapter 4.3 on Effectiveness

³⁹Final Programme Document: ‘Learning for Change’, Strengthening women’s voices in East Africa. Vienna, March 2016, p. 11.

CARE's Women's Empowerment Framework⁴⁰ (WEF) was built in 2005 upon a solid Metadata Evaluation (SII – Strategic Impact Inquiry) of more than 2000 Women's Empowerment Programs; and its relevance has been validated manifold times since then. The goals are described in the *"Explanatory Note on CARE's Gender Focus (2012)"*⁴¹, which addresses programming, internal policies and staff capacity building: *"For CARE, 'WE' is about human rights, while recognizing the wider impact of WE on poverty reduction. CARE aligns its work with the CEDAW international framework which defines discrimination against women on a universal basis, forming an important bill of rights for women worldwide. When contributing to WE, CARE seeks to work across the continuum of women's lives, including during childhood, adolescence, youth and maturity. The empowerment framework remains the same, but programmatic approaches are carefully tailored to meet the needs of the age group(s) in question. Supporting women's empowerment is therefore necessary to challenge and change the context in which women live in the development-emergency-resilience-transition-development continuum."*⁴²

Regarding internal policies and staff capacity building, the explanatory note declares that: *"CARE understands that its gender transformative work relies on male and female staff to be agents and models of social change and therefore promoting equality internally is essential. Acknowledging that we are all products of our cultures, CARE creates opportunities for staff to reflect on their diverse experiences of power, gender, sexuality, class, caste, and religion in their own lives and ensure that organisation's policies respond to these differences. In order to be credible with others, we need to enact gender equality within the organisation and implement the right policies and governance mechanisms to be held accountable to our gender commitments. There is also evidence showing that if CARE promotes gender equality internally, we will be more effective in programs and that diverse and inclusive organisations tend to have better retention and higher morale."*⁴³

Therefore, the development of this specific TOC can be described as the logic evolution of CI's WE approach, paired with CI's internal development. The initial programme document describes that CARE International has recognised that in many situations its added value is no longer in direct programme implementation but rather in supporting local civil society organisations in service delivery as well as advocacy. Therefore, CARE Country Offices are increasingly working in close partnerships with local organisations, drawing on their local knowledge and embeddedness for programming quality and developing their capacities as part of a strong, vibrant and independent civil society to protect the rights of vulnerable populations for the long term.

This trend of working in partnership and investing in partners is also underlined as part of the CARE Österreich's Programme Strategy 2012-2016, *"CARE Österreich works with civil society actors to jointly engage in programs, policy and governance, for marginalised to benefit from greater social and environmental justice and increased gender equality"*⁴⁴.

Leading to the evaluation of the relevance of the TOC elaborated under the IV ADA Framework Programme⁴⁵, the first TOC (2016) is a logical results chain, though very ambitious by integrating a number of direct beneficiaries with *"644,000 women and girls are meaningfully participating in decision-making at household, community, local and national levels."* The L4C programme TOC was redefined in a major re-design exercise in 2017. The target for final beneficiaries was reduced from 644,000 women and girls to 268,622 women and girls, which is the overall programme goal. In the same redesign, the partner organisations were reduced from 40 to 21.

⁴⁰ Website: <https://www.care.org/our-work/womens-empowerment/gender-integration>; Note that the WEF has been rebranded in 2018 to become the Gender Equality Framework (GEF) that embraces Engaging Men and Boys (EMB) as well as non-binary genders; for more info, see: https://insights.careinternational.org.uk/media/k2/attachments/Gender_equality_womens_voice_Guidance_Note_2018.pdf.

⁴¹ See for further explanation: https://www.care.at/images/care_2013/expert/pdf/COE_Resources/Gender/Explanatory_Note_on_CAREs_Gender_Focus_2012.pdf

⁴² Ibid Idem: p. 5.

⁴³ Ibid idem, p. 7.

⁴⁴ Final Programme Document: **'Learning for Change'**, Strengthening women's voices in East Africa. Vienna, March 2016, p. 11.

⁴⁵ TOC (2016): **If** women's organisations are strengthened + **And if** there is organisational transformation of government institutions and civil society organisations for gender equality + **And if** there is delivery of high-quality activities and services for impact group members, their families and key community gatekeepers that promote women's leadership and gender equality, including on engaging men and boys for gender equality, psychosocial approach + **And if** there are strengthened advocacy networks and 'influencing' capacities for gender equality + **And if** there is a favorable policy and legal and policy 'enabling environment' for women's meaningful representation = **Then** 644,000 women and girls are meaningfully participating in decision-making at household, community, local and national levels.

MAIN OBJECTIVE: Partners and CARE contribute to the Sustainable Development Goal 5: 'Achieve gender equality and empower all women and girls'

PROGRAMME GOAL: 268,622 women and girls are meaningfully participating in decision-making at household, community, local and national levels

THEORY OF CHANGE (TOC) STATEMENT: *If (1) government institutions and civil society organizations are capacitated to integrate gender transformative structures and services; if (2) organizations are strengthened in gender transformative programming and results-based reporting, and are able to effectively communicate and share their achievements; and if (3) women's voices influence strategic forums on women's peace and security at international and national level; then (4) women and girls will meaningfully participate in decision-making processes and have control over and access to resources; because (5) organizations and change agents are capacitated and committed to implement innovative, high-impact gender transformative programs that are powerful tools to build equitable social norms and structures.*

The results chain has been changed from “capacitating partners including government organisations to render gender transformative services and having gender transformative structures”; to ‘strengthening them in RBM and communication; as well as supporting their advocacy initiatives at different levels – as then women will have increased voice and control over resources; because the participating partner organisations will have a multiplier effect and change agents will be able to do gender transformative programming.’ As such, the second TOC is much clearer and has a specific focus on gender transformative work to reach organisational change.

L4C included capacity building of CARE CO staff, as well as partner staff and beneficiaries at community level. CARE CO staff were able to consolidate their expertise tangibly, in developing L4C training manuals for instance, and to develop their skills as facilitators in conducting trainings. This CARE CO staff inclusion in capacity building therefore helped fill a valuable gap to the benefit of other current and future CARE programmes that these CARE CO staff may work on.

Country specific relevance:

CÖ is shifting from a pure human rights-based approach, which is embedded in working with rights holders as well as duty bearers to reach the rights for the most disadvantaged constituents and solving inequality issues. The L4C programme document extends the concept by arguing for the essential presence of capacitated local actors who can continuously fight for women's and girls' empowerment and gender equality. The participatory gender gap analyses conducted in 2016-2017 as the ‘baseline’ for L4C identified and validated critical capacity gaps for CARE, CSO and government partners in the participating countries. The gap assessments became an important tool in developing capacity building strategies and investments in these organisations.

Ethiopia:

The situation in Ethiopia at the time of design is described in the initial programme document (2016) as follows: *“Women and girls in Ethiopia face many types of discrimination including some specific forms of GBV, such as early and forced marriage, abduction, female genital mutilation/cutting and others. They are particularly affected by social norms around their mobility and food distribution within the households.”*⁴⁶

In 1993, a national policy on women, and later on the respective national action plan for gender equality were formulated. The Ministry of Women Children and Youth Affairs, now *the “Ministry of Women and Children Affairs”*, had developed a national gender mainstreaming guideline to be adopted and implemented by all sectors in line with their respective mandate, leading to the setup of a *“Women’s Affairs Directorate”* in each ministry. However, in 2009 the *“Charities and Societies Legislation”* prohibited INGOs from working on promoting the rights of women or any kind of advocacy work. CARE Ethiopia has been conducting gender focussed programming since 2009, when an *‘Underlying Causes of Poverty and Vulnerability Analysis’ (UCPV)* was conducted.

L4C has been aligned with the Ethiopian government’s Growth and Transformation Plan⁴⁷, particularly feeding into the three pillars on gender gaps key areas:

- promoting gender and youth empowerment and equity,
- enhancing expansion and quality of social development,
- contributing towards developing capacity and dependable governance.

In Ethiopia, the governmental administrative structure is strong, and sectoral ministry structures are worked into each level of the administrative structure down to the lowest administrative level (kebele). Working with government is therefore an opportunity for CARE to influence these structures, to bring changes necessary for gender equality. Several of the CARE approaches (such as Village Savings and Loans Associations – VLSA, or SAA) have been directly implemented through governmental structures by CARE.

⁴⁶ Programme Document, 2016, p. 18-22.

⁴⁷ Ibid.idem, p. 31.

One of the huge CARE food security programmes, FSF+, did an institutional capacity assessment on partner government institutions. The main capacity gap identified in this analysis of human resources and knowledge was a gender gap. The assessment concludes that even though gender mainstreaming has been emphasised by the district MoW/CA Office, the actual capacity to deliver was minimal. It found that *'staff development practice among the institutions is inadequate and even the ideas suffer from misconceptions.'*⁴⁸ Therefore, CARE was working closely with government partners to develop their capacity to do the gender equality work that CARE could not otherwise engage in directly. Furthermore, working with government partners helps to ensure cost-efficiency and sustainability. By streamlining good practices into government practices, L4C and FSF were complementary programmes that contributed to the 'multiplying impact' approach of CARE International.

Overall, the results of the evaluation show that the **L4C approach and TOC on Ethiopia country level can be rated as relevant**. Out of 128 responses by 93 respondents of the MSC tool⁴⁹, about a third saw the most significant changes at organisational levels, another quarter saw changes of individuals as most relevant, about a fifth saw changes for community due to the trainings; and a sixth saw the changes for women. Respondents included members of government sector partners, CARE staff, impact multipliers and final beneficiaries.

Rwanda

As documented in the original L4C proposal, the situation in Rwanda at the time of design⁵⁰ can be summarised as follows: Since the genocide in 1994, Rwanda has been on its way to recovery; many indicators on health, education and economic growth have progressed with help from a strong government and multiple donor efforts. The rights of women to be equal partners in development are broadly recognised across Rwanda's legal and policy framework, and there appears to be genuine political will to address gender injustice and support the empowerment of women at policy level. L4C has already contributed to implementation of several of the legal frameworks of Rwanda for gender equality⁵¹.

Key factors which contribute to a de facto discrimination of women's rights include a traditional patriarchal system that accords more power to men than to women; a lack of awareness of rights, laws and policies on the part of women and the communities in which they live as well as among the duty bearers whose role it is to uphold those rights; a lack of capacity and resources within key institutions; and a lack of accountability mechanisms through which women, their communities and the civil society organisations that represent them can hold to account those who should bear responsibility for rights violations when they occur. GBV is widespread, SRHR indicators are poor, and girl's attendance rate in secondary education is low.

Within CARE Rwanda, the VSLA gender gap analysis⁵² led to the development of a model to address gender norms in households, around economic but also health and social topics, called Journeys of Transformation⁵³. But not all programming was clearly gender transformative, and not all staff had sufficient capacity in place – the same was true for implementing partners. Therefore, the relevance of the TOC of L4C in Rwanda lies in its contribution to CARE's and partners' staff awareness about gender issues on personal level, which should lead to significant changes on programming level and ultimately for the impact group.

Overall, the results of the evaluation show that the **L4C approach and TOC on Rwanda country level can be rated as relevant**. Out of the 70 responses by 35 respondents of the MSC tool⁵⁴, about half (49%) reported that the most significant changes were occurring at organisational levels, another quarter saw changes of individuals as most relevant, about a tenth saw changes for community due to the trainings; and another tenth saw the changes for multipliers. Respondents included members of local partners, CARE staff, impact multipliers and final beneficiaries.

Uganda:

The L4C programme document noted that the situation in Uganda at the time of design included both strengths and challenges. Overall, national laws protect and promote girls' rights, and even provide space for the CSOs to help protect and promote women's rights. But civil society space is narrowing, and government has introduced legislation aiming at regulation of civil society actions within Uganda. In line with CARE's Vision 2020, global programme strategies and donor trends, CSO actors in Uganda are therefore increasingly engaging in advocacy related to governance, transparency and

⁴⁸ Ibid. Idem, p. 21.

⁴⁹ [see MSC analysis matrix earlier in the TOC chapter]

⁵⁰ Ibid idem, p. 23-25.

⁵¹ Relevant laws and policies to which this Framework Programme will contribute include: the Economic Development and Poverty Reduction Strategy (EDPRS) II, which places emphasis on the socio-economic and political participation of women and reduction of Gender Based Violence; the National Gender Policy, which highlights principal guidelines for sectoral policies and programs to integrate gender issues; and the National Policy against Gender Based Violence.

⁵² CARE Rwanda (2012), Mind the Gap. Available at: <http://www.care.org/sites/default/files/documents/2012-Mind-the-Gap.pdf>

⁵³ Piotr Pawlak, Henny Sleghe, and Gary Barker (CARE & Promundo) (2012) Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment. Available at: <http://www.care.org/sites/default/files/documents/Rwanda%20Journey%27s%20of%20Transformation.pdf>

⁵⁴ [see MSC analysis matrix earlier in the TOC chapter]

accountability. The need to continue to further strengthen partnerships within the civil society is seen as highly relevant since they play a critical role in pursuing, fulfilling and responding to the interests, rights and needs of their constituencies.

Government is a signatory to main international policy instruments for gender equality, such as CEDAW, UNSCR 1325, 1820, the Maputo and Goma declaration and therefore has an obligation and responsibility to defend and protect women and girls' rights. Before the start of L4C, in the 2015 Global Gender Gap Index, Uganda ranked as 58 out of 145 countries. This was the lowest score among the East African countries, demonstrating the extent of existing gender inequality in the country, which is exacerbated in northern Uganda. Cultural norms and negative patriarchal attitudes directly impact gender and power relations at individual, household, institutions and between communities.

CARE Uganda conducted a gender audit in 2012. Key issues that emerged included a need for increased programming with a gender lens, and integration of gender in situational analysis and program/project design. Therefore, L4C was seen as a substantial platform to develop tools and experiences to apply these, through tailored capacity development initiatives focusing on gender transformative approaches at organisational (CARE) and partner level. This was understood as relevant to the overall programming approach of CARE Uganda, and a critical missing element for other CO projects, as well as the advocacy aspect.

Data presented in the programme document (2016) displayed an increasing dropout rate of girls from school due to poverty (28%) and early sex (11%), both of which contribute to the leading cause of dropouts - teenage pregnancy (34%). While 70% of the women are engaged in agriculture, less than 20% control the outputs of their efforts. Although the constitution of Uganda recognises women's rights to land, only 27% of registered land was owned by women. The issue of inclusive and active participation of women in different political parties remained problematic, as few women were holding positions in party executive decision-making organs.

Results of the evaluation show that the L4C approach and TOC on Uganda country level can be rated as relevant. Out of 96 respondents of the MSC tool⁵⁵, about a quarter saw the most significant changes at organisational levels, another quarter saw changes of men as most relevant, about a fifth saw enhanced personal skills due to the trainings; and a sixth saw the MSC for women. Respondents included members of partner organisations, CARE staff, impact multipliers and final beneficiaries⁵⁶.

4.2.2. What is logic of: integrated, multiplier, and regional approaches?

The integrated approach:

The integrated approach consists, as described above, in the application of the CARE WEF/GEF framework, which has been proven relevant since 2005 and further developed for L4C. As a cross-regional initiative, L4C intended to foster learning at individual and organisational level as well as at national and regional level. For L4C the holistic combination has been described by programme participants as a definite added value.

It consisted in the combination of:

- a) Organisational cultural shift through Gender Equity and Diversity (GED), Psychosocial Wellbeing of staff (PSS); and Gender Transformative Leadership (WL) trainings; as well as
- b) Enhanced staff skills: through trainings in gender responsive Results-Based Management (RBM), Gender Programming, Psychosocial Support Programming (PSS), Knowledge Management and Learning (KML), Women Peace and Security (WPS) Advocacy; and facilitation for cascading (Training of Trainers/TOT).

⁵⁵ For Uganda, there were #105 answers to Q 2: *From your point of view, describe a story that particularly shows the most significant change that has resulted from the L4C programme in this country?*, with 96 persons filling the MSC tool themselves.

⁵⁶ The analysis of the leading response clusters (6 or more responses in a cluster) shows:

- 24 responses - changes at organisational level (changed policies, enhanced programming, better organisational culture, changed gender norms and changed skillsets within the organisation);
- 22 responses - changes in men (stopped bad behaviours such as GBV, alcoholism, not paying school fees etc.; changed mindset, changed gender roles),
- 19 responses - enhanced personal skills (communication, talk in public, produce knowledge management products, enhanced self-esteem, counselling skills, etc.);
- 16 state - positive changes for women (Increased self-esteem and women's leadership (11), enhanced girls, gender norms changed such as women riding a bike, and through connecting husband to EMB, as well as economic empowerment)
- 13 responses - changes at community level (Women's grown self-esteem & leadership, preventing GBV; community groups & community cohesion through circle of support; reach out & help others, prevent suicide; economic empowerment & defending rights by holding duty-bearers to account, defend their rights; e.g., reached a mass immunization of total district of Gulu)
- 9 responses pointed at positive changes for families (Economic Improvement; women access to land; sharing household income & decision making, women working & IGA; better family relations with inclusive planning, decision making at family level, shared HH responsibilities, engage family heads (male) for family welfare, family - conflicts minimized through counselling; reduced stress-level; prevention of GBV)

For implementation at organisational level, capacity development action plans were developed. Based on this each participating partner organisation selected a qualified focal point, who was engaged in the roll out of the specific learning packages.

There were many statements from evaluation respondents that highlighted the value and relevance of the L4C trainings for good practice in their organisations. Here, for example, is one PO speaking the combined value of RBM and Advocacy training.

“Yes, L4C added a great value. I participated in the first training how to design a program (RBM 1) and how to research, gender analysis. Now, before we design a project, we do research and we can do it and base it on facts. So, I used the methods of group work and to ensure that the strategies are implemented. In RBM we confirmed what we had learned and also looked into the gaps in the organisations and identified M&E – I work on feminist leadership and could greatly benefit from the tools we used this in the L4C group work, as part of implementing the RBM strategic plan. So, L4C trained the people and afterwards they did their research in order to build their advocacy upon that.” [UGA, KII, Akina Mama Afrika]

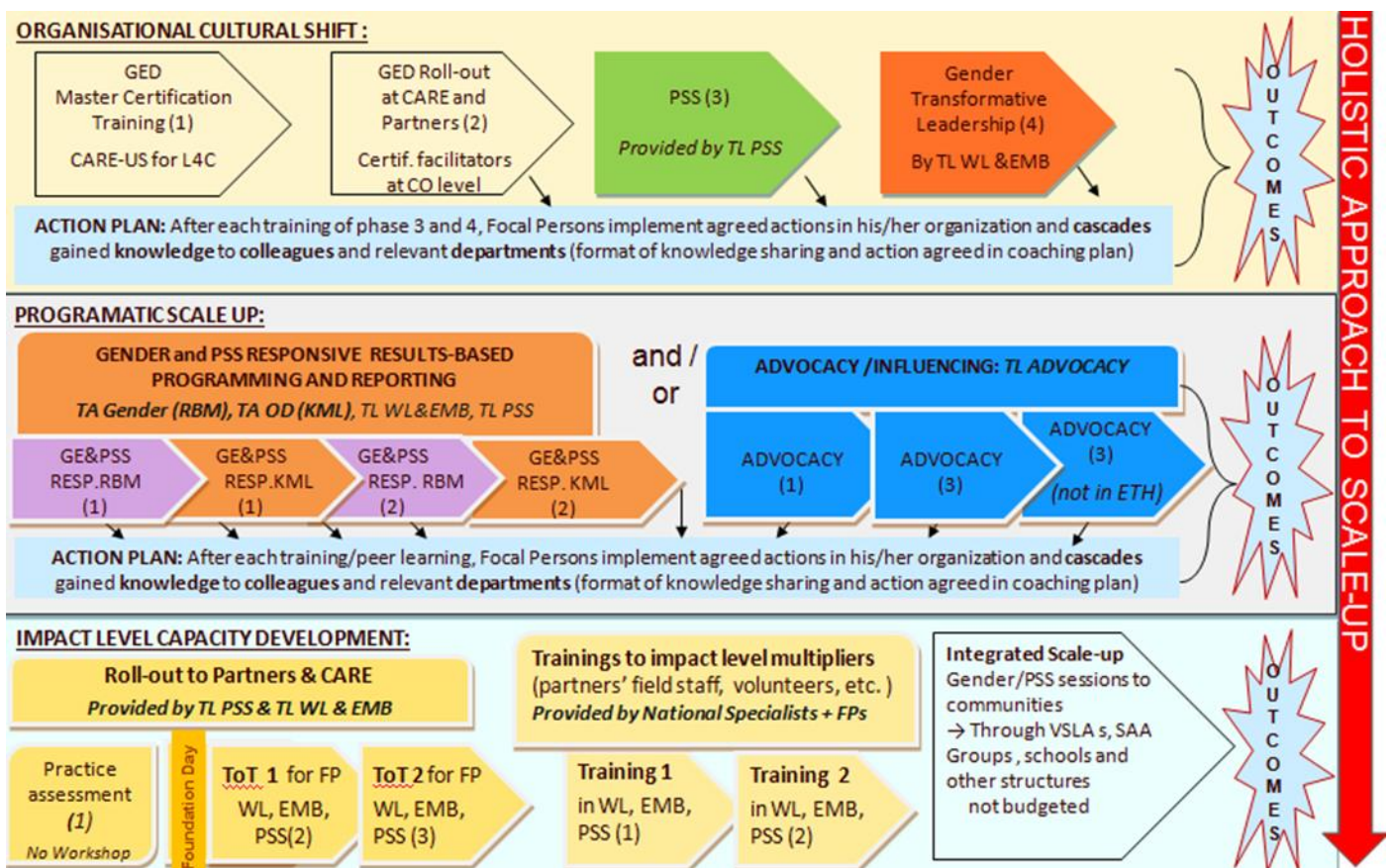


Figure 3: Regional Program Learning for Change (L4C) - Strengthening Women’s Voices in East Africa (2016 – 2019), UPDATE & IMPLEMENTATION STRATEGY. July 2017, p. 13

In Ethiopia, the integration of different partner sectors was particularly valuable.

The structure of the partner organisations (government sector coalition) was very supportive for the success and achievements. The L4C contributed to an improved integration of sectors, especially with WCA and CARE – the dialogue platform is working. The coalition of integrated intervention sectors on the development groups was a good platform for the L4C training. The integrated coalition of sectors was referred to as ‘timiret’. It was a functional and active coordination platform for gender equality within government structures. Partner staff are supporting each other when facing problems. There is a mechanism for support. They are also learning leadership. There is improved social bondage due to the monthly group discussions – discussions happen at zonal, woreda and kebele, as well as in the community development army groups. [ETH, extracts from Review/Reflection Workshop]

In Rwanda, members of POs highlighted the value of integrating GED and wellness approaches:

CARE and POs started implementing gender transformative structures, provided space for staff every month to reflect on GED integrated in wellness sessions, and provided constructive feedback to colleagues. We see increased social cohesion, common understanding of GED, have become more tolerant, consider gender aspect in daily work. [RWA, MSC, AEE]

They also highlighted the value addition of integrating L4C with other projects:

I have really well appreciated the way the whole project was designed which emphasized and targeted both CARE Staff and partner staff and project beneficiaries while other project used to target beneficiaries only, assuming that staff has enough capacity to implement their projects. L4C Project has been a good example to show the best way of project integration to the different other projects without disturbing the originality of existing projects. [RWA, MSC, CARE]

In Uganda, the country coordinator of L4C spoke of his interpretation of the value of integration:

The integrated approach is powerful and important – before, people were working in silos and isolated; there is a very positive change to understanding the integrated nature of gender and relations. [UGA, HLKI,]

The multiplier approach

The multiplier approach, as used in the L4C, consists of providing training of trainer (ToT) training plus thematic training for community-based workers and volunteers (e.g., extension workers, teachers, community activists). The trained community workers are empowered/capacitated to cascade the thematic training and facilitate group change processes around gender related issues in the community (with the ultimate beneficiaries, e.g., women in VSLAs, role model men, etc.).

The concept of multipliers came in with the re-design in order to reach the impact group. They were there before, but they were not the target of programme; before, the target was mainly CARE and partner staff. There are actually two tiers of multipliers – those we have trained, and those that have been trained by the first level of multipliers. The second tier include village agents, VSLA leaders, model men, etc. [UGA, HLKI,]

Respondents in Ethiopia described the progressive cascading of the L4C approaches from ToTs with sector partners in government out to the multipliers, and from them out to the community groups (so-called, ‘development armies’).

The woreda office experts started being engaged as ToTs in late 2017, and the impact multipliers started in early 2018 FY. The first involvement of the woreda experts was by participating the assessment of the capacity of the offices and then they participated in a validation workshop. After that the five government offices representatives start attending different capacity building trainings in different thematic areas and in different sessions. The impact multipliers were first involved within L4C by organizing and selecting development armies then they trained on different tools which prepared them on women leadership, engaging men and boys and psychosocial support. Now these impact multipliers have facilitated different tools within the 8 (eight) selected development armies found in the kebele. They used the manual that translated to the local languages. The school directors also facilitating different activities and tools within the school. [ETH, MSC-FGD, Tach Gaynt Woreda]

Beneficiary women in Ethiopia described their experience of learning from the IMs, suggesting that, at least in this case, ‘reaching’ the impact group has gone well beyond a single encounter:

About two and half years ago, a group of CARE staffs came and did an assessment on controlling assets and resources and the one who control over resources and other many questions. After that the group waited a lot until the health extension workers and school directors trained and came with different discussion topics and tools. These two trained impact multipliers met the group and facilitated the discussion once a month. The group discussed about gender division of labour, household decision making, harmful traditional practices including early marriage, health related issues, agricultural services and education, self-esteem and self-confidence. They also discussed communication skill, psychosocial support, and women’s accessibility for different social services. [ETH, MSC-FGD, beneficiary women]

Respondents from Rwanda emphasised the cascading benefits of the multiplier approach:

(Multipliers) provided the opportunity to strengthen the CO one program strategy– having peer cohorts that afterwards multiply to add other members in community beyond the groups. This fits with the idea of having a lesser role of implementation by CARE. [RWA, HLKI, Programmes Coordinator]

In April and August 2018, L4C project in collaboration with AEE Rwanda has trained community and school mentors on Women Leadership, Engaging Men and Boys and Psychosocial Support. These trainings impacted the lives of mentors but also the lives of project beneficiaries who are supported by mentors because mentors have also trained students in their clubs. In the schools, even teachers who are not necessary mentors were impacted by these trainings because mentors who attended trainings organized discussions sessions around trainings topics. [RWA, MSC-FGD, AEE]

In Uganda, female and male multipliers spoke of their own personal transformations after their trainings:

I had a problem of low self-esteem before the L4C, I wanted to be a leader, but I was afraid. After the L4C program now I have mastered the art of being a leader and doing in a right way. This story is significant because leadership

is good in women and girls in these days and they can compete favourably with men. [UGA, MSC-SC, female multiplier]

I feel proud of the change that started with me as a result of L4C training conducted between October and November 2017, which emphasized that the change starts with me. The 3 pillars of transformation, particularly the tools of positive compliments, appreciative inquiry, and treasure hunting were effective tools that helped me change my life and my family as a whole. I was not good at providing positive compliments nor appreciating others. The best I could do was blame my wife and children even if it was a simple error. I used to blame and beat my children whenever they performed poorly at school and each time they performed poorly; they would hide from me. From the training, I learnt my mistake and eventually when I started making positive compliments and appreciating whatever they do, it motivated them to concentrate more and even I started learning together with them, do homework with them. I was pleasantly surprised that last term both my children were the first in their different classes and got awarded books and pens. This has made us proud parents and more determined to help them maintain their performance at school. The L4C programme tackles real aspects that are part of the day to day life of every person and I feel everyone desires it. I hope to use this example to help other role model support and ensure closeness of both their children and spouses. [UGA, MSC-SC, male multiplier]

Challenges with multipliers

Other than costs for convening and training, this programme did not/does not provide any resources for the multipliers. It is assumed that they are volunteers and/or providing their time and energies as part of their regular work; moreover, it is assumed that, because they are community-based, their skills and capacities will remain in the community after the end of the L4C project.

Respondents from Rwanda pointed out some opportunities that were missed by the L4C, including integration of IMs in another project and greater participation by POs in developing learning packages:

Capacity building of impact multipliers could have been easily included in running another current capacity building project, i.e., GED training for RWAMREC and ARTC-F impact multipliers should have been included in the GEWEP. [RWA, HLKI, CARE]

The impact multipliers' training content was fitting, but partners feel that CARE proposed the training package for the partners (big brother syndrome). Although a capacity gap assessment was carried out and findings presented by CARE, partners should have been left to select the areas of need for training to include in their own action plans. [RWA, HLKI, CARE]

And in Uganda, participants mentioned the unintended negative implications of working as a multiplier in one's own community:

Despite challenges the multipliers were facing during the project implementation, e.g., people ignoring them because they were just a neighbour, still they managed to change many community members [UGA, extract from review/reflection workshop]

The regional approach

L4C incorporated a regional approach that drew on existing expertise in each of the programme countries to drive the development of learning packages⁵⁷ and implement the programme. This both promoted and boosted CARE CO staff knowledge and expertise. From the view of the contract holder, it was good theoretically as it well aligned with the donor and designer's preferences.

However, the practical implementation of the regional approach also led to some criticism. Travel time was a challenge; and most of the cross-country sharing occurred at the annual coordination meetings. Some respondents in the programme countries, including POs, complained that the set-up of the "regional approach" was too much top down.

"Thinking on the regional approach - I think that it was a regional approach in as far as it could, but at some point, it was regional but not regional. There were capacities running around in the region and coordination from Austria in terms of overseeing the whole project and taking up overall coordination. At some point, COs were COs, and there was no collectiveness. I don't know if it depends on style of leadership – and then it became country based again. The modules and approaches, the regional thematic leaders, there is also the steering committee – but they couldn't influence the RMU, where it should be rested to be really regional at CARE. Place it at regional level." [UGA, HLKI]

Another thematic lead who had travelled to the other countries stated the following about programme-related knowledge sharing work with other relevant stakeholders in partner countries and Austria:

⁵⁷ L4C learning packages were developed per theme, and each package consisted of: two workshops, a training manual, action plan development and provision of technical backstopping from CARE staff in implementing the action plans and supporting ongoing learning.

“This was limited; country offices reaching out to share information was limited to mostly what was developed, trained and shared by the TL/TAs. It did not develop further. For example, even getting information for the regional learning items is curtailed as it is difficult to get input from COs” [UGA, HLKI]

Linked with the concerns about limited participation, there were concerns about less shared learning between peers than expected, both by CARE staff and POs. Several partner organisations said they had expected a platform for sharing their specific knowledge with the network of participating partners cross-country, and not only being trained on a pre-defined set of tools, although highly appreciated. Field visits happened only at the last two coordination meetings, and POs were only included in the final coordination meeting held in 2019; this meeting occurred after comments, such as the one below, had been collected in the field.

“Peer-learning - Being a regional project, we should have learned from each other, but there were not many opportunities to sit together as a region. There were only regional coordination meetings, but beyond that there were no peer exchange visits. There was a bit of that, but again in these regional meetings, it was more programmatic within themselves, and no PO staff was invited.” [UGA, HLKI, PO]

Some critical voices from CI stated that if the L4C had better leveraged existing programmes and knowledge, it would have been stronger and have had wider influence. They observed that it had not been effectively linked with established and relevant CARE structures, such as the Regional Management Unit, or the International Gender Cohort. They also suggested that the design of the programme was not sufficiently participatory.

“Also, the design of the program?? ...was a bit odd... trying to define and impose which is often the case; doubly ironic – expected result was meaningful participation, but even in the design of the project, people were playing to normative expectation. GED 101 and 501 were rolled out and sustained, the fact that there are facilitators to deliver, is due to CARE USA.” [CARE, HLKI]

4.3 DAC criteria: Effectiveness

Effectiveness:

Effectiveness is defined by OECD/DAC as, *“The extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance.* The definition notes that effectiveness is also used as an aggregate measure of (or judgment about) the merit or worth of an activity, i.e., the extent to which an intervention has attained, or is expected to attain, its major relevant objectives efficiently in a sustainable fashion and with a positive institutional development impact.”⁵⁸

Some key questions are: Have the objectives of the development intervention been achieved? How big is the **effectiveness or impact** of the project compared to the objectives planned (Comparison: result – planning)? To what extent will the objectives of the intervention be (most likely) achieved?⁵⁹ To what extent is the target group reached?

4.3.1 Outcomes – planned/expected⁶⁰

L4C log frame – result area 1

Result Area 1 (Organisational Development): 21 partner NGOs, partner government institutions and CARE offices demonstrate increased/continued progress towards gender equitable working cultures, organisational policies, and practices. Outcomes 1: 1. Improved organisational climate in partner organisations and CARE reflects transformative GED and psychosocial wellbeing Intermediate Outcome 1.1: Capacitated staff, and GED and PSS inclusive managerial and team building processes enhance a friendly and productive work environment in Partners' offices and at CARE
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Findings

The evaluation obtained first-hand information from the CARE offices in all 3 programme countries and from all 21 partner organisations.

All of the CARE and partner offices in all three countries gave numerous examples of how their organisations have become more gender fit/competent as a result of the influence of the L4C programme.

Meeting organisational aims - L4C was effective in that it touched critical issues in a comprehensive way at organisational level by engendering organisations. The initiative operationalised our partnership strategy at

⁵⁸ OECD/DAC: Glossary of Key Terms in Evaluation and Results Based Management, OECD 2010, p. 20f. Terminology also followed by ADA – see: Guidelines for Project and Programme Evaluations, *Final Version. Vienna July 2009, p. 13.*

⁵⁹ Predictive statements about full achievement of impact are covered in the chapter on Sustainability (chap 4.6) and in Lessons Learned (chap 5)

⁶⁰ For reasons detailed elsewhere, quantitative data is not available for this analysis; descriptions and analysis of outcomes is based on qualitative information collection during the end of project evaluation.

organisational level, namely, to influence and institutionalise gender/GED for organisations/POs. It targeted and influenced the entire organisational capacity development including leadership/senior management, Board members, admin and finance staff, drivers – with GED training. [RWA, HLKI, CD]

In all countries, the respondents spoke of changes in organisational practices and culture. There have been changes in the behaviour of individual staff, building confidence among female staff and valued (by male counterparts); changes in recruitment with consideration of GED principles; shifts in mindset and now embracing GED by POs. There has been team building within CARE and across the POs. New concept notes and proposals by CARE and POs are incorporating not only GED, but also many elements of the L4C approach and principles; M&E indicators and budgets are being reviewed and adjusted for gender sensitivity; and organisational gender policies have been updated or written.

In Ethiopia, the L4C has contributed to institutional transformation in CARE Eth and government. It has provided a critical piece in learning around institutional change on key gender issues. The Government partners give testimonies of solid GED understanding and change at their review meetings, which are now conducted as cross-sectoral coalition meetings at all levels of the government in the project region.

We support on planning, check list preparation & will check the presence of female in management position per woreda. [ETH, GA, educ]

All the five partner government offices take gender as their own issue; previously it was considered as an issue of the W/CA office only. Many more women are applying for and moving into leadership positions in CARE and among the partners.

In order to create a better society, we are seeing the way of ensuring gender equality. There is better understanding to use psychosocial support in sectors offices. Because of the project's support, there is improvement on women decision making, work load for women is reducing, awareness creation on people to cooperate & support each other, skill development at individual level & better awareness creation on gender equality from individual to family & national levels. When knowledge is developed at different levels, the country will be developed or changed. [ETH, MSC-FGD, Health office]

In Rwanda, CARE has a regular monthly staff day that includes GED reflections facilitated by the L4C staff. Senior management of CARE and POs, including the Boards of POs, have shown enhanced capacities in applying GED-related knowledge and skills in their management. Policies have been put in place by partners, e.g., prevention of sexual harassment, mainstreaming gender, communication, and staff wellness.

AEE (a PO) has a committee in charge of prevention of sexual harassment and they have a code of conduct. There have been the flexible mechanisms for enabling women to work safely, especially when they are pregnant. They can take taxi instead of taking motorcycle. And when they give birth, AEE looks for someone who can replace her during the maternity leave, and she continues to be paid as well as other staff without any exception or conditions. [RWA, GA, AEE]

In Uganda, CARE and POs have raised their GED understanding and capacity, even in organisations that were already working on women's empowerment. With greater awareness of their own gaps, staff of CARE and POs have gone forward to develop good facilitation skills and increase their competence to articulate and act on gender/ diversity issues. The project re-design was done with partners; subsequently, they have internalized the programme, reviewed and re-set their internal policies. COVOID now works on early marriage and advocacy to champion a campaign on early marriage as a result of this re-thinking.

The staff-wellness and wellbeing module was VERY GOOD. We are now prioritizing self-care, as we are feminist activists. Challenge is that we need more, but it scaled up our work and gave good strength to the skills of the civil society in Uganda. [UGA, HLKI, Akina Mama]

The L4C has promoted inclusiveness and equal participation between men and women, e.g. in one organisation women are now riding motorcycles; they were trained to ride motorcycles when doing the organisation work. There is gender balance in when recruiting staff, i.e., the recruitment process is now fair to all, unlike in the past when community jobs that required knowledge of riding were aimed only for men and boys. Another organization in the office now has a female monitoring and evaluation expert; also, a gender Focal Point person who is part of the SMT and thus integrating gender concerns at a high level. In another organisation, the organisational Gender Policy was adapted due to L4C, to be endorsed by the board; diversity has been integrated into HR policy, PSEA also integrated into HR policy.

L4C log frame – result area 2

Result Area 2 (Programming): 3.044 staff members and attached multipliers of partner NGOs, CBOs, government institutions and CARE are **applying increased technical capacities for gender equality programming** to the benefit of vulnerable women and girls

Outcome 2: Design, implementation and reporting of Partners' and CARE Programmes and knowledge systems reflect an **integrated gender transformative approach**

[Supports CI 2020 Indicator: # and % of projects/programs that developed innovations for fighting poverty and inequality]

Intermediate Outcome 2.1: Partners and CARE **integrate diversity, Gender transformation and PSS** in their programming

Intermediate Outcome 2.2: **Knowledge on GED is systematically documented and shared** for scaling up program quality and outreach

Findings

[See number of trainings achieved in the TOC chapter]

RA2 - Applying increased technical capacities for gender equality programming

The evaluation can speak about the numbers of staff and IMs trained, but no information is available about how many are active and 'applying' their learning. The assumption in programme documents is that all are doing so; comments in from the field indicate that they are applying their learning, but effectiveness is not equal among all. Some are performing better than others, either because of more training, more commitment, or more appropriate job positions where they can implement the training.

The most significant change is the thinking of my colleagues in regard to Gender transformation. The usual way of doing business as usual has changed. Colleagues I am around all the time now try to plan and measure results in a gender lens. I have tremendously improved in a way I execute my duties...I appreciate diversity, not just on a reflection of individualism, but also feedback and way others communicate with me. I can confidently write a proposal to a donor with a gender lens (I may not be that expert, but the training gave great insights). I struggle with my family members when it comes to doing some Kitchen work, although for other household chores I do with ease. [UGA, MSC-SC, CARE staff]

O2 – integrated gender transformative approach (programmes & knowledge systems)

Respondents from all countries were very happy with how the L4C has promoted not only a gender sensitive approach, but one that integrates GED, WL, EMB, PSS, RMB, and KML. They have pointed to how the whole package of trainings reinforces each other, especially for persons able to participate in more than one type of training.

Ethiopia – the Ministry of Women & Children Affairs (one of the five sector partners of the L4C) oversees the integration of GED and is responsible for coordinating gender mainstreaming in all the other sectors. They work on non-discriminatory and inclusive developmental interventions and advocate for inclusiveness and diversity. They have built their work strongly on lessons and technical inputs from the L4C. This has included the design of a gender mainstreaming checklist used in their monthly review meetings.

In Rwanda, the PO's strategic and work plans now have specific activities related to Gender, which they attribute to the L4C. As another manifestation of the transformation, during the selection of beneficiaries, the principle of Gender Equality is well respected especially for those projects targeting both sexes (males and females). CARE now has a gender specialist on staff and all programme staff have been trained on GED.

We have already integrated in our current annual work plan the GED model; in January we delivered on "Time management and M&E"; February will focus on discussions on "working style" --- we have a different topic/area for each month. [RWA, HLKI, ARCT-Ruhuka]

Uganda - The project re-design was done with partners; subsequently, they have internalized the programme, reviewed and re-set their internal policies.

IO2.1 – integrate diversity, Gender transformation and PSS (in programming)

One of the much-appreciated strategies of the L4C approach has been to have participants at trainings formulate an action plan before departure. The action plans are a method for transferring classroom learning to experiential learning, especially when they are linked with technical backstopping/coaching and mentoring by the L4C team. This approach pushes the trainees to integrate the training into their everyday work, and even into their personal lives. There are many stories in the evaluation data collected through the MSC tool about the success of this approach to influence the behaviours and thinking of the trainees from CARE and the POs. Many of these stories speak about how the trainees and their organisations are now integrating GED and PSS in their work and personal lives.

In Ethiopia, the Min W/CA does follow-up other sectors to include women in their development interventions; assists technically and provides capacity building and follow-ups on gender mainstreaming in other government offices. All the W/CA staff provide support to the other sectors in gender issue initiatives; staff who have been trained by L4C have contributed for the development of gender responsive planning, reporting, brochure development, public awareness programming, etc.

We have started to include psychosocial support issues not as psychosocial support but the components in our projects in the design phase if it is ok for the donors. But me and other team member who has attended trainings

organized by NEKI have thinking on how can we establish a system in the unit to consider stress management and psychosocial support, especially for working moms who are in a double percentage of stress risk. [ETH, MSC-SC, CARE FO staff]

In Rwanda, completing a Gender marker has become a prerequisite every project. Regular participatory review meetings give opportunities to reflect on new proposals collectively, and because BODs and senior management have been trained, the level of scrutiny on GED for new proposals is quite focused and committed.

For me the most significant story I have seen is at the organization level where CARE and partners now understand and have started implementing gender transformative structure within and outside their own organizations. [RWA, MSC Self, CARE]

In Uganda, the organisational vision/mission is focussed on gender equality programming. Programme targets, design, and implementation are in response to specific targeted gender interventions, e.g., training /capacity building of women leaders, budgetary advocacy, engaging men and boys, etc.

IO2.2 – Knowledge on GED is systematically documented and shared

The L4C programme has focussed on capacity building, and in the process, it has compiled a large set of training manuals and guidelines for the core Learning Packages. These manuals have drawn on multiple resources within and beyond CARE, and they have been enriched with practical examples, many of which have come from the earlier ADA-supported framework programmes in the region. [See Annex section for a full list in References]. The only learning package that was not newly developed by the L4C was the GED training; the GED modules were pre-existing from CARE USA. These training materials have been widely shared and appreciated among the participating organisations, so much so that the evaluation team heard multiple requests for much greater quantities to be made available to the various CO and partner offices for on-going sharing and use after the programme ends. They are also being integrated into plans for new projects by CARE in each of the countries, and sometimes being shared with other organisations seeking capacity building support in these areas.

The M&E system for the L4C project has been challenged by several factors. The embedded design with limited funding has meant there has been some dependency on the complementary projects; meanwhile, there have often been overlaps in the impact groups of L4C and complementary projects, contributing to respondent overload⁶¹ and/or difficulty defining the extent of contributing factors to observed outcomes. The initial indicators for the L4C programme proved difficult to track and were modified at the time of the redesign.

The L4C has included training on a good gender sensitive and outcome focussed KML approach, but this has come very late in the life of the programme, only being implemented just before and during the final quarter of the programme. The RBM training came earlier and did get people thinking about and collecting data for results chain analysis, but the training about preparing knowledge products from this data was only given in the delayed KML training. The delay in KML training was due, at least in part, to substantive staff turnover issues, including loss of the KM thematic lead in the region.

Despite these challenges, and the fact that the L4C is not a research programme, the L4C has accumulated a large quantity of knowledge products of different kinds. Some of these are available on an internal dropbox shared between CARE Austria and all three L4C COs, but as yet there is no inventory for each country or the whole programme of all the knowledge products. There is increasing discussion by stakeholders about the need for sharing these products more widely; however, specific planning for this sharing was only taking place toward the end of the last quarter of the programme.

At the time of the evaluation, the CDs in each of the three programme countries were very enthusiastic about the L4C approaches, the tools used, the staff trained, and the knowledge generated by the L4C. As illustrated in the following quote, they were already active in sharing the L4C knowledge by building it into new concept papers and proposals and considering the possibility of requiring GED training for all staff, including new hires.

From Knowledge Management and Learning, I was able to develop a KML product, something that I had been doing but without deliberately deciding to collect information that can show what I learnt from a project or what beneficiaries learnt, for the benefit of the organization and/or beneficiaries... in this training we were able to develop KML products and provide inputs into other colleagues' products. During this training, I managed to develop a learning product for RWAMREC on Prevention+ project. I had been developing the same products for advocacy reasons but not making maximum use of them, like using them for awareness, sensitization, and organizational knowledge management and to mobilize technical and financial support. So, now I know, and I collect information aiming at showing what I, organization and beneficiaries learnt for purposes of managing knowledge and using the information to communicate to the targeted audience. [RWA, MSC Self, RWAMREC]

⁶¹ E.g., excessive burdening by requests to the same people/organisations for similar information from multiple projects/programmes within a short time

L4C log frame – result area 3

Result Area 3 (Advocacy): Staff members from 15 partner NGOs and CARE have **increased capacity in conducting more effective and inclusive influencing** and have **contributed to the success of ongoing advocacy on gender equality** (UNSCR1325, Kampala declaration, implementation of national laws etc.)

Outcome 3: **Women's voices influence strategic forums** concerning women peace and security at national and international level (contributing to the implementation of UN 1325 and 1820)

Advocates, i.e., for the implementation of UNSCR 1325 Indicator 12: Level of women's political participation in conflict-affected countries

Intermediate Outcome 3.1: Partners and CARE are **actively involved in policy dialogue** and advance women's peace and security issues in networks and alliances by linking local to global

Intermediate Outcome 3.2: Capacitated partners and CARE implement their strategies and action plans on **evidence-based advocacy** more effectively

Findings

RA3 – increased capacity in conducting more effective and inclusive influencing and contributed to the success of ongoing advocacy on gender equality

Ethiopia - At the start of the L4C project in Ethiopia, CSO work on “advocacy” was forbidden by the Government. However, this is now changing; there are already positive steps by the new PM toward opening up the civil society space for advocacy and work on human rights. The MoW/CA sector now advocates and influences other government sectors to incorporate gender in their project implementation, to involve women, and to promote diversity. Learning about influencing has also resulted in the development of very successful women-only cooperatives; this has been a direct outcome of the training and dialogue provided by L4C to the Cooperatives sector in the Amhara region. The sector lead collaborated with the L4C team and influenced the various levels of government to permit women-only cooperatives, which had been blocked previously.

Rwanda - With technical support from L4C, CARE and POs have contributed to change in the national maternity policy, family & succession law. The advocacy module enabled them to influence and contribute to the change, e.g., the family and succession law now includes women's rights to inheritance. CARE and the POs have also contributed to adoption of United Nation security resolution national action plan 1325 and revision of the national gender policy in Rwanda. In addition to national advocacy efforts, some POs have engaged in community-based advocacy, e.g., on training community health workers; on schoolgirl dropout cases and GBV happening in schools.

ARTCF does advocacy activities through different umbrella (COCOAB: Conseil de Concertation des Organisation Au Initiative de Base and PFTH). It has contributed to petitions on the maternity leave policy; the policy has been adapted from those petitions and the family law has been adapted and amended. ARTCF has also contributed on advocacy intervention on the law which was wanting to allow girls to get married at 18 years which was not the case for boys and from this type of advocacy the law did not pass [ARTCF, former PO-RWA]

Uganda - There have been multiple advocacy campaigns that various POs have contributed to, e.g., Rights of the Girl Child, women's land rights, trials for capital offences, and community capacity to demand for good quality services.

A milestone in L4C was the introduction of Advocacy programming, e.g., in western Uganda - developed advocacy actions. Did well. The other was capacity enhancement in terms of advocacy processes, even for national partners who are really good – but there were things they didn't know , like writing a policy paper, doing little advocacy steps, how to build evidence from grass-roots level, building these synergies and alliances, so that evidence goes from the ground and trickles through to big partners.” [UGA, HLKII 8_BK]

For some POs, the L4C has stimulated their first efforts at advocacy. Others who have done advocacy before report that the quality of their contributions has improved, e.g., in preparing their own policy briefs, where before they have relied on consultants.

O3 – Women's voices influence strategic forums

In **Rwanda**, CARE and POs participate in various fora for advocacy, including the National Women's Council and the CSO fora convened by Pro-Femme, a PO of the L4C project.

In **Uganda**, CARE and some POs (e.g., Worudet, CEWIGO) are part of the National advocacy to develop the NAP3 for WPS. They have been participating in consultative meetings to collect emergent issues and best practise from the implementation of NAP 1&@2.

IO3.1 – actively involved in policy dialogue and ... networks and alliances by linking local to global

Ethiopia - The Min of W/CA has developed a coalition of government sectors, functioning as an alliance for the purpose of coordinating and facilitating joint development, with a strong focus on gender transformation. The coalition meets at all levels – zonal, woreda (district) and kebele (community).

In the coalition of sectors, all the participating sectors are benefiting from the integrated way of doing activities. Now each of the member sector knows what other sectors are doing & since we have a common checklist, each of the sector office implement & supervise the activities. Hence, we (education sector) collaborate with Agriculture, Health, Women & Child, cooperatives, police & justice offices. [ETH, GA, educ]

Rwanda - The POs are associated with variable numbers of CSO networks (1 up to 10), with only 1 PO that is not a member of any network (except the Steering Committee of the CO and partners). The CSO networks are working in thematic groups/ platforms at multiple levels: District, national, regional & international levels. For example, the POs that are part of the JAF forum give them an opportunity to advocate on different district issues. Pro-Femme, which is one of the L4C POs, is an umbrella organisation for advocacy to which several of the other POs belong.

Uganda - CARE has links for advocacy with the Ministry of Gender Labour and Social Development (MGLSD). CARE and various members of the POs have links with UNSCR1325/NAP3, Northern Uganda Human Rights Network, Land alliance, Hurinet, the National Association of Women Organisations in Uganda (NAWOU), Uganda Women Network, and Women in Democratic Governance Network. Some of these organisations also have onward links to various international bodies.

IO3.2 – evidence-based advocacy

Uganda - The L4C has enabled a link to develop between two POs with different approaches and now they are collaborating on a national campaign against child marriage. These are Akina Mama (has high level access, advocacy skills) with COVOID (on the ground data, building/sharing local evidence, no previous advocacy experience).

4.4 Efficiency

Following the OECD/ DAC Guidelines on Evaluation and the ADA Evaluation Guidelines (2009), efficiency is defined as “A measure of how economically resources/ inputs (funds, expertise, time, etc.) are converted to results.” The task here is to analyse if the objectives were achieved in a cost-efficient manner by the development intervention, and if the relationship between input of resources and results achieved is appropriate and justifiable, as well as if resources been used economically.⁶²

Within the TORs, two questions are related to efficiency of L4C. They are:

- Was the project/programme implemented in the most efficient way (time, personnel resources)?
- To what extent was the team model (structure, role allocation and coordination) efficient? This is with particular reference to the role of the Technical Leads, National Specialists and multipliers as well as any other relevant L4C specific implementation modalities?

4.4.1. Was L4C implemented in the most efficient way (time, personnel, resources)?

One aspect of ‘efficiency’ is ensuring that budget and expenditure controls are in place that aim to meet donor standards for controlling cost. From this perspective, the programme was efficient in that it was compliant with ADA rules: using lowest fare economy class flights; having a low ceiling for accommodation costs and reviewing cost quotes before selecting; and where possible, utilising facilities where COs had already negotiated favourably lower rates. The programme was also designed to use regional experts to avoid expensive international consultant costs (and long haul flights as well), though this arrangement did not always work due to the recurrent loss of key thematic leaders based in the region; at various times, the gaps caused by these losses were filled by advisors from CÖ. On these occasions, the programme tried to manage costs by organising travel consecutively across the three countries to avoid expensive back and forth trips.

Within the L4C Programme, the targets for the result areas and their respective indicators were significantly redesigned after the first year of implementation. As analysed elsewhere in this report⁶³, the main reason for this has been the high rate of staff turnover, especially of key programme staff – some from the programme design team in CARE Österreich and two of the five key Technical Leads in the region all left within the first year.

If we put initial budgets and expected final beneficiaries in a simple relation, divided by budget and country before and after the redesign, the cost-benefit ratio from final beneficiary to budget has changed.

- 2016 target for indirect beneficiaries - Initial 2016 budget was 3,120,000 Euro with a target of 644,000 final beneficiaries, which would have led to a cost-benefit ratio of 4.84 Euro per person reached.
- 2017 target for indirect beneficiaries - After the 2017 review, the same budget was intended to reach 268,622 final beneficiaries, which would have meant a cost of 11.61 Euro per person reached. Numerically, this represented a cost increase of 240% per targeted impact/final level beneficiary.

⁶² The evaluation team was constrained in achieving this task as they only received the financial information for the programme & projects quite late in the writing phase; the budget information came only after several requests on the 14th of March of 2019, and the respective expenditure reports on 20th of March. This delayed preparation of the DAC-efficiency chapter for the full draft report.

⁶³ See chapters for TOC (chap 4.1); Sustainability (chap 4.6); and Lessons Learned (chap 5)

- 2018 October achievement - By the time of the evaluation, this ratio has improved somewhat, as the numbers of final beneficiaries are increasing, and have already exceeded the 2017 target level. The achieved level of indirect beneficiaries had reached 315,201 as of October 2018, yielding a cost/benefit ratio of 9.89 Euros.
- 2019 projection - Implementation was continuing up to March 2019, and it is expected that the final number of impact beneficiaries will be even higher, and thus the cost-benefit ratio further improved.

As noted earlier, in the absence of credible quantitative baseline and endline surveys, the evaluator team could not assess if the statement that the final beneficiaries would be “*meaningfully participating in decision-making at household, community, local and national levels*” holds true. Many of the most significant change stories and qualitative interviews do suggest so, but there was no statistically relevant sampled data available from a quantitative field survey.

Meanwhile, if we acknowledge that the L4C was a short-term programme focussed on capacity building for COs and POs, aiming to create a large cadre of staff equipped, committed, and functioning for promoting gender transformation, the efficiency picture becomes much more favourable.

- 2016 target for direct beneficiaries - The initial RF proposed to train 500 staff of COs and POs (i.e., as ‘direct beneficiaries’); using the simplistic ratio of overall budget vs persons trained, this would have implied a cost/benefit ratio of 6,240 Euros per trainee.
- 2017 target for direct beneficiaries - The 2017 revised RF (with the same budget) targeted training for 3,044 staff and community multipliers; this would have had a cost/benefit ratio of 1026 Euros per person trained.
- 2018 October achievement - Based on the October 2018 data, 14,289 staff and multipliers had already been trained, with more expected in the final quarters. This reduces the cost to approximately 218 Euros per person trained
- 2019 projection - Implementation was continuing up to March 2019, and it is expected that the final number of direct beneficiaries will be even higher, and thus the cost-benefit ratio further improved. It is also expected that the majority of these direct beneficiaries will remain in their respective organisations and communities and will continue to integrate their skills and knowledge in their work, even after L4C will have ended.

As will be seen in the following analysis table, after the redesign and high achievements in the implementation, the cost benefit efficiency has greatly improved over the original design. Please note, that this is a very simplified correlation regarding input and output numbers and could not go into more detail, such as any breakdown of travel time and travel costs etc. as those data are not available.

Category of beneficiaries	Initial Proposal		Targeted after redesign			Reached to date			Final budgets	
	Total	Initial budgets	Women	Men	Total	Initial budgets	Women	Men		Total
Ethiopia:		982,432.00				982,432.00				921,558.00
CARE Staff	90				80		123	56	179	
CARE staff cascade							203	130	333	
Partner Staff	200				150		49	132	181	
Partner Staff Cascade							1,529	1,358	2,887	
Impact level multipliers (IMs)					270		100	154	254	
TOTAL staff + IMs trained	290	3,387.70			500	1,964.86	2004	1830	3834	240.36
Impact group+ Indirect Beneficiaries	100,000	9.82			70,000	14.03	37,377	37,335	74,716	12.33
Rwanda:		442,852.00				442,852.00				402,592.00
Staff	45				71		125	106	231	
Impact level multipliers (IMs)	73		243	151	394		358	204	562	
TOTAL staff + IMs trained	118	3,752.98			465	952.37	483	310	793	507.68
Impact group	500,000	0.89	42,728	16,810	59,540.00	7.44	41,602	18,914	60,516	6.65
Uganda:		934,690.00				934,690.00				934,690.00
Staff	20		127	91	218		258	189	447	
Impact level multipliers (IMs)	50		1,290	570	1,861		6,145	3,070	9,215	
TOTAL staff + IMs trained	70	13,352.71			2079	449.59	6403	3259	9662	96.74
Impact group	44,000	21.24	97,357	41,725	139,082	6.72	125,802	67,123	179,969	5.19
ETH+RWA+UGA		2,359,974.00				2,359,974.00				2,258,840
Staff/including PO & cascade	155				519		2,287	1,971	4,258	
Impact level multipliers (IMs)	323				2,525		6,603	3,428	10,031	
TOTAL staff + IMs trained	478	4,937.18			3,044	775.28	8,890.00	5,399.00	14,289.00	158.08
Impact group + indirect beneficiaries	644,000	3.66			268,622	8.79	204,781	123,376	315,201	7.17

Now, if we also add CÖ’s budget and integrate it into the efficiency correlations of the overall numbers of persons trained and beneficiaries reached, we come to the following picture:

	Targeted			Initial budgets	Reached to date			Final budgets
	Women	Men	Total		Women	Men	Total	
ETH+RWA+UGA+CÖ				3,124,974.00				3,084,740.00
Staff/including PO & cascade			519		2,287	1,971	4,258	
Impact level multipliers			2,525		6,603	3,428	10,031	
TOTAL staff + impact multipliers trained			3,044	1026.60	8,890.00	5,399.00	14,289.00	215.88
Impact group + indirect beneficiaries			268,622	11.63	204,781	123,376	315,201	9.79
CÖ				765,000.00				825,900.00

The analysis for L4C as a whole programme, inclusive of the costs of CÖ work shows that:

- At the design phase, a lot of rough estimates were used for the project proposal, which did not hold true afterwards, e.g., reaching 500,000 beneficiaries in Rwanda. This leads to a recommendation to plan and design programmes of this kind much more carefully.
- If we look at the numbers after re-design, including adjustments in targets and budgets, the cost picture improves. The cost for training one person – being aware that it is not detailed in numbers of trainings, etc. – came to an average of 158 Euro on CO level, and with integrating CÖs work to 215 Euro per person trained.
- On final beneficiary level, the cost/benefit ratio is at 7.17 Euro per person, rising to 9.79 Euro when CÖ work is included.

This means that after the reality check of the first year and the redesign of the programme, the cost-benefit ratio for L4C improved when examined as a capacity building investment, and further improved as larger numbers were trained at both indirect and direct beneficiary levels than had been planned in the design. Meanwhile, although POs raised concerns about how much resources they had to contribute (staff time, some of the costs for training and field implementation), these contributions had not been monetised and could not be assessed by the evaluator team for a detailed analysis of the ‘real’ costs of reaching the numbers of final beneficiaries reported.

4.4.2. To what extent was the team model (structure, role allocation and coordination) efficient?

This section refers particularly to the role of the Technical Leads, National Specialists and multipliers as well as any other relevant L4C specific implementation modalities.

To answer this question, many voices needed to be heard. On the one hand, the added value of the L4C implementation modality using the integrated approach has been praised by many respondents from the CARE COs, the participating organisations and the communities as relevant and effective. Many qualitative quotes highlight significant levels of positive changes at individual, community, and organisational levels. Meanwhile, as discussed earlier in the report, there were serious challenges with unforeseen high staff turnover and challenges with anchoring the programme from CÖ rather than more locally, e.g., at the RMU in East Africa.

Technical Leads:

Out of the originally foreseen six key positions of TLs⁶⁴ (Advocacy, KML/PM, EMB, PSS, Women’s Leadership and OD/Gender Mainstreaming), three left early, which led to periods of empty posts and to a combination of positions. Similarly, within CÖ, the staff position of the Programme Lead and the PSS advisor were combined after staff-turnover. Combining posts contributed to overburdening of staff; this situation was further compounded by L4C’s limited budget and reliance on complementary projects. Without a significant budget of their own, the L4C staff were often leaned upon to support other activities beyond their own project. As such, the strategy of combining positions that were planned as full-time positions was counter-productive and not efficient.

“Staff dropped out and others had to take on extra roles that were not remunerated; this was the case with the staff turnover with thematic leads in Uganda. Also, in Ethiopia, some national staff left, and they had to rely on staff of other projects, but these staff gave priority to projects which were paying them. [The L4C staff] ...had to support other CARE projects internally, like training if they had a need for women’s leadership etc, so they were stressed from their own project, and doing in country support and cross-country support... The initial design aimed at capacity building for staff who would reach multipliers and impact. This changed and changed, and the cross-country TLs were required to train at all the different levels, especially in their CO where they had to also support grassroot trainings”. [UGA, HLKI]

National specialists: responsible for the follow up of Action Plans and for supporting the partners in the field faced challenges of heavy training loads, so much so that it was difficult for them to provide the intensity of technical backstopping, coaching and mentoring that they believed essential for experiential learning. As noted elsewhere in this report, they also had challenges with too little time for reflection and innovative thinking about ways to improve their efforts at transforming norms and systems.

Relevant L4C implementation modalities:

- One important assumption was that **the partner organisations would roll-out their learnings to their constituency and other programs without any operational budget** attached to it. This approach is discussed in more detail in the section on sustainability. On the one hand, the “dependency approach” or “piggy-backing” was criticized by POs, who felt that they needed more financial support for the roll-out.

⁶⁴ see section “Staffing” in chap 4.1 TOC

In other words of one interview respondent:

“L4C kind of didn’t allocate funds for implementation nor administrative costs for partners, a lot of the work was depending on the organisations, the partners and the care programs were expected to support implementation through running programs to ensure that they were replicating the work in the running programs. This was very challenging as from the feed-back of the partners, who wanted to be supported for implementation for rolling this out. The CARE projects which directly supported capacity building were able to directly integrate this into their projects. But partners at national level - they struggled to have that integration into their running projects.” [UGA, HLKI]

As an entry point for managing better, it was suggested to:

“Allow Country office to be able to be flexible and be able to make decisions on how integration with less top down interference. Allocate funds for implementation and define the outcomes, let country offices manage operational issues so that context specific issues are handled.” [UGA, HLKI]

- **Strategic regional approach:**

Here, one lesson from the capacity building programme of L4C, is that the strategic connections needs to be at a high level to ensure sustainable support by decision-makers or organisational entities. On the one hand, CI representatives – who are fully supportive of the added value of L4C, also stated that programme would have been stronger and probably more participatory if it had been anchored at the RMU rather than the CÖ.

- **Cross-learning and peer-learning:**

As discussed earlier in this report⁶⁵, some cross-learning opportunities have occurred regionally, but these have favoured thematic leads and CARE staff – and they were quite appreciative of these opportunities. Some cross-fertilisation has taken place within countries, e.g., the extensive engagement of all 5 sector partners in ‘coalition’ meetings in Ethiopia has had profound effects on shared learning and collaboration. In Uganda, one woman from a partner organisation in Western Uganda said, “woman can ride a motorbike” (as they do in Northern Uganda, and they subsequently adopted this practice in the Western region with the support of L4C). Meanwhile, some POs in Rwanda reported that they had expected more cross-learning and exchanges than actually occurred in this programme; they had also hoped for more participatory involvement in developing the learning packages.

- **Impact Multipliers:**

In the effectiveness chapter, there are many MSC stories of enhanced capacities on individual, as well as organisational levels that led to changes of mindsets and personal / organisational growth. Nevertheless, the sustainability chapter shows the need for longer-term support, especially for the impact multipliers at grass-roots level.

4.5 Outcomes & impacts

4.5.1 Planned outcomes & impacts

The first year of the programme was not implementation, but more of an inception period, with a considerable effort needed to cope with unforeseen challenges, such as the turnover of key staff. These challenges and adaptations contributed to the redesign in 2017; meaning there had only been about 1 ½ years of effective implementation by the time of the evaluation. In the words of a CÖ staff member:

I would ... say that this year was about firefighting our way through unforeseen challenges – namely key staff turnover - and adjusting the programme accordingly, leading up to the (re-)design. [CÖ, comment on draft]

While insignificant numbers of final beneficiaries were reached in the first year of the programme, the remaining and replacing staff did contribute to the ‘baseline’/organisational gap assessment and draft many learning package components. At the same time, the changes in core staff guiding the programme contributed to confusion and an unclear programme narrative, especially in that first year.

Also, the staff turn-over within CARE Austria meant always new ideas and new people, redefining again and again. [UGA, HLKI]

Looking more closely, in 2016-17 Uganda only reached about 5000 people with messages and training. By the time of the evaluation, Uganda had reached 139,082, which is over half of what had been targeted for the three-country region (268,622).

⁶⁵ See section 4.2.2.3. The regional approach

Achieving impact - The L4C approach takes time to trigger mindset changes and to look at diversity; but it has also shown that it is possible to do this. It is possible to change cultures and attitudes; in the L4C programme, conscious engagement breaks down known cultural rigidity, e.g., changing gender role stereotypes. A related lesson from all countries was that change starts with the individual; personal attitudes and behaviour have to change for the individual before they can effectively implement or cascade to others.

More details – more about outcomes and impacts per country are included in the Country chapters. Additional critical observations about outcomes and impacts for the whole programme are in: a) the TOC chapter; b) the Effectiveness chapter; and c) the Lessons Learned chapter. They are not repeated here in the interests of keeping the report more concise.

4.5.2 Unplanned outcomes

A number of ‘unplanned outcomes’ have emerged over the course of the programme. Among the positive unplanned outcomes are:

Women only cooperatives → excel in performance. Women only cooperative development in Ethiopia was an unplanned positive change; Women’s cooperatives as compared to the ordinary cooperatives perform much better in terms of saving & returning their regular loan without defaulting. Women perform more than expected in the cooperatives; most women who have participated in the cooperatives accumulate assets & capital. In Rwanda, one PO reports that there are more women than men being entrusted as treasurers of group funds, e.g., in VSLAs.

Women’s economic empowerment → bigger changes, women in leadership. In Ethiopia, the cooperative sector targets women to improve productivity & income; but they have seen how women’s leadership skills and confidence improves with their income as well as their decision making and acceptance within their family and community which were unintended positive outcomes.

Women economic empowerment → investment in children. Community respondents in Ethiopia report that improving women economic status and culture of saving are bringing improvement in the holistic life of children; women’s income is more likely to be directly invested in the life of their children as compared to that of men.

Training community → implementing and cascading beyond expectation. In Rwanda and in Uganda, POs report that the community is changing at greater levels than they had anticipated, e.g., there was an MSC story from Rwanda about community participants now working as activists to train their neighbours.

Target women on GBV → change of male behaviour. In Northern Uganda, more men are now talking about GBV, especially the role model men – and there is increased reporting of GBV. Police officers say they are gaining courage – e.g., to arrest a man who was sexually abusing a boy. The component of male engagement is strong, but women were the project target group.

Sharing HH labour burden → change of delivery date (maternal health). In Ethiopia, improvements in gender equality, particularly on sharing of work burdens, has reportedly been contributing to reducing premature births and enabling the delivery of women closer to their expected due date (due to less work, better feeding, access to services).

Among the negative unintended outcomes are the following:

Challenging child marriage → threats to teachers. The Education sector partner reports that teachers in Ethiopia, especially women teachers, who are motivated to challenge gender norms, especially child marriage, are sometimes facing life threatening situations from the student’s parents.

Training → developing ‘buzzwords’ (new jargon). ‘Capacity building’ and ‘gender programming’ have become buzz words in Uganda; while staff were eager to be recognized as having integrated GED into their work, there is the risk of these terms losing significant meaning when overused as jargon.

4.6 Sustainability

Within its evaluation guidelines, OECD DAC defines “Sustainability” as: “The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.” The same definition is followed by ADA.⁶⁶

Questions that are covered in this chapter:

- To what extent will the benefits of the programme continue after the program ends and what are the challenges involved?
- Which measures have been taken to ensure the sustainability of programme results? (or which are they planning to take?)

4.6.1 General picture of sustainability for the L4C

History - The original proposal from March of 2016⁶⁷ does discuss sustainability, but without including a specific strategy for sustainability or an exit plan. It does describe that:

“the design of this phase of the Framework Programme has been done with an important focus on sustainability, by making capacity development of partners and CARE country offices the core of its approach. This capacity development is consciously embedded in other ongoing programming: partners chosen are long-term partners with whom CARE is already implementing other programming. This long-term engagement means that it will be possible for CARE to continue its investment in these partners - as three years are a short time period.” [Prog doc, 2016]

In other words, this short three-year programme was envisioned to take place within a longer time line of supported interaction between CARE and partners, i.e., one that had started before the L4C and would continue afterwards. Meanwhile, commitment to continue by POs is not a sure deal; e.g., one senior staff in Rwanda queried the extent to which partner organisations are committed to implementing their new knowledge.

The programme document goes on to say that CARE's sustainability approach is based on addressing underlying causes of poverty and vulnerability in a holistic way. As this approach was applied to the L4C programme:

This means that topics are chosen to look at all aspects of the women's empowerment framework, i.e., not just at women and girls themselves but also to their structural and relational environment, addressing factors that inhibit them to claim their rights at each of these levels, hence the combination of organisational development as a basis, women's leadership, psychosocial support, engaging men and boys and advocacy/influencing.” [Prog doc, 2016]

In this regard, many respondents in the evaluation have pointed out the objective of achieving and consolidating transformative gender and organisational change is quite complex.

Progressing towards gender equity and equality requires change in all dimensions. Exclusively focusing on community level intervention without transforming institutions and organisations has a major impact on the quality of the work and the sustainability of the intervention itself. Whenever an organisation intervenes in the life of a community it has the choice as to whether to challenge or support existing community gender-related norms. However, programmes and staff that do not have the tools, knowledge and sensitivity to respond effectively to gender differences, may in fact cause greater harm than good with the good-intended intervention. Most organisations have neither the inclination nor the capacity to challenge institutional norms.⁶⁸ This is why organisational change work is so critical in the journey to achieving gender norm transformation. [from 2017 Learning for Change, update of strategy]

Short duration – Despite its short duration, the L4C programme has had a remarkable quality and quantity of positive outputs and outcomes in all three participating countries. The short duration, however, means that the sustainability of these outcomes will need to be examined and monitored carefully over time⁶⁹. The planned programme duration was three years, but the first year was essentially lost, mostly due to staff turnover and unrealistic ambitions, leading eventually to redesign of the programme. By the time of the evaluation starting in late 2018, the programme had effectively been implementing for about 1 ½ years. Moreover, at this point, some of the complementary funding streams (e.g., FSF in Ethiopia and other CARE projects in Uganda and Rwanda) were already terminating before the L4C end, resulting in cutbacks of partner and CARE capacity and activity during the final months of the L4C.

Timing - We were late; now trainings have been done and Action Plans developed (but not much time left); short time frame - the argument of ADA has always been that this coincides with their budgetary cycle. But after a long lobbying, now they can extend also five-year contracts. L4C work involves change and attitudinal change – this needs time, as deals with social norms – is very profound. [CÖ, HLKI]

⁶⁶ Guidelines for Project and Programme Evaluations. Vienna Final Version July 2009, p. 15.

⁶⁷ CARE Learning for Change Programme description_rev_03_2016_cleaned.docx

⁶⁸ What is Gender At work's Approach to Gender Equality and Institutional change? <http://www.genderatwork.org/Portals/0/Uploads/Documents/Gender-Equality-and-Institutional-Change.pdf>

⁶⁹ See chap 4.6 Sustainability for further details on this issue

*Time constraints – the programme was too short as a social transformation intervention should have been longer
[extract from UGA, lessons learned w/s]*

Staff turnover - The original programme proposal (2016) does discuss the risk of leadership turnover potentially affecting sustainability, but it just says that each country will give attention to reducing these challenges. As noted elsewhere in this evaluation, staff turnover at all levels has been a big challenge for this programme, interrupting coordination, constraining senior management buy-in, delaying implementation, and leading to overwork for project staff. It is also affecting the final months of the programme due to the end of funding streams for complementary projects, the departure of partner and CARE staff who are no longer funded, and even dropping out of partners. This has obvious implications for the loss of tacit knowledge, and lack of adequate preparation for exit and sustainability.

Success vs sustainability – the L4C had no exit plan in the design from beginning, although it is usually there in the design of projects. As expressed by a senior staff member in Rwanda, “*setting an exit plan should have been in the design*”.

Some POs in Rwanda have already incorporated L4C attributes into their new work plans, showing hope for continuity.

The project's end will not affect the running of the organisation's activities, rather the project has enabled the organisation to have robust capacity building plans which will continue to be implemented after L4C. L4C has also instilled a culture of having clear capacity development plans for staff. Lessons have been drawn in GED and training staff, this has equipped staff in the knowledge; in future, outsourcing will not be needed. Also, the capacity building planning tools have helped us be more deliberate in our planning and implementation. [RWA, YWCA, PO]

The L4C now has a problem of more success than anticipated; here are some the important challenges they are facing that have been brought on by their achievements:

- There is the challenge of coordination and management of the big number of multipliers⁷⁰ trained by the end of the programme. Without concrete plans for support and follow up, their quality may not be assured or sustained in the absence of the L4C programme.
- There is a challenge of talent management and staff retention for the many skilled facilitators and trainers who have emerged during the L4C. While CARE has a policy promoting talent management, the usual occurrence is that by the end of a project most of the project staff have left for other jobs and even other organisations. Many of the partner organisations face the same loss of talent when their funding changes.
- There are the manuals that have been highly praised, but not all of them have been translated, or adapted for use by persons receiving the information through cascading processes that are not as thorough as the original training. Numbers distributed have also been fewer than trainees, and there are multiple calls from all countries for more copies to be distributed to the partners and multipliers.
- The Action Plans (developed after each training module) are done in part to contribute for sustainability. They include the potential for the trainees to adapt the learning to their own organisations, thus reinforcing flexibility and programmatic thinking. They have contributed to experiential learning; to testing and reviewing, especially when they have been linked with some coaching and mentoring feedback for technical backstopping in all the countries. This kind of backstopping is unlikely to be continued without the allocation of some resources by COs.

Worries about sustainability - In this situation, it is not surprising that one of the leading worries of project participants at the time of the evaluation was the issue of sustainability. Here are voices expressing some of the leading concerns about this aspect. First is a respondent pointing out that the end of the programme (and the evaluation) are too soon, relative to the need and the time it takes to achieve meaningful change.

The L4C has done great job of laying the ground for increasing voices of women in East Africa. Tools developed and used, but the time is not sufficient to see the results. To have value for money - Need another framework phase to really develop the impact [UGA, HLKI,]

Next is a respondent highlighting the fact that not all persons trained received the full package of training and follow up support, leading to queries about the sustainability of attitudes/mindset, knowledge and skills for such persons.

Inconsistency of trainees - partner/CARE staff not completing all training sessions affects continuity, and one wonders will the skill set continue (if not fully trained, can they fully conceptualise the L4C model). [RWA, HLKI, BM]

Last to be shared at this point is a statement from a small focus group that appreciated what L4C had contributed to results based management and the support for an improved culture of M&E, but worried that these attitudes and organisational culture may be lost without further work to ensure they are well institutionalised.

⁷⁰ Overall, by the end of October 2018, the programme had reached 10,031 Impact Multipliers (instead of 2,523); also 4,258 staff (including staff from partner organisations and cascade/ TOT of CARE and PO staff), and at total of 268,624 beneficiaries

M&E - Main issue will be the process of monitoring system, which was done by L4C, and there is a risk of losing this culture of regular monitoring and evaluation of activities on the field. Monitoring and evaluation will not be able to implement correctly. The issue of regular follow up of what has been done under L4C support. [RWA, GA FGD]

Analysis of Worries about L4C, from MSC-Self completion results from all countries [total 223 respondents]

CO	# MSC Self Completion	# responses on q5 worries	Tally & % worries on "sustainability"	Highlights
Ethiopia	93 respondents	88 responses	43 responses, 49%	<ul style="list-style-type: none"> • Continuity/ sustainability (15 responses) Need to further improve or bring more results with the community; gender transformative change takes time; • Manuals needed (12 responses) Detailed & translated training manuals needed for all trainees to sustain • Too short / phase out (8 responses) Implementation time too short for full impacts to show; unclear about future; problems of staff retention/turnover, worry about loss of staff after project end; • Cascading (8 responses) Need continuous roll down of training to all staff; Need to cascade training to more staff after phasing out;
Rwanda	35 respondents	31 responses	13 responses, 42%	<ul style="list-style-type: none"> • Sustaining training/change (7 responses) sustaining the changes, maintaining cascading; sustaining collaborative approach and ties developed at different levels (inter-CO, PO and community); sustaining monitoring; maintaining quality of work by multipliers; staff turnover • Project period too short (6 responses) was a short-term project, short duration to realise the desired change; not easy to measure impact; not time to assess its impact on beneficiaries & action plans; POs need a longer time for coaching and mentoring to get to the "breakthrough"
Uganda	96 respondents	86 responses	39 responses, 45%	<ul style="list-style-type: none"> • Duration - the implementation period was too short (13 responses), e.g., too short for attitude change, too little time for the trainings; community still needs it for further sensitizing; needs longer before community phase out for ensuring impact. • Diverse answers (13 responses), e.g., target group is migrating; women in deep local settings might not benefit; follow up on community structures; sustainability of changes created; not reached all sub-counties; people expected financial support; implementation support after end; some attend the trainings but go back to their traditional beliefs.

4.6.2 Country specific issues

Ethiopia

In Ethiopia, there were multiple comments relating the capacity building to first influencing personal changes that were then able to lead to cascading and transmission of ideas to other constituents/ beneficiaries. [see more in Ethiopia chapter]

The important lessons are the capacity building creates long lasting or sustainable awareness & behavioural change among trained staffs. The trained male staff exercise the training ideas in their personal life and are able to achieve better gender equality at home. This aspect of testing the possible change has energized them to bring impacts in the beneficiaries they are serving. [Eth, GA]

While praise for the L4C approach and achievements is quite high in Ethiopia, there is still a perception that there is much yet to do – both in terms of spreading/using the approach and in terms of ensuring sustainability.

The L4C approach takes time to trigger transformative mindset changes and look at diversity; but this project has been showing that it is possible to do this in a relatively short span of time. The number of significant change stories from the MSC SC and FGD respondents⁷¹ are a testimonial to this achievement. Meanwhile, there is still much to do and a strong feeling that the project time has been too short to ensure sustainability of these changes. [Eth, HLKI, SM]

Rwanda

In Rwanda, some respondents were very proud of the human capacity that has been built through the L4C and its potential for continuity. [see more in the Rwanda chapter]

Disseminated knowledge, skills to apply approach -we have the tools, knowledge and skills to deliver or apply the approach and content of L4C; -trained VSLA agents –have knowledge and skills to share in their groups/community; A considerable proportion of the impact group received training and can influence their own communities. Trainees practicing/applying the new knowledge/skills, e.g., documentation and reporting skills are being used through women organisations; practicing new skills in reporting and documentation is on-going for trained staff. [RWA, HLKI, YWCA]

⁷¹ 203 stories of significant change from 93 self-completion MSC respondents; 51 significant change stories from 13 respondent FGDs

Staff who are TOTs are still in their jobs and will apply their skills especially in RBM to develop proposals with gender sensitivity, resource mobilisation; also implement new policy on retention of skilled staff; for new project staff – orientation on subject areas. [RWA, HLKI, ARTC-F]

Implementing partners appreciated that the L4C training was designed to also target board members of partner organisations and leadership of project teams; it is not common for CEOs/Boards to be included in learning, but these leaders usually stay in organisations longer than other staff and are expected to cascade messages through planning and to new staff/recruitment. As they manage and influence plans and policies, they are able to carry on using the knowledge acquired, and new policies initiated will remain in place.

There were, however, also questions about missed opportunities before the L4C funding ends, as the following quote from Rwanda describes:

Late trainings lack follow-up- some of the trainings were only conducted at the end of the programme, which means there is not enough time to follow-up or mentor staff, e.g., knowledge management and learning that was carried out in Phase II training was done in November (only two months ago) [RWA, HLKI, TN]

Uganda

Some of the key informants interviewed from Uganda were quite enthusiastic about the capacities that had been built by the end of the project. [see more in the Uganda chapter]

CARE Uganda sees sustainability and the legacy of L4C in the manuals which are going to be used and shared with others, including international NGOs. For CARE Uganda, the sustainability of L4C is grounded in the sharing. [UGA, HLKI, DP]

As with the other countries, simultaneous to the pride of achievement, there were worries about the future for the project's outcomes, including trained human and organisational resources.

A second phase of this programme should have followed, but the next phase is going to be on urban poverty and refugees. At that point, [many of] the trained teams and partners will be redundant. We hope that something can be done, maybe with alumni, to keep the strengths going, but there is no support. [UGA, HLKI,]

4.6.3 Opportunities for sustainability within remaining time and beyond

All is not gloom, however. The following comments and quotes highlight multiple opportunities that are already developing in the programme countries for on-going support to the L4C initiatives.

Opportunity – human resources

Community level implementers – the programme has developed the capacity of a very large pool of trained and experienced impact multipliers based in the communities who represent a massive human resource knowledgeable about and committed to gender transformational change. The multipliers, who work within existing structures (schools, cooperatives, VSLA groups, development armies, etc.) are laying a good foundation for sustainability.

Can't really talk deeply about sustainability after only 1 ½ years of implementation. But...the real implementers are the mobilisers and they are embedded in the community. They are doing community-based training with groups, like VSLAs that are going to continue. We still have 6 months of time left to do reinforcing. The value of this programme is that it has worked on people's mindset – changing the staff first so they are convinced and committed before working with others. Changing self and then others. [UGA, HLKI,]

The multipliers are a trained cohort of community members affiliated to partners. The partners have targeted community members as multipliers, providing them with knowledge and skills that can still be used in ongoing or new initiatives by partners. The multipliers work with TOTs; they do the work and have a sense of ownership on the ground. The multipliers apply it in their working context – and it strengthens their concepts to integrate it actively. It is a cascading method/approach with partners that improves delivery, promotes continuity. [CÖ, HLKI]

CARE has also created some structures during the L4C that are intended to provide some level of on-going support to the L4C approach. This includes using the annual plans of staff.

Apply strategic approach in institutionalizing GED, e.g., collaboration with the GED officer within CARE ETH, GED task force in RWA, and HR in UGA [2018 Coord Mtg]

Ensure GED is incorporated into partners' and individual experts' annual plans (and KPIs), according to their structures [2018 Coord Mtg]

CARE Ethiopia has started talking about Key Performance Indicators for each position and each programme coordinators will have KML as part of their KPIs. [extract from ETH, lessons learned w/s]

Opportunity – in the course of this programme, CARE in each of the countries has been developing and demonstrating an organisational strength in convening partners, both governmental and civil society.

This project gave support to convene and plan, and thus contributed to flexibility. Will this convening continue and be part of the annual budget for the government partners? The cost is not significant, but it would be valuable. It would be an investment for mindset versus just construction. [Eth, HLKI, SM]

CARE is in a better place to convene, create space for sharing and supporting other organisations with expertise without leading on the technical delivery – L4C gave the opportunity to deliver this. CARE and partners set up a National Steering Committee in order to bring POs back on track, on board again. [CÖ, HLKI]

Opportunity – as of the time of the evaluation, there are initiatives in each of the CARE countries that are currently underway using L4C knowledge or are planning on integrating L4C knowledge and practices. L4C has contributed to new project and program design at partner and CARE level.

***Ethiopia** - CARE Eth has recently done a concept note for DfID to do similar work at a federal level. While the L4C data had not been shared well internally, so people were not aware of it and did not use it in the design of the DFID note, it will be able to be used as evidence to support the project design and implementation. To help the MoW/CA carry out its mandated activity. There are opportunities emerging to sustain L4C gains in the organisation/institution, whether or not in the exact region. Are writing concept notes for scaling up. Some partners have heard of the L4C project/results and are asking for training in gender – after talking with govt and CARE as an org. [ETH HLKI, EW]*

***Rwanda** – the L4C approach has been adapted and integrated in a new initiative to ensure quality programming. GEWEP-III will focus on SRH with the L4C approach; it will have peer cohorts to multiply to other members in the community beyond the core groups, with the idea of having a lesser role of implementation by CARE. GEWEP will also be using advocacy to improve women’s voice and participation; strengthen gender policy; promote different accountability systems, gender budgeting, and advocate for more participation at community level. [RWA, HLKI, BM]*

***Uganda** - the CO will be training a major private sector company - GADC. It is a Ugandan company that works with more than 100,000 farmers on sim-sim, cotton, and a bit on sun flowers. They understood that the best farmers are the women; They already started to hire more women facilitators; And now CARE will do the L4C manuals with them. The sustainability is grounded in the sharing. [UGA HLKI, DP]*

Uganda - L4C has developed a WL and PSS manual and CARE will find ways of using these materials for the Global Affairs Canada program with refugees. The CD will be sharing the L4C manual with the GAC team and with colleagues from CARE International (Geneva) and from CARE Canada who are supporting the project so that they can see what components will be useful for that. [extracted from UGA, lessons learned w/s report]

Opportunity – some interesting opportunities are being identified in various fora for visibility & knowledge sharing about the L4C programme.

***Ethiopia** – CARE is planning a social norms event (28th March) which will take the form of a learning event; this will be preceded by an outcome harvesting process which will be done by a Consultant focusing on CARE Ethiopia’s work from the last 8 – 10 years. [extract from ETH, lessons learned w/s]*

***International** - CARE should promote the L4C’s unique model and learning at CIGN (CARE International Gender Network), CARE Member Partners/CMP meeting and other relevant fora. [2018 Coord Mtg]*

***CARE USA** – CARE has an innovations promotion called ‘Scale by Design’ – that reviews good ideas and provides funds for taking some of them up to scale [validation meeting, SM]*

Opportunity – the L4C programme has intentionally targeted the leadership of partner organisations, in the belief that they will be staying longer with the organisations and have more influence over organisational priorities and practices.

***Rwanda** – [we] included training for the BOD and leadership, who are main decision makers, to provide continuity - training was designed to target BOD members of partner organisations and leadership of project teams. It is not common for CEOs/Boards to be included in the learning, but these usually stay in organisations longer than other staff and they will ensure to cascade messages through planning and to new staff/recruitment. BOD manage and influence plans and policies, are able to carry on using the knowledge acquired/new policies initiated will remain in place. BOD members (serve a term of three years, renewable once) have also been trained and will continue to implement and share with new members/recruits. [RWA HLKI, GK]*

***Ethiopia** - There is a government body responsible for continuation of the L4C project approach (a joint committee of all the sectors); it is not the responsibility of CARE alone. We (MoW/CA) established the joint committee. Depending on the training, we follow up and offer assistance. We are strengthening inter-relationships between sectors. We use the training daily by sharing good practices; we take ideas about practice from those who have done it in a better way; we learn from each other. These plans are realistic; we are not training new people. The committee was already formed, and we don’t need much budget. [extracted from ETH, lessons learned w/s report]*

Ethiopia – CARE Leadership will be giving its stamp of authority for key activities emerging out of L4C, especially the influencing work. Influencing/advocacy space has opened up and this is something in which the CO will be investing [extract from ETH, lessons learned w/s]

Opportunity – organisational policies and strategic plans are a reference point for guidance in the partners and CARE. The L4C programme has targeted organisational policies in different ways in the programme countries.

Uganda - the policies developed will be a reference and guide for the organisation; institutionalising policies will remain in place for management to implement; the commitment observed among partners attending reasonable number of sessions, makes them skilled to cascade the knowledge and skills. This includes a policy on gender among the partners. However, sustainability is not assured; at least one organisation has not yet developed the policy on gender (technical and funding). [extract from UGA, lessons learned w/s]

5. Conclusions

These conclusions are based on an extensive qualitative and participatory end evaluation, conducted as a learning exercise with major contributions from CARE staff in all three countries, plus partner staff in Uganda⁷². It was not possible to arrange a quantitative endline survey for numerical data, but the qualitative study has yielded a wealth of quotes, observations and testimonials from all categories of stakeholders about the emerging impacts of this remarkable programme.

5.1 What went well

Organisational capacity building– this capacity building programme has been changing mindsets, delivering influence, and developing institutional capacity. It has been building the capacity of CARE and partner staff, at individual and organisational levels. Funding is uncommon for this type of project, due to low visibility and lack of support at ground level. It has tried to focus on real needs and issues, and also to cross the boundaries of project silos. It has been focussed on learning and knowledge, which is unusual for a CARE project. It promotes an Integrated Program Approach (including GED, women’s leadership; PSS and staff wellbeing; RBM and KML) that is cross-cutting and thus different to the other more sectoral programs of POs and CARE. The L4C was bold and brave to try what it did do.

Capacity for gender transformation - The L4C used the GED framework in all trainings - Agency-Structure-Relationship - and people have now really absorbed it in all components. There have been very positive and widespread attitudinal changes through the GED and other trainings. Staff and partners are realizing that gender does not equal women; it has to do with social relations, roles, values. Similar growth has been seen in understanding about equity, diversity and equality. The project has been stressing togetherness (social cohesion), neighbours helping each other. The process has been stimulating people’s thinking and changing attitudes and behaviours at many levels (organisations, communities, families and households). Reflections at each workshop have revealed many stories, especially of changes in the participant’s private lives: in the household, division of tasks, etc.; and in the office: better communication, collaboration. In Rwanda, regular reflections on GED experiences are integrated in monthly PSS/Stress management sessions held for all organisational staff to attend; in Ethiopia, monthly coalition meetings at each government level are chaired by the Min of W/CA and use a gender mainstreaming checklist with all the sectors to track gender transformation progress.

Staff capacity building -

Staff awareness is linked with programme quality and expanding tolerance. Staff need attention and building their capacity is not a luxury, not an add-on. It is an opportunity for HQ and field office teams to improve and contribute in a better way. Capacity building creates long lasting awareness and behaviour change in trained staff. GED & TOT trainings have helped the country office change attitudes and behaviours; Stress Management and Women’s Leadership trainings have supported personal development and leadership. Trained individuals have influenced organisational climate; Male staff internalized and made personal changes; Personal change energized teams to work for impact in beneficiary groups. The L4C facilitators are now able to provide training services to other institutions. Some of the L4C team in Ethiopia have been asked to support trainings for other organisations (e.g., on women’s leadership for ORDA – an NGO). In Rwanda, one of the L4C team trained staff of the Canadian Embassy and CARE got paid for the staff-time. In Uganda, the L4C methodology will be trained to a private company, working with 100 000 female farmers in agriculture.

Partner capacity – The L4C has been quite transformational, not only for CARE, but also for partners. The POs have learned how to look critically at their work and results through applying gender analysis and using gender indicators. One

⁷² Names of contributing field team members are included in the methodology section of the Annex.

Ugandan partner spoke of how they are applying the RBM training; now, before they design a project, they do research including gender analysis and base the design on facts. Her proposals have greatly improved, and she can see results in terms of outcomes. Many partners had previously hired a consultant to do a knowledge product, but now many of them are doing it by themselves. There are partners supported by L4C who saw that gender can be part of any programme, so now they also do gender in other programmes with other partners. In Western Uganda, one PO compared L4C to the French revolution, saying that it changed everything. The message on women opened their eyes; they did a survey and are now leading a campaign on child marriage. POs in Rwanda and Uganda reported that before L4C they did not have a Gender policy but now it has been put in place and it is very helpful for both staff and beneficiaries. The policies are being well used for achieving PO objectives.

Staff wellbeing – While CARE has had a policy about a supportive work culture for women in leadership in the workplace, an interview respondent at CARE said that until the L4C wellness training, pregnant women at CARE would need to sleep under the table to have rest. Stress management has become part of the office rhetoric now – staff talk in WhatsApp groups on how to make the workplace good, and to improve the organisational cultures, even at CARE. CARE Uganda and CARE Rwanda now have a resting place, and a breast-feeding corner, which respondents attributed to the influence of the Women’s Leadership discussions of L4C.

Achieving impact - Although the L4C was a small project, at least relative to the portfolio of some CARE country offices, it has contributed to the wider CARE transformation on social change for women’s empowerment and learning around social norms. The L4C approach takes time to trigger mindset changes and to look at diversity; but it has also shown that it is possible to do this. It is possible to change cultures and attitudes; in the L4C programme, conscious engagement breaks down known cultural rigidity, e.g., changing gender role stereotypes. A related lesson from all countries was that change starts with the individual; personal attitudes and behaviour have to change for the individual before they can effectively implement or cascade to others. The L4C is generating increasing influence and interest within and beyond CARE as its results are becoming known. Recently in Ethiopia, 4 of the 5 sector partners (-health) were recognized by the regional level for good gender mainstreaming performance. UNWOMEN has been asking the Amhara regional government in Ethiopia about gender and were told to talk with CARE as it is CARE’s approach that is working in Amhara.

Looking at sustainability and transferability – The issue of sustainability is still an open question for the L4C. It has been a very short project, effectively rolling out implementation for only a bit more than 1 ½ years. As noted above, the achievements at output and outcome level have been remarkable. There is, however, no specific follow on phase, though multiple opportunities, including at national level, are surfacing in all the three participating countries – which is a testament to the achievements of this programme. CARE Ethiopia has recently won a bid from DfID to do similar work to the L4C at a federal level to help the Ministry of Women and Children Affairs carry out its mandated activity for gender mainstreaming in government. While the L4C data had not been shared well internally, so people were not aware of it and did not use it in the design of the DFID note, it will be able to be used as evidence to support the project design and implementation. In Uganda, the L4C approach has already been streamlined with other INGO and private sector partners into new programmes, including the next ADA-funded phase for refugees. Together with Mercy Corps, CARE Uganda has already put the women’s leadership module and PSS manual into the “gender package” as a reference in this coming ADA project for humanitarian women’s leadership in emergencies. The L4C programme would be an excellent candidate for an ex post evaluation in 2-3 years to reassess the nature and sustainability of the outcomes and impacts.

5.2 Key challenges

Additional challenges are described in the following chapter on lessons learned.

Staff turnover - Staff turnover on all sides has been an important challenge in this programme: there have been changes of regional leadership at CARE Austria; loss of technical leads who were not replaced; changes in senior management within the participating countries. There have also been significant changes in PO personnel in all three countries. Each of these changes was accompanied by either increased workload for the rest of the team, or a long learning curve for the new employee who was unfamiliar with this complex project.

Integration without funds – there were multiple frustrations about funding (see challenges and risk analysis in Chapter 6 Lessons); also, many requests for some tangible resources in any future reiterations or replications of the project. Meanwhile, the fact that L4C project did not provide sub-grants and yet it was successfully implemented showed that it is possible to integrate different components of such a project into other partner and CARE projects/programmes and organisational management, even without large funding. This has been a lesson about a new model of low budget programming; people have realised there is some potential to work on initiatives without major funding.

Preparing for sustainability - the L4C had no exit plan in the design from beginning, and no expectation of next phase. The L4C now has a problem of more success than anticipated; e.g., they are facing the challenge of coordination and management of the big number of multipliers trained by the end of the project. Without concrete plans for support and follow up, their quality may not be assured or sustained in the absence of the L4C project. The lesson here is that programmes should have a sustainability plan from the beginning, which can be updated over the life of the programme according to evolving results and context.

6. Lessons learned

The L4C programme has generated a wealth of lessons in multiple dimensions. Many organisations use the term "lessons learned" to describe the way in which they avoid repeating mistakes, or ensure that they build on past successes, yet a lesson can only be applied if it has been successfully identified and captured first. Due to the short duration of the L4C programme, many of these lessons are based on observations and contributions from the evaluation respondents. This chapter presents these lessons in four sub-chapters, as follows:

- 6.1 Lessons about successes to reinforce or replicate
- 6.2 Lessons about challenges that required adaptive management
- 6.3 Lessons about areas for improvement
- 6.4 Lessons about risk management

6.1 Lessons about successes to reinforce or replicate

Staff capacity building—the L4C has been a unique initiative for CARE in targeting the organisation's own staff, including use of a module on staff well-being. Many projects that CARE implements are focused on impact in the community, but rarely on the staff. This project showed how the staff can be transformed through such a project.

This has been an eyeopener for CARE, as an initiative which targeted the staff. The intention was to also work around the organisation itself. Many projects that CARE does focus on impact in community, but do not focus on staff, yet they also need to be transformed. So that they can walk the talk. [UGA, HLKI]

Working with government - The L4C project in Ethiopia has demonstrated the value of good partnering for capacity building with government. The five government sector partners have been able to influence behaviour within their organisational structure at different levels, and with their community. Working with IMs is really a practical approach, because it is using the government's own architecture; it is successful, and the support systems are already in place. In Rwanda, although CARE did not partner with government for the L4C, the visible outcomes of the project have prompted the government⁷³ to request training on gender for their M&E sector. This has made the CO realise the need to partner and work with the government.

Practical learning packages – Tools: CARE and PO staff found the L4C tools to be very practical and useful at many levels. Evaluation respondents described applying the L4C tools in own lives, in their communities, and integrating them in other projects. Action plans: individual people have different capacities, agendas and time lines; they also change ideas when they get home after a training and it is hard to force them to do what they plan. In Ethiopia, the L4C team saw that partners had more clarity about action plans and what is realistic/practical after at least two trainings. To mitigate the post-workshop challenges, the team developed a strategy of group/collective action plans. This gave the partners the opportunity to learn how to plan, as well as promoting collaborative efforts. In Rwanda, Pro-Femme (PO) learned that they needed to stop training by lecture and instead, develop action plans and follow up with coaching and mentoring approach for experiential learning. Technical backstopping: Coaching and mentoring follow up are still needed after training activities. The training workshops are short and intense; there is still a huge need for follow up and motivation. The combination of good tools, facilitated discussions, practical action plans, plus follow up and review meetings have helped staff of CARE and POs to internalize, practice and make personal and organisational change.

Achieving outputs - With the protracted baseline and turnovers of key staff at CÖ and in the region, the first year (2016-2017) was more of an inception period leading up to the redesign, with full implementation starting July 2017. Looking more closely, in 2016-17, Uganda reached only about 5000 people with messages and training. But in the 1½ years up to the time of the evaluation, the three countries had already exceeded their revised target from 2017. High level respondents have suggested that the programme needed more realistic planning and a better analysis of risks (especially

⁷³ Specifically, the Gender Monitoring Sector and the City of Kigali

including staff turnover), together with deeper reflections on ways to mitigate the risks in the context of an innovative but complex programme of organisational change.

6.2 Lessons on challenges needing adaptive management

The points in this section emerged as ‘challenges’, but challenges that were able to be addressed or coped with during the course of the programme.

Staff turnover and gap filling - in Ethiopia and Uganda (and CARE Austria), many staff left during the early part of the programme; There was also turnover in the senior management above the L4C in both countries, which presented challenges in bringing new leaders up to speed about the complexities of this programme. This turnover contributed to missed opportunities to influence other CARE systems. Teams were unable to get significant follow up and involve supervisors and therefore, affect systems. The staff turnover within CARE Austria meant that new people came with new ideas, re-interpreting and redefining the project again and again. When people left, the programme had to rely on staff of other projects/programmes -- who naturally had to give priority to the projects that were paying their salaries. With too few people on the ground to support the full country implementation, the L4C staff were not able to rest; moreover, they often had to support other CARE projects internally, like training if there was a need for women’s leadership, etc.

You might go to the capacity building sessions and believe that you should pass on the knowledge – but then you might find that the management of your organisation does not give you the time to share. [UGA, FGD with POs]

When an expert, like a technical lead, is based in-country, this has advantages due to the closeness and the direct contact, but the danger is that they are tasked with a lot of other responsibilities and their capacities are used for other programs by the CO. Technical leads in the L4C were only able to provide their support to the implementation of L4C to a limited extent, as a consequence of their other work expectations and commitments. This was a bigger issue when their inputs were needed on a cross-country level, due to their distance from their own country demands for support.

Senior management support - In this programme, there were significant challenges in trying to get senior management buy-in/support at regional and CO levels. It has become clear that a focused and conscious effort is needed to secure PO senior management/leadership buy-in to this kind of programme. CARE needs to localize the trainings and sit together with the partner organisations to see how to effectively support the roll out / cascading internally and externally. One of the main questions is how to involve this senior leadership strategically – in order to change their organisational thinking.

It is no secret that it is exhausting - and if (county) leadership is not supporting it - to have people trained and getting materials done and then you get the data; but (country) leadership tells you it is too hard to understand, to talk too much, too long, and too many details. This is fair; we could all be better at summarizing, but this was a challenge. [CÖ, HLKI,]

There was a feeling that the project was being steered top-down from Vienna without enough support or interaction with CDs, ACDs and SMTs in the programme countries. In Ethiopia, where the L4C has been positioned under one complementary project, for a long time, there was a gulf between the project team and senior management of the national office. If it had been linked with a headquarters unit (e.g., PQL, GED), it would have better able to facilitate cross-programme/cross-project interventions. The lesson is that this sort of institutional capacity building should enabled to influence the whole country office/organisation, but it really needs senior management buy-in and ownership to achieve this level of influence. In Uganda, it was a challenge to ensure that the leadership of the partner organisations really owned it. In Rwanda, respondents observed that senior leadership buy-in is critical for ensuring support to action plans (especially for partner organisations) and integration into work plans and, ultimately, increasing the likelihood of sustainability of L4C learnings and results within the organisation. The L4C model was modified to include training for the PO leaders, including Board members; subsequently, these leaders have been managing to influence organisational plans and policies.

M&E - There were multiple challenges for the M&E of this project. While the targets for the programme were expressed numerically, a lesson emerging from the L4C is that to be able to quantitatively measure the impacts on the final programme participants, the L4C would have needed a much larger M&E budget. The programme monitored outputs but struggled to measure outcomes in the context of the embedded design. The expectation from the original design of doing a statistically representative end-line study to assess attributable change was not feasible within the allocated resources and insufficient baseline data for comparison. There were overlaps between L4C and complementary projects (e.g., similar trainings, same communities, etc.) and it was challenging to separate activities, identify attributable changes and do reporting since the population (impact group, location) was the same. The L4C indicators were not part of the existing programme sets; they should have been integrated from design stage (i.e., they came late for continued monitoring of effects and impact). The baseline was very extensive, but not quantitative at community level. Furthermore, programme

indicators have changed during the life of the programme; this was done parallel to but separate from the baseline. Thus, the 'baseline' data for the programme indicators was not directly measured but only assembled from various combinations of responses extracted from the baseline study. In combination with these challenges, the resources for M&E in the L4C budget were limited. As such, the evaluation team was not able to conduct a statistically relevant endline survey and comparative analysis with the baseline.

Context at design—there were difficult times at the design and early implementation of this project. In Ethiopia, the government was actively seeking to block CSO work on gender equality and/or women rights and introduced a number of prohibitive measures and regulations affecting INGOs (e.g., a 30/70 funding rule whereby at least 70% of funding streams had to go tangibly to community beneficiaries). In Rwanda, there was history of competition between POs for resources instead of building relationships; at least initially, this resulted in limited horizontal relationship building. In Uganda, there were national elections accompanied by insecurity, which affected early implementation efforts.

Consistency in training – in all countries, there were challenges of trainees who were not consistent in attending training sessions. The L4C wanted to achieve meaningful capacity building and planned to do this, at least in part, through multiple trainings per person. However, the teams often had to remind people to come – it was not just an issue of buy-in; it showed that in the organisational culture, it has been customary to only have one training experience without a serious focus on capacity building. These issues obviously affected implementation and cascading within and beyond the organisation. In the first year, the L4C team only invited a maximum of one person per organisation. This was not good enough for reinforcing and influencing change in an organisation, especially if that one trained person left for any reason. In addition, the L4C crossed the programme line and the people who participated were generally attached to other projects. However, people always concentrate on the project that pays their salary; when there were competing priorities, the capacity development programme came into the back. The PO staff who did attend trainings were sometimes different; at times anybody from the organisation would attend with no commitment or authority to influence organisational actions, e.g., a programme assistant attending, who had no say in planning activities. The disadvantage of inconsistent and “haphazard” training participant profiles is that it did not provide enough anchoring in the PO for L4C learnings to be sustained over the long term. After the redesign in 2017, the programme sought to address these issues by inviting at least two participants per organisation to each training and specifying the functions for who would benefit most.

Reduction of partners - The project changed from 40 down to 21 organisations during the inception phase. In retrospect, the original design was way too ambitious. Uganda had originally proposed 20 partners, and then they realised this would not be feasible regarding staff time or financial capacity to be able to run around to/with all these partner organisations. They discussed and then agreed to just have two partner organisations per each of CARE's three programmes. This was linked to an expectation that the staff of the targeted PO in each programme would roll out the learning to the other partners CARE could not reach. In many ways, it did work this way as CARE couldn't reach all partners directly, but indirectly the other partners also got the influence into their programming.

6.3 Lessons about areas for improvement

The points in this section focus on areas where the design and delivery of a programme like the L4C could be improved in any future iteration or replication.

Clarity of the design – this project needed to have a robust presentation and follow up in order to engage and convince senior management, but this project was hard to understand. A key reason for this was the high rate of staff turnover, from the very beginning, including L4C founding staff. It meant that L4C was driven by different people, at different times, often with their own nuanced interpretations of L4C, thereby preventing a coherent and unitary L4C narrative to internal as well as external audiences. The existing staff were challenged in trying to explain the project, to share the learning, and to demand attention for its lessons. In consequence, the L4C was not very visible or concise for the PMT (project management team in Ethiopia).

Design ambition vs time and budget – L4C aimed to build PO capacity to deliver impact for gender transformation in their day to day work, and in the functioning and development of their organisations. A lot was achieved on both fronts, but a lot more needs to be done, over a greater period of time, and with adequate financial resources as explained in several sections above. In this light, the overall aim of L4C to strengthen women's voice in decision making at the household, local, community and national level was very ambitious, given the time and limited resources it was allocated.

We want the POs to be gender committed, gender competent and gender aware. We have worked with individuals and organisations – [and we] would have liked to go deeper into the gender audits of organisations, especially for women in leadership, but [that] would have needed more financial resources. [UGA, HLKI]

The L4C had a cascading design – CARE → partners → beneficiaries - but at the beginning, this was overly ambitious for a three-year project. Building the capacity for cascading effectively required a lot of training; in consequence, L4C staff and partners were fully occupied with training all the time. L4C staff and senior management observed that there was insufficient space for reflection and changing practices of the organisation. The staff lacked time to reflect and learn, e.g., for reflecting on how best to their work do differently and improve. Staff being so busy and not doing reviews was a missed opportunity for influencing systems.

Positioning the programme - Where to base or start the program needs to be very strategic from the beginning. If it had been more clearly linked with the CIGN, a Regional Management Unit (RMU) or the international CARE Gender Cohort, it would have had more visibility and been easier to take emerging lessons up to scale as well as having more influence on CARE and other partners, including potential funding partners. It is crucial to have effective coordination and collaboration and ownership of the programme at the regional level. This is a lesson for CARE about how to manage other regional projects.

Funding stream - The design for embedding /piggy-backing of L4C (with little funding) on other projects with funding was strongly challenged by becoming a “Dependency Approach”. Many voices complained that the implementation of the L4C was made difficult by not having its own operative budget. The L4C did not allocate funds for implementation nor administrative costs for partners, but a lot of the work was depending on these organisations. The partners and the CARE programs were expected to support implementation through programmes that were already running. As no personnel costs were planned or allowed, CARE could not hold the POs responsible if they did not do what was taught. Later, after the redesign, there were small contributions (seed fund) to activity costs for follow up on action plans and feedback to CARE. While there have been some benefits from embedding the L4C in other complementary projects (e.g., enabling shared use of resources and resource people, easier entry to the community level), the early termination of complementary projects before the L4C ended has directly contributed to the loss of trained staff in POs or even dropping out of the PO from the programme. For example, at the time of training for the evaluation in late 2018, one PO from Northern Uganda no longer had any L4C trained staff, which is why no one from that organisation came to the evaluation training. As one senior Ugandan staff of L4C explained, the complementary funding must be part of the design for the full period, or there must be a plan B. The key lesson is for the programme designers to be more aware of the associated risks (e.g., truncated and asynchronous timelines) and to guard against them, i.e., position the programme with a central cross-programme unit in the organisation and facilitate cross-programmatic embedding, rather than being dependent on just one project or programme.

Peer learning – the approach of capacity strengthening needs to be very open with the targeted groups (including the targeted organisations); and be clear about how the capacity development builds on the need existing in the community and in the organisation/partner. In the evaluation discussions, some of the POs in Rwanda and Uganda made it clear that in any future project, they would want to participate in making important decisions that affect the organisation, including capacity building plans. The respondents from Rwanda and Uganda felt that there could have been better support for more peer-to-peer learning, i.e., further tapping of the expertise of the POs. Some POs in these countries expected the L4C to support a platform for exchange of their expert knowledge – between POs and between countries. Although they highly appreciated the L4C trainings, they wanted to have more peer-exchange and inclusion of their own best practices into the trainings and learning packages than they felt had happened in the programme. This concern linked with their feeling that the programme had been top-down from the beginning and had not actively engaged the POs in the design. This was perceived by PO respondents as a missed opportunity in the L4C. There have been some exchange visits between COs; but these were challenging; e.g., visitors from two countries wanting to come at separate times, which is a burden to the host, and not being sufficiently clear about the learning focus of the visit.

Knowledge management – the project has had good results, but they have been weakly shared with senior management or other stakeholders during the life of the programme. The KML training only happened very late in the life of the project (i.e., just in the closing months); the lesson is that it should have been integrated from very early in the programme to provide KML product development tools to POs in good time to capture L4C learnings.

Arranging tools per the context – translating adequately and inserting local examples takes time and resources, but there was only a very short time in this project. The country office teams and POs felt that, while it was ultimately necessary and valuable, it was nevertheless a time-consuming challenge to simplify tools, manuals, etc. from international sources to this context and be accommodating for local values and culture.

6.4 Lessons about risk management

The L4C programme met many challenges over the life of the programme; some were very preventable, and all required some kind of adaptive management responses. It is notable that the original proposal identified some, though not all, of the risks that have manifested. Here following are the main risks identified in the original proposal⁷⁴:

- M&E and accountability - The Programme has limited direct control over (and limited possibility to measure) how staff members will apply the capacity built and knowledge acquired, as they will do so as part of other initiatives. This brings in challenges of M&E and accountability, but also of organisational culture: CARE will need to adapt and learn to see its added value at a different level.
- Dependency funding - The initiatives in which partners and CARE will apply the acquired knowledge are funded by other donors, creating a certain level of dependency. The assumption is that partners and CARE Country Offices continue to have funding for ongoing and future programming in which they will apply their increased capacities.
- Staff turnover - Experience shows that staff turn-over is a real issue at CARE and at partner organisations, whether government or civil society. To avoid the risk of lost capacity, a significant number of staff from each organisation will be involved. Second, the programme includes strong knowledge management component. If managers leave, there is a risk their successors will not have the same commitment to this programme. The assumption is that key staff in partner organisations and CARE Country Offices are stable enough to lead their organisations in the change process. Even though leadership of partners supports organisational development and gender mainstreaming, there might be some resistance to when it comes to actual implementation.
- Time for change - Personal change regarding gender norms can be very challenging; the programme assumes that staff are able to translate personal change into organisational change. In addition, it is likely that it will be challenging to staff to translate what they have learnt in trainings into actual changes in the implementation of the programmes that they are involved in. The risk here is that the impact will take significant time.

The following table shows the main challenges faced during the life of the programme, with explanatory details, and suggestions for mitigation interventions or strategies. [many of these mitigation suggestions overlap the recommendations chapter of this report]

Issue cluster	Challenge/risk	Details	Mitigation suggestions
1 Scale up	Insecure funding	<ul style="list-style-type: none"> • Risk of overambitious plans & incomplete activities 	Careful planning; full budget
2 Duration	Shortage of time	<ul style="list-style-type: none"> • Schedule became too busy because of pressure of time; caused insufficient review & reflection • Training was done but action plan implementation & follow up had too little time 	Programme should be designed for 5 years
3 Capacity building for transformation	Difficulties with action plans	<ul style="list-style-type: none"> • AP done on last day – often not well done – not enough time. • Too many action plans; Lost what they really were about. • Sometimes our action plans were over-ambitious & unrealistic so now we are struggling to deliver on some of the results 	Action planning is as important as the training & should be allocated sufficient time & technical support to do well
		<ul style="list-style-type: none"> • Some AP activities require resources (tools, materials...), but there was no budget 	Budget funds for action plan implementation & follow up
	Complaints about trainers	<ul style="list-style-type: none"> • Learning from Africa is not necessarily accepted • If the training is technical, e.g., RBM, KML it does not matter where the trainer comes from; but value-based trainings such as GED or WL need someone who knows the context & the issues, and thus better able to share knowledge & experiences. 	Use both national & external resource persons for trainings
	Trainings too short	<ul style="list-style-type: none"> • Duration of training - 3 days training is short, but also long; if one organisation sends three staff for three days, this is a lot, although the content is good. 	Involve partner organisations in planning for capacity building, including numbers & duration
	Heterogenous trainees	<ul style="list-style-type: none"> • the mix of participants during trainings should take into account gaps, i.e., those with less knowledge cannot be trained together with those with more knowledge. 	Target group segmentation for training
	Number trained	<ul style="list-style-type: none"> • If only one person is trained in a unit, it becomes a problem when that person is not there or if there is staff turnover. 	Train more than 1 person per organisation or unit; needs support at the leadership level.
4 Participants	Top down programme	<ul style="list-style-type: none"> • Some partners felt disconnected; that their expertise & learning was not well utilised • Relevance of interventions was not always well aligned with partners' felt needs • There were different interests & objectives among the partners 	Participatory planning involving partner organisations from the beginning

⁷⁴ Extracted from: Learning for change – CARE Österreich (2016) Strengthening women's voices in East Africa. CARE_Learning for change_Programme description_rev_03_2016_cleaned.docx

Issue cluster	Challenge/risk	Details	Mitigation suggestions
	Lack of budget	<ul style="list-style-type: none"> Level of effort required/expected from partners not linked to budget Lack ownership & commitment at PO level, e.g., fail to send right person & time management issue Staff turnover at partners – in the absence of salaries 	Include budget for partner engagement in the programme
5 Design issues	Insecure funding	<ul style="list-style-type: none"> The current L4C project was 'piggy-backed onto' or 'embedded within' other programmes & projects whose funding expired before the L4C had completed its plans. 	Make L4C cross-programmatic or standalone programme with secure funding & own budget
	Theory vs practice	<ul style="list-style-type: none"> There was cross-programme engagement, but the assumption that other programs would carry the message did not always happen. The partners & CARE staff had divided hearts, sometimes ignoring what was not funded. Within the POs there was no staff time budgeted, so if any running projects stopped, staff got lost. 	Future projects should balance between staff capacity enhancement & the amount of efforts (budgets) for community level interventions.
	Sequencing	<ul style="list-style-type: none"> Assessments were not done before detailed design, resulting in delays & having to change many approaches & indicators later. Assessments should have been done before detailed project design, but it was a challenge to do things this way due to funding. 	Thorough assessment should be done before design; Design period should have more thought
	Complexity	<ul style="list-style-type: none"> This project was very complex; people had problems with the organisational management part; It has been overcomplicated 	Project narrative should be simple to explain & understand
	Duplication, lack of links to existing organisational knowledge	<ul style="list-style-type: none"> Lack of links to work already done in CARE; one thematic lead over-concentrated on RBM – without linking to existing tools of CARE. The product may have contributed to confusion among partners who had already received conflicting guidance about M&E in earlier trainings from CARE 	Ensure qualified expertise that is well connected to organisational resources (networks, knowledge products/publications, etc.)
	Lack of exit plan	<ul style="list-style-type: none"> Despite knowing from any early time in the programme life that there would be no follow-on phase, there has been no defined exit or sustainability plan for this programme 	Incorporate specific exit and strategy planning as part of any programme document
6 Support systems	Staff turnover	<ul style="list-style-type: none"> Senior management – when there were changes in leadership at national level, there would be a long learning period for new staff to understand the complex project, & strategies would sometimes change 	Need to address with motivation, redundancy/extra trainees, refresher, other forms of support, e.g., PQL
		<ul style="list-style-type: none"> There was considerable staff turnover at CARE Austria; each time the staff turned over meant the programme had to restart again, discuss again, re-establish everything & this has taken a lot of time 	Need a more stable team at the regional coordination body (in this case, CO)
		<ul style="list-style-type: none"> Staff turnover in L4C - team structure was initially there, but then narrowed down due to staff losses. For a long time, there was no gender & policy advisor in house after she left & was not replaced 	Attention to coping with staff turnover; institutionalisation will make it more sustainable
	Rigid management	<ul style="list-style-type: none"> Some respondents felt there was inadequate room for error, adaptation, & flexibility within the programme 	Ensure transparency & flexibility in management systems
7 Resources	Underbudgeting	<ul style="list-style-type: none"> Very small budget for implementation and follow-up; field staff and partners felt strongly that the project was quite under-budgeted 	Full budgeting for the programme
	Delays in release of funds	<ul style="list-style-type: none"> POs complained that accessing funds was difficult due to CARE procedures; e.g., it took more than a year for non-strategic POs in Uganda to receive committed funds for work at community level 	Independent budgeting for the programme
	Skills gap	<ul style="list-style-type: none"> As a country program in Uganda, there is a deliberate shift to invest on youth & the CO did not have the capacity to understand their needs; it will now have to invest in making sure the skills are resident within CARE UG 	Update capacity assessment for CO (& POs); with potential for recruitment & capacity building using new expertise
	Dependency funding	<ul style="list-style-type: none"> In both Ethiopia and Uganda, the country L4C project was embedded in a complementary project whose funding ended before the L4C, leading to staff losses, and performance declines 	If complementary funding is used, it must be part of the design for the full period, or there must be a plan B
8 Knowledge management	Inadequate knowledge sharing	<ul style="list-style-type: none"> Delayed KML training/support - The team leader for KM&L left and was not replaced; this contributed to delay of KML trainings until shortly before the end L4C; meant delays in capturing/producing knowledge products and making a plan for knowledge sharing Insufficient quantities of manuals - Multiple voices called for greater numbers of manuals and training materials to be distributed – to facilitate sustainability/continuity, and for further extension and sharing for incoming staff and new projects 	Standard protocols & KML training are needed for knowledge sharing & knowledge products from the beginning Produce and distribute successful manuals in large numbers
9 M&E	Challenges to determine / measure contribution of L4C	<ul style="list-style-type: none"> M&E tools were too complex at beginning, e.g., action plans & M&E templates Potential double counting errors at impact group level when aggregating at CO level, due to overlap of target groups & activities of L4C & other programmes Staff turnover led to confusion of M&E guidelines (e.g., in Uganda, POs gathered wrong data, did not understand direct & indirect beneficiaries, etc.) 	Invest more carefully in technical support, reflections & pretesting for the M&E systems of the programme at the time of design

7. Recommendations

The following recommendations are based on a combination of field data (interviews, focus groups and self-completed MSC tool) plus reflections by the evaluation team. They are presented as two sets of recommendations: a) a short set of recommendations for the conclusion of the present L4C programme, and b) a set of 10 major recommendations related to full or partial replication of the L4C programme. Each of the recommendations is accompanied by a statement of important implications. Most of the core recommendations are also accompanied by more detailed suggestions for consideration in any replication or integration of L4C programming in the future. A supplemental set of further suggestions and ideas for the L4C or similar programmes coming from the field has been included in the Annex folder.

7.1 Recommendations for conclusion of current L4C

The recommendations related to the present L4C programme are principally related to knowledge management and sustainability. Many of these have been discussed by representatives of CARE Austria and the three CARE COs in the final international coordination workshop, held in February 2019 in Uganda.

7.1.1 Knowledge management

- **Knowledge products** - produce and maintain an **up-to-date inventory of ALL knowledge products** with information about how they can be accessed for anyone interested. **Distribute manuals**, guidelines and learning materials to all trainees
- **Sharing resource people/organisations** – Prepare and share the **database/list of the trained CARE and PO staff** (alumni); also, a **database/list of multipliers**

KM 1: Link L4C information to networks - CÖ should link actively with the relevant gender and organisational change networks of CARE, such as the CIGN and the Gender Cohort. These networks will be able to facilitate onward sharing of knowledge about the L4C approaches and achievements, as well as facilitating exploration or brokering of new or alternate sources of long-term support for the programme.

KM 2: Knowledge capture - engage the COs and L4C teams in further / fully documenting the L4C programme results and successes. Also capture learning about qualitative data gathering for outcome harvesting and most significant change stories. One very appropriate recommendation that surfaced, in light of both the short term of the project and the reports of its widespread emerging outcomes, is to do an **Ex Post evaluation** to assess the nature, extent and sustainability of the project outcomes and impacts.

We are collecting many, many stories – showing that some people (and organisations) have transformed and really used the information. These are early change/transformation anecdotes, though there is no statistical evidence – and it is probably too soon to invest in that kind of study anyway. The changes are there, but not yet sustainable enough or wide enough to measure statistically... So, there could be real value in doing a follow up survey, e.g., in 2021 to assess sustainability and impact changes. [UGA, HLKI]

KM 3: Knowledge products - The programme should produce and maintain an **up-to-date inventory of ALL knowledge products** with information about how they can be accessed for anyone interested. Follow through on production of suggested knowledge items, like a guideline on how to write manuals/ guidelines; build on L4C experience developing training materials from scratch. **Distribute manuals**, guidelines and learning materials to all trainees - Respondents strongly encouraged much more intensive sharing of manuals from the L4C trainings, i.e., wanting to be sure that relevant, useful knowledge is readily accessible. Upload the evaluation report on CARE evaluation website; share directly with all partner organisations. Additional ideas are included in the Annex section of the report.

Need to maintain the training materials in the sectors so that even if there is turnover, these will be used, and the leadership should be at the forefront. Manuals should all be translated; and continuously updated [extracted from ETH, lessons learned w/s report]

KM 4: Sharing resource people/organisations – Prepare and share the **database/list of the trained CARE and PO staff** (alumni), including facilitators, TOTs → to share with current and potential stakeholders (internal and external).

Need to develop list of people who have been trained in order to identify champions (e.g., have planned a big GED event which will be facilitated by staff already trained in GED). [extracted from ETH, lessons learned w/s report]

Prepare and share a **database/list of multipliers** from the L4C → to share with other projects/programmes, with NGOs, with local government leaders who can engage them in community change activities.

Do proper handover of multipliers by handing over a list to the sub county so that other NGOs can work with them as well in future. There is a need to deliberately plan to include this on the training schedule, e.g., for the last day [extracted from UGA, lessons learned w/s report]

7.1.2 Sustainability

- **L4C partner / CARE alumni platform** - Promote on-going peer support to sustain values and practices
- **Promoting continuity and talent management** - Prepare a **list of L4C staff**; Prepare a **list of gender fit/competent partners** and prioritise them for involving in the design and implementation of new proposals.
- **Institutionalise GED** – GED training should be compulsory for all CO staff and a **requirement for all new staff** where it isn't already. Senior management to consider how to deliberately and sustainably integrate gender and capacity building approaches across programmes and initiatives.
- **Follow up** – have some substantive follow-up to ensure sustainability; including broker L4C with other donors.

Sust 1: L4C partner / CARE alumni platform - Promote on-going peer support to sustain values and practices by creating & supporting an alumni platform.

Initiate an alumni system so that L4C/CO and training participants stay in touch and network. It allows to continue the capacity development and experience sharing even after L4C; also, further use of expertise and continued collaboration. [2018 Coord Mtg]

Sust 2: Promoting continuity and talent management - Prepare a **list of L4C staff** who will be affected by termination of the programme for sharing internally with SMT and other project/programme managers; include information about special skills acquired and demonstrated in the L4C. Prepare a **list of gender fit/competent partner organisations** and prioritise them for involvement in the design and implementation of new proposals.

List out partners and their competencies so other can refer to this in future. The fact that we have built a “cadre” of organisations with new capacities and an important set of skills will hopefully enable them to work differently and more effectively to achieve sustainable change. [extracted from UGA, lessons learned w/s report]

Sust 3: Institutionalise GED – GED training should be compulsory for all staff of CARE (programme and programme support) and partners; it should be a **requirement for all new staff** after hiring where it isn't already.

Need for HR to develop a capacity development strategy especially for new staff so that these trainings can be done not at project level but at CO level as part of sustainability. For GED, this should be done for all new staff members who join the organisation with the support of PQL and HR. [extracted from ETH, lessons learned w/s report]

Senior management (e.g., CO SMTs) should review how to deliberately and sustainably integrate gender and capacity building approaches (as well as gender competent staff and POs) across programmes and initiatives.

Institutionalize L4C, e.g., identify entry points to influence HR policies (e.g. wellness and other policies, job descriptions to reflect GED, systematic introduction to GED for new staff); involve GED officers or working groups strategically; etc. [2018 Coord Mtg; also, Rwanda LL workshop]

Sust 4: Follow up – many respondents in the evaluations stated their firm opinions and recommendations that the L4C project should have some substantive follow-up to promote and ensure sustainability.

Projects - Follow up with CARE projects having the same thematic areas; ensure they have access to the lessons from L4C, and work with them to incorporate these lessons into their work. [extract from UGA, lessons learned w/s]

7.2 Recommendations for replication / integration of L4C

1 Scale up

Recommendation - The L4C approach should be scaled up to more geographical areas, including more regions of the same countries and to additional countries.

Implications – there will be a need for integrating L4C approaches in upcoming concept notes and proposal writing by the capacitated CARE COs and POs; also, for identifying available civil society and/or government partners, and mobilising SMT level commitment in the potential locations.⁷⁵

⁷⁵ As noted earlier, this is already happening with CARE Ethiopia securing DfID funding for a national government level project on gender mainstreaming in Ethiopia that will be drawing heavily on the ADA-funded L4C experience in the Amhara region of the country.

2 Duration

Recommendation – the duration of any replication project/programme should be longer than three years, i.e., at least five years or even longer.

Implications – concept notes and proposals for programmes or projects/initiatives aiming for organisational transformation should be designed for a period of at least five years, with assured continuity of funding and support structures within the organisation.

3 Capacity building for organisational transformation

Recommendation - Capacity building for organisational gender transformation is clearly still needed in development organisations and worth investing in. The approach should be integrated (multi-thematic), needs-based, institutionalised, include experiential learning, and have qualified technical backstopping (coaching and mentoring).

Implications – preparing, implementing, and monitoring a specific capacity development plan with CARE and partner organisations – that addresses desired outcomes/content, needs assessment, institutionalising capacity development, experiential learning, and technical support.

4 Participants [to engage / to influence]

Recommendation - Evaluation respondents identified the most important groups to engage with for capacity building and influencing to achieve organisational transformation. These are: the staff and leaders of CARE and partner organisations; governmental structures and their leaders at executive, operational and technical levels; as well as community-based multipliers.

Implications – this recommendation links with the one above about capacity development, including the recommendation to engage participatively with the target groups in conducting the needs assessment and creating the capacity development strategy. In addition, CÖ should be more systematic and pro-active from the outset of any L4C type of project/programme in the future, ensuring strong linkages to relevant existing gender and organisational change networks of CARE, such as the CIGN and the Gender Cohort.

5 Design considerations

Recommendation - COs/organisations should create a coherent capacity development and organisational transformation strategy; also, to consciously address the integration of L4C concepts and approaches where possible in existing and new projects/programmes.

Implications – this will need non-distracted time for reflection, open communication, and commitment from all levels to identify real gaps and realistic solutions; it may take some budget and possibly external facilitation to be achieved. And it will certainly take a champion in senior management to monitor and keep the stakeholders accountable for following through on the plan.

6 Support systems

Recommendation - The success of any L4C replication or integration will be highly contingent on certain critical forms of support within the organisation; the most essential and influencing to the others is getting senior management buy-in from the very beginning. Enabling this will be a combination of ensuring that the programme is well positioned in the organisation and that partner organisations are selected based on genuine interest and commitment for the programme.

Implications – the plan/proposal for any L4C replication or integration (see above) will need to be clear, simple, and realistic to be convincing and able to capture senior management and partner commitment. The alignment of the other suggestions will be able to follow from this first condition.

7 Resources [for replication or integration]

Recommendation - L4C programmes should have an independent budget, and thus able to better manage staff turnover, motivate partner organisations, achieve advocacy, provide support for experiential learning, and have greater influence at management level in the stakeholder organisations.

Implications – the profile of L4C managerial staff will need to ensure financial and narrative project management skills at all levels, not just technical skills in GED or capacity development. Responsibilities for mobilising funds may go to or be shared by the programme design team, the CO SMT, the RMU, and the originators of the L4C, CÖ.

8 Knowledge management

Recommendation - Future versions of the L4C programme should have a very clear KM&L plan, with budget, activities, and qualified technical support from the very beginning; the KM&L plan should cover knowledge capture, knowledge sharing and knowledge application.

Implications – the KM&L plan will need both a budget and a technically qualified focal point or champion in place with the programme to guide and monitor its implementation.

9 M&E system

Recommendation - In any replication or integration of the L4C approach, there should be strong preparation (including a solid M&E plan and appropriate indicators) for capturing credible evidence of outcome and impact level change – for learning and sharing purposes, and for refining the approach.

Implications - Ability to do this will depend upon the design of the M&E system, and the capacity of the persons implementing it; therefore, well qualified M&E expertise should be engaged at the time of the design, and recommended indicators should be tested for feasibility and sensitivity to show organisational level changes.

10 Risk management

Recommendation - Any future iterations / replications of the L4C should do a careful and thorough risk analysis as part of the design, and use the lessons learned analysis from the current L4C programme to facilitate the discussion. A detailed (but flexible) risk management plan should be produced and reviewed at least annually during the life of the programme.

Implications – time will need to be budgeted during the design phase to engage in an in-depth reflection about risks and their mitigation.

8. Annexes

ANNEX 8.1 Supplemental Annex folder

Note from the evaluation team: It is anticipated that the full content of the annexes would be very big; instead of creating a burdensome document in that way, we will be using hyperlinks to a google folder that CARE Austria will be able to manage [whether keeping it as a separate folder or integrating it with the existing L4C folder that they maintain]

Proposed contents for the Google folder of supplemental Annexes to this report:

- 01 ToRs for the evaluation, & Core L4C documents
 - 01a Operational definitions (from ADA/OECD-DAC)
- 02 Knowledge products of the evaluation
 - 02a Inception report
 - 02b Training reports
 - 02c Fieldwork review/reflection reports
 - 02d Validation meeting presentation handouts and session notes
- 03 Fieldwork methodology
 - 03a Tools – MSC self-completion, MSC FGD, Gender Audit tool, High Level KI tool
 - 03b Info-Question-tool matrix
 - 03c Fieldwork guidance – manual, handouts
 - 03d Sampling plans
 - 03e Names of field data collectors for the evaluation
- 04 Data
 - 04a Data inventory from the field
 - 04b References consulted/used
- 05 Analysis
 - 05a Analysis guidance
 - 05b Aggregated data matrices: MSC self-completion & FGDs; GA tool; HLKI
- 06 Additional results
 - 06a Supplemental suggestions from the field (extra ‘recommendations’)

ANNEX 8.2 Embedded Annexes

8.2.1 Achievements table – outputs as of Feb 2019

Category of beneficiaries	Targeted			Reached to date		
	Women	Men	Total	Women	Men	Total
Ethiopia:						
CARE Staff			80	125	61	186
CARE staff cascade				203	133	336
Partner Staff			150	57	182	239
Partner Staff Cascade				1779	1617	3396
Impact level multipliers			270	118	167	285
Impact group + Indirect Beneficiaries			70	43752	43050	86802
Rwanda:						
Staff			71	145	138	283
Impact level multipliers	243	151	394	381	229	610
Impact group	42,728	16,81	59,54	45353	19613	64966
Uganda:						
Staff	127	91	218	258	189	447
Impact level multipliers	1,29	570	1,861	6145	3070	9215
Impact group	97,357	41,725	139,082	125892	67140	193032
ETH+RWA+UGA						
Staff/including PO & cascade			789	2567	2320	4887
Impact level multipliers			2,525	6644	3466	10110
Community level impact group			268,622	214997	129803	344800

8.2.2 Regional M&E framework for the phase 2016 - 2019

Original Version: 18.07.2017; update 08.04.2019 [based on end of Feb 2019 data]

Main Objective: Partners & CARE contribute to the proposed Sustainable Development Goal 5: 'Achieve gender equality & empower all women & girls'					
Results	Regional Indicators	Country wise specifications of indicators	Baseline	Achieved	
Program Objective: 268.622 women & girls are meaningfully participating in decision-making at household, community, local & national levels					
Women & girls meaningfully participate in decision making at household, local & national levels <i>Supports CI 2020 Indicator: # & % of people of all genders who have meaningfully participated in formal & informal decision-making spaces</i>	PO1: 268.622 people at community level (impact group members) were reached by Partners & CARE structures by March 2019	NA			
		Ethiopia: 70.000 people at community level (impact group members) were reached by Partners & CARE structures by March 2019.	Target 70000	86802	
		Uganda: 139.082 beneficiaries at community level reached by Partners & CARE structures by March 2019.	Target 139,082	193,032	
		Rwanda: 59.540 beneficiaries at community level reached by partners & CARE structures	Target 59,540	64966	
	PO2: By end of project 60% of the L4C reached impact groups benefit from the initiated change processes at community level	NA			
		By end of project 70% of the L4C reached impact groups benefit from the initiated change processes at community level	53.20%	Needs survey	
		By end of project 50% of the L4C reached impact groups benefit from the initiated change processes at community level	21.80%	Needs survey	
		By end of project 70% of the L4C reached impact groups benefit from the initiated change processes at community level	40.20%	Needs survey	
	PO3: By March 2019, 12 NGO partners & 4 CARE Offices raise awareness on/ advocate for equal rights & meaningful participation at local, national and/ or international level (endorsing especially UNSCR 1325 & Kampala declaration)	Austria: CARE Austria implements WPS advocacy in Austria & at EU level.	0	1	
		Ethiopia: CARE Ethiopia is influencing government by generating evidences on Gender Equality & Women Empowerment	0	Needs survey	
Uganda: By March 2019 CARE Uganda & 7 NGO partners demanded equal rights & meaningful participation of women & girls in decision making processes		5	Needs survey		
Rwanda: 5 NGO partners & CARE Rwanda raise awareness on/ advocate for equal rights & meaningful participation at local, national and/ or international level		2	Needs survey		
Result Area 1 (Organisational Development): 21 partner NGOs, partner government institutions & CARE offices demonstrate increased/continued progress towards gender equitable working cultures, organisational policies, & practices.					
Outcomes 1					
1. Improved organizational climate in partner organizations & CARE reflects transformative GED & psychosocial wellbeing	1A: By March 2019, 60% of staff report about an improvement in "organizational climate" at CARE & partners	NA			
		Ethiopia: By March 2019, 50% of staff report about an improvement in "organizational climate" at CARE & partners.	24%	Needs survey	
		Uganda: 70% of staff report an improvement in "organizational climate" at partner levels & CARE by March 2019	61%	Needs survey	
	Rwanda: 60% of staff reporting improvement in organizational climate change as result of GED training. by March 2019	48%	Needs survey		
Intermediate Outcome 1.1:					
1.1: Capacitated staff, & GED & PSS inclusive managerial & team building processes enhance a friendly & productive work environment in Partners' offices & at CARE	1.1.A: By end of project 65% of staff report that GED & psychosocial support techniques & tools positively contribute to staff's wellbeing & productivity	NA			
		Ethiopia: 50% of staff report that available Gender & psychosocial support mechanisms & spaces positively contribute to their wellbeing & productivity	34.30%	Needs survey	
		Uganda: 70% of staff report availability & functionality of GED & psychosocial support mechanisms & spaces positively contributing to their wellbeing & productivity	48.29%	Needs survey	
	Rwanda: 75% of staff report that available Gender & psychosocial support mechanisms & spaces positively contribute to their wellbeing & productivity	67%	Needs survey		
Contributing Outputs 1.1.:					
1.1.1 Organizational capacity development plans, learning modules & tools on transformative gender & diversity & psychosocial wellbeing are available	1.1.1.A Integrated Gender Diagnostic Assessment report & capacity development plans are produced for 18 of partner organizations & 3 CARE CO by March 2017	NA			
		Ethiopia: Integrated Gender Diagnostic Assessment report & capacity development plans are produced for 5 partner & CARE office by March 2017	0	5	
		Uganda: Integrated Gender Diagnostic Assessment report & capacity development plans are produced for 7 partner & CARE office by March 2017	0	7	
		Rwanda: Integrated Gender Diagnostic Assessment report & capacity development plans are produced for 6 partner & CARE office by March 2017	0	6	
	1.1.1.B: 2 learning packages	Technical support to learning package development enabled		done	

	including relevant tools & training manuals on GED, PSS & Diversity Management are developed & adapted by October 2018	Ethiopia: By September 2017 contributions to the Learning packages for GED / Organizational Development (developed by Uganda)	0	done	
		Uganda: Development of 2 Learning Package covering Psycho-social support (PSS), & strengthening Women Leadership (WL) & Engaging Men & Boys (EMB) is made by by September 2017	0	done	
		Rwanda: GED roll out plan in place by March 2017	0	done	
1.1.2. Multipliers are capacitated to promote transformative GED & psychosocial wellbeing at organizational & individual level	1.1.2.A: By October 2018 420 staff in partner organizations & in CARE participated in the action learning programme	NA		28 staff trained on GED in 2 sessions (9/2017, 12/2018)	
		Ethiopia: By March 2018, 230 staff of partner organizations & CARE underwent organisational gender transformative capacity development ToTs in line with assessed needs	0	285?	
		Uganda: By March 2018, 80 staff of partner organisations & CARE underwent organisational Gender transformative capacity development ToTs in line with assessed needs	0	unclear??	
		Rwanda: By March 2018, 110 staff in partner organizations & in CARE participated in the action learning programme	0	283	
	1.1.2.B: By March 2017 minimum 5 CARE staff from 4 countries are certified as (master) trainers for Gender Equality & Diversity as part of the L4C master certification training	NA			
		Ethiopia: By November 2016 minimum 1 CARE Ethiopia staff are certified master trainers for Gender Equality & Diversity	0	3	
		Uganda: 2 CARE Uganda staff certified as master trainers for Gender Equality & Diversity by November 2016.	0	3	
		Rwanda: By November 2016 2 CARE Rwanda staff are certified master trainers for Gender Equality & Diversity	0	2	
Result Area 2 (Programming): 3.044 staff members & attached multipliers of partner NGOs, CBOs, government institutions & CARE are applying increased technical capacities for gender equality programming to the benefit of vulnerable women & girls					
Outcome 2					
2. Design, implementation & reporting of Partners' & CARE Programs & knowledge systems reflect an integrated gender transformative approach <i>Supports CI 2020 Indicator: # & % of projects/programs that developed innovations for fighting poverty & inequality</i>	2.A: By March 2019 Minimum 70% of staff in partner organisations & CARE offices report of an enhanced integrated culture of gender & PSS responsive results-based programming, reporting & knowledge management	NA			
		Ethiopia: By March 2019 67% of staff in partner organisations & CARE offices report of an enhanced integrated culture of gender & PSS responsive RBM, reporting & KM	48.27%	Needs survey	
		Uganda: By March 2019 70% of staff in partner organisations & CARE offices report of an enhanced integrated culture of gender & PSS responsive RBM, reporting & KM	58.56%	Needs survey	
		Rwanda: By March 2019 85% of staff in partner organisations & CARE offices report of an enhanced integrated culture of gender & PSS responsive RBM, reporting & KM	78.34%	Needs survey	
Intermediate Outcome 2.1:					
2.1: Partners & CARE integrate diversity, Gender transformation & PSS in their programming	2.1.A: By March 2019 a minimum of 55% of all submitted proposals by capacitated partners in RBM & CARE include gender sensitive indicators endorsing gender equality and/or diversity	NA			
		Ethiopia: By March 2019 50% of all submitted proposals by CARE Ethiopia include result statements/indicators endorsing Gender transformation	33%	Needs survey	
		Uganda: Result statements & indicators endorsing GED are included in 50% of all submitted proposals by the 4 capacitated partners & CARE by March 2019	37.50%	Needs survey	
		Rwanda: By March 2019 70% of all submitted proposals by CARE Rwanda include result statements/indicators endorsing Gender transformation	28.60%	Needs survey	
	2.1.B: By March 2019 capacitated partners & CARE cascaded their knowledge on WL, EMB & PSS to 2.525 impact level multipliers/ agents of change	NA			
		Ethiopia: By March 2019 capacitated partners & CARE cascaded their knowledge on WL, EMB & PSS to 270 impact level multipliers/ agents of change	0	285	
		Uganda: By March 2019 capacitated partners & CARE cascaded their knowledge on WL, EMB & PSS to 1.861 impact level multipliers/ agents of change	0	9215	
		Rwanda: By March 2019 capacitated partners & CARE cascaded their knowledge on WL, EMB & PSS to 394 impact level multipliers/ agents of change	0	5 to 610	
Contributing Outputs 2.1.					
2.1.1: Partners & CARE staff have the technical capacity to develop GED & PSS sensitive/transformational projects	2.1.1.A: By August 2018 4 learning packages incl. training modules & tools to integrate gender & PSS responsive approaches in programming & to promote WL, EMB & PSS at local level are	2 learning packages (one for KML & one for RBM programming) are finalized by August 2018	0	4 workshops for 2 learning packages; manuals for RBM developed	
		Ethiopia: The KML, RBM & organizational level learning packages are supported & the impact level package is conceptualized (manual translated to local language)	0	done	

	developed/adapted & contextualized	Uganda: By December 2017, 2 learning packages for capacity development at at impact level focussing on the promotion of WL, EMB & PSS are available. The KML & RBM level learning packages are supported.	0	2 TOT developed, & manual finalized
		Rwanda: The impact level learning package is conceptualized (manual translated to local language)		done
2.1.2: Staff of CARE & Partners have the knowledge to train multipliers in promoting Women Leadership, engagement of men & boys & PSS at community level	2.1.2.A: Staff members of 14 Partners & 3 CARE officers received 2 TOTs for the promotion of WL, EMB & PSS at local level	NA		
		Ethiopia: Staff members of 5 Partners & CARE Ethiopia received 2 TOTs for the promotion of WL, EMB & PSS at local level	0	??
		Uganda: Staff members of 4 Partners & CARE Uganda received 2 TOTs for the promotion of WL, EMB & PSS at local level	0	??
		Rwanda: Staff members of 5 Partners & CARE Rwanda received 2 TOTs for the promotion of WL, EMB & PSS at local level	0	18 of 5 partners & CARE
2.1.3: Results based Planning, Monitoring & Reporting (M&R) systems are enhanced & operational to support gender transformation & diversity	2.1.3.A: By March 2018 staff from 13 partner organizations & 3 CARE offices are fully capacitated in gender responsive RBM	NA		
		Ethiopia: By March 2018, staff from 5 partners & CARE Ethiopia are fully trained in gender responsive RBM.	0	82 of CARE & 5 partners
		Uganda: By March 2018 (70) staff from CARE Uganda & from 4 partner organizations are fully trained in gender responsive RBM	0	??
	2.1.3.B: By end of project minimum 80% of the organizations (Partners & CARE) supported in RBM by L4C have enhanced M&E systems	Rwanda: By March 2018, staff from CARE Rwanda & 4 partner organizations are fully trained in gender responsive RBM	0	27 of
		NA		
		Ethiopia: By end of project 100% of organizations supported in RBM by L4C have enhanced M&E systems	0	Needs survey
		Uganda: By end of project 70% of organizations supported in RBM by L4C have enhanced M&E systems	0	Needs survey
		Rwanda: By end of project 80% of organizations supported in RBM by L4C have enhanced M&E systems	0	Needs survey
Intermediate Outcome 2.2				
2.2: Knowledge on GED is systematically documented & shared for scaling up program quality & outreach	2.2.A: 13 partners & 3 CARE offices are documenting & sharing aggregated knowledge on gender equality & women empowerment in a more systematic way, by March 2019	NA		
		Ethiopia: By March 2019 5 partners & CARE Ethiopia are documenting & sharing aggregated knowledge on gender equality & women empowerment in a more systematic way	0	Needs survey
		Uganda: Aggregated knowledge on gender equality & women empowerment in a more systematic way is documented & shared by CARE Uganda & 4 partners by March 2018.	0	Needs survey
		Rwanda: By March 2019 4 partners & CARE Rwanda are documenting & sharing aggregated knowledge on gender equality & women empowerment in a more systematic way.	0	Needs survey
Contributing Outputs 2.2.:				
2.2.1. Knowledge management culture & tools of Partners & CARE are enhanced	2.2.1.A By March 2018 knowledge management & learning tools are introduced/ enhanced in 13 Partner organizations & 3 CARE	Ethiopia: By March 2018, Knowledge Management & learning tools are enhanced/ set up in CARE & 5 Partner organizations.	0	??
		Uganda: Knowledge Management & learning systems in 4 partner organizations & CARE enhanced/ set up by March 2018.	0	??
		Rwanda: By March 2018 knowledge management & learning tools are introduced/ enhanced in 4 Partner organizations & at CARE Rwanda.	0	7
2.2.2. Knowledge products are developed & published to increase awareness & engagement on Women Leadership, Psychosocial Support, Engaging Men & Boys	2.2.2.A: By March 2019, a minimum of 5 regional L4C knowledge products highlighting partners' learning experience & best practices are generated & disseminated by CARE	Ethiopia: By March 2019, 2 regional L4C knowledge products (e.g. documentary + Overall KML report) highlighting partners' learning experience & best practices are generated (in the areas of GT & OD) + contributions to 5 regional learning products.	0	2
		Uganda: A minimum of 2 regional L4C knowledge product highlighting partners' learning experience & best practices (e.g. in the areas of WL & EMB such as PSS) are generated & disseminated by CARE by March 2019.	0	2
		Rwanda: By March 2019, 1 learning product on regional experiences in advocacy developed & contributions to a maximum of 5 regional L4C knowledge products.	0	1
	2.2.2.B: By March 2018 at least 50% of partners supported by L4C in KML have developed knowledge products & have showcased/ shared them	Ethiopia: By March 2018, 50% of CARE Ethiopia & L4C partners supported by L4C in KML have developed learning briefs & showcased/ shared them	0	??
		Uganda: Knowledge products developed & shared by at least 50% of the L4C partners supported in KML by March 2018	0	??
		Rwanda: By March 2018 at least 50% of partners supported by L4C in KML have developed knowledge products & have showcased/ shared them	0	100%
Result Area 3 (Advocacy): Staff members from 15 partner NGOs & CARE have increased capacity in conducting more effective & inclusive influencing & have contributed to the success of ongoing advocacy on gender equality (UNSCR1325, Kampala declaration, implementation of national laws etc.)				
Outcome 3:				
3. Women's voices influence strategic forums concerning	3.A: By March 2019, 10 L4C advocacy partners & 3 CARE offices facilitate	Austria: CARE Austria refers to experiences & lessons learnt from the Great Lakes Region in its advocacy & advocates for the participation of partners in at least 2 global forums (informal EU task force & CI Gender Network)		3

women peace & security at national & international level (contributing to the implementation of UN 1325 & 1820) <i>Advocates i.a. for the implementation of UNSCR 1325 Indicator 12: Level of women's political participation in conflict-affected countries</i>	the meaningful participation of women's & girls' voices from the ground in at least 11 of global forums (e.g. ICGLR & EU) regarding WPS	Ethiopia: -		NA?		
		Uganda: By end of project, 7 Partner & CARE Uganda engage & contribute to 6 global advocacy forums for Gender & Women, Peace & Security related issues (for example equitable distribution of resources, effective sharing & separation of power, peaceful coexistence, tolerance & reconciliation)		??		
		Rwanda: 3 partner organisations & CARE Rwanda advocate in 3 global forums for Gender & Women, Peace & Security related issues (GBV CSO Network, ICGLR regional CSO forum & GIMAC)	2	??		
Intermediate Outcome 3.1:						
3.1. Partners & CARE are actively involved in policy dialogue & advance women's peace & security issues in networks & alliances by linking local to global	3.1.A: By March 2019, 15 staff of partners & 15 of CARE contribute to policy actions on WPS & SGBV	Austria: At least 3 CARE Austria staff actively participate in fora on WPS, GBV & gender equality in Austria & at EU level (eg Informal EU Task Force, friends of 1325, CI Gender Network)		3		
		Ethiopia: 2 of key staff from CARE Ethiopia participate in gender networks & global working groups to advocate for gender equality & against GBV.	0	??		
		Uganda: 2 Staff of CARE Uganda & at least 3 partner staff at senior level participate in gender networks & global working groups to advocate for women rights, gender equality & against GBV.	0	??		
		Rwanda: By March 2019, 12 staff of partners & 8 of CARE contribute to policy actions on WPS & SGBV	0	??		
	3.2.A: 10 local advocacy concerns are promoted by the program to be integrated in national & global policy approaches / action plans on WPS & SGBV by March 2019	Austria: CARE Austria promotes 3 local advocacy concerns (meaningful participation of women, SGBV & improved support to national CSO working on WPS & gender) in policy approaches at Austrian & EU level (by end of project)	1	3		
		Ethiopia: By March 2018 CARE Ethiopia advocates for 2 local advocacy concerns (gender equality & women empowerment) in Care Internationals' Gender Network (CIGN) & other global advocacy initiatives.	0	??		
		Uganda: 4 local advocacy concerns (land & property rights, SGBV, Meaningful Participation of Women in politics, engaging men & boys in SGBV prevention & Responses) are integrated in national & global policy approaches / action plans on WPS & SGBV by March 2019	0	??		
		Rwanda: 1 local advocacy concern (Inclusion of GBV in local planning & budgeting/IMIHIHO in District planning for Rwanda case) is integrated in national & global policy approaches / action plans on WPS & SGBV by March 2019.	0	??		
		Outputs 3.1.:				
		3.1.1 Advocacy strategies & action plans are developed focusing on gender equality, women's peace & security	3.1.1.A: By September 2018 8 of Partners & 4 CARE offices have (further) developed and/ or apply advocacy strategies & action plans focusing on gender equality, women peace & security	Austria: By September 2017, CARE Austria has developed an advocacy strategy on WPS & started its implementation	0	
Ethiopia: By March 2018 CARE Ethiopia has developed influencing strategies & started to implement an action plan focusing on gender equality.	0			??		
Uganda: Advocacy strategies & action plans focusing on gender equality, women peace & security developed by a minimum of 4 Civil society partners & CARE CO by March 2018.	0			??		
Rwanda: By September 2018, 4 Partners & CARE Rwanda have (further) developed and/ or applied advocacy strategies & action plans focusing on gender equality, women peace & security	0			??		
3.1.1.B: By March 2019 In 3 countries a total of 7 WPS & women rights policy recommendations, strategies & good practices are produced & shared with political decision makers	Austria: CARE Austria produces & disseminates at least 4 policy documents/recommendations related to WPS at Austrian & EU level		0	5		
	Ethiopia: -		0	NA?		
	Uganda: 2 policy recommendations on the Practical implementation of the Kampala declaration, developing guidelines on Male engagement to ensure national compliance & implementation of women rights, peace & security policies are produced & shared with political decision makers by March 2019.		0	??		
	Rwanda: 1 policy document that address identified gaps & opportunities to ensure national compliance & implementation of women rights, peace & security policies are produced & shared with political decision makers by March 2019.		0	1		
	3.1.2 Public advocacy/awareness campaigns organized on gender equality & women's voice					
	3.1.2.A: Partners & CARE organized 24 of awareness events at community level based on support of L4C by March 2019		NA			
Ethiopia: Care Ethiopia & Partners organize minimum 4 awareness events at community level by March 2019.		0	3			
Uganda: 20 awareness events organized by CARE Partners at community level by March 2019.		0	??			
NA		0	NA?			
3.1.2.B: By March 2019 Partners & CARE organize 17 advocacy events/campaigns at national & international level		Austria: By March 2019, CARE Austria has organised at least 4 advocacy actions promoting WPS or Gender Equality (e.g. 16 days of activism, plenary discussion in Vienna, CARE Austria Advocacy Event in Uganda).	0	6		
		Ethiopia: By end of project Partners organize 3 events/campaigns at national level.	0	??		
		Uganda: By the end of the project 9 advocacy events/campaigns at national & international level are organized by CARE & Partners	0	??		
		Rwanda: 1 advocacy event is organized by partners & CARE at regional level on the implementation of national commitments.	0	??		

3.1.3 Partners & CARE are members in national & international networks on GEWE & WPS	3.1.3.A: 5 Partners & 4 CARE offices are engaged in 12 national or international high-level working groups/task forces & round table alliances advocating for Gender Equality, WPS & the elimination of SGBV by March 2018	Austria: CARE Austria regularly participates in at least 2 working groups/ fora working on gender equality & WPS (e.g. Informal EU Task Force on WPS, Friends of 1325)		3	
		Ethiopia: CARE Ethiopia influenced 3 networks/ working groups at national/ international level (for example Agriculture Transformation Agency, Donor Gender Group)	0	??	
		By March 2018 4 Partners & CARE Uganda are engaged in 4 of national or international high-level working groups/task forces & round table alliances advocating for Gender Equality, WPS & the elimination of SGBV (Ministry of Gender, GBV sector working committee, Uganda Women Network, International Conference on Great Lakes Region (ICGLR), Kampala declarations)	0	??	
		Rwanda: By March 2018, CARE Rwanda & 1 partner (Pro-femmes) are engaged in 3 of national or international high-level working groups/task forces & round table alliances advocating for Gender Equality, WPS & the elimination of SGBV (GBV CSO Network, ICGLR regional CSO forum & GIMAC)	0	3	
	3.1.3.B By March 2018 2 Partners & 3 CARE offices meaningfully participate in 9 of working groups & conferences/ network events held at civil society level on enhancing implementation of GEWE & WPS policies	Austria: CARE Austria actively engages in at least 6 civil society networks/conference/working groups (e.g. CI advocacy & gender networks at EU & global level, WIDE, reloading feminism, AGGV in Austria)	3		
		Ethiopia: -	0	NA?	
		Uganda: By end of project 2 Partners & CARE act as key representatives in 2 international forums (International Conference on Great Lakes Region (ICGLR) Kampala declarations)	2	??	
		Rwanda: 1 round table dialogues held at the national & regional level on the implementation of 1325 framework & Kampala Declaration	0	1	
	Intermediate Outcome 3.2:				
	3.2. Capacitated partners & CARE implement their strategies & action plans on evidence based advocacy more effectively	3.2.A: By March 2019, 44 lead managers from Partners & CARE state that their organisation has improved capacities in evidence based advocacy	NA	0	
Ethiopia: By March 2019, 5 lead managers from CARE Ethiopia state that the organisation has improved capacities in evidence based influencing			0	Needs survey	
Uganda: By March 2019, 18 lead managers of partners & CARE state that their organisation has improved capacities in evidence based advocacy			0	Needs survey	
Rwanda: By March 2019, 21 lead managers of partners & CARE (Programme coordinator, Executive Secretary & PM from CARE & partner organisation) state that their organisation has improved capacities in evidence based advocacy			0	Needs survey	
3.2.1 Partners & CARE have the knowledge resources & tools to promote evidence based advocacy	3.2.1.A: 8 Partners & 3 CARE offices produced at least 2 types of evidence based advocacy materials reflecting concerns from the ground on WPS by December 2018	Austria: By March 2019, CARE Austria has supported CARE offices to produce evidence based advocacy materials			
		Ethiopia: By December 2018 CARE Ethiopia have produced 2 evidence based infuning material	0	??	
		Uganda: By December 2018 7 Partners & CARE Uganda produced at least 2 types of evidence based advocacy materials reflecting concerns from the ground on WPS	0	??	
		Rwanda: By March 2019, 2 types of evidence based advocacy materials reflecting concerns from the ground on WPS by 1 patner & CARE Rwanda	0	2	
	3.2.1.B: By October 2018 an online advocacy/ knowledge library is available to partners & CARE that provides evidence based products on women peace & security	Austria: By October 2018, CARE Austria has contributed to the development of a suitable online platform		done	
		Ethiopia: By October 2018 an online advocacy/ knowledge library is available to partners & CARE is functional	0	done	
		Uganda: NA	0	NA	
		Rwanda: -	0	NA?	
3.2.2 Partners, CARE & community based groups have increased capacity to conduct evidence based advocacy	3.2.2.A: By March 2018 advocacy officers/ focal points of 9 of Partners' & 3 CARE officers are trained on key policies & techniques to conduct evidence based advocacy on women rights & WPS	NA			
		Ethiopia: By end of project staff of CARE Ethiopia is capacitated to create awareness & promote gender equality & GBV at local level.	0	??	
		Uganda: By March 2018 advocacy officers/ focal points of 4 Partners & CARE Uganda are trained on key policies & techniques to conduct evidence based advocacy on women rights & WPS	0	??	
		Rwanda: By March 2018 advocacy officers/ focal points of 5 Partners' & CARE Ethiopia are trained on key policies & techniques to conduct evidence based advocacy on women rights & WPS	0	??	
3.2.3 Journalists/ Media have increased capacity to promote gender equality & women's voice	3.2.3 A: By December 2018 journalists & media representatives are trained in guidelines for gender sensitive reporting in 2 countries	NA			
		Ethiopia: By December 2018 journalists & media representatives are trained in guidelines for gender sensitive reporting	0	27	
		Uganda: 12 women journalists & media representatives from Uganda Women Media Assosiation trained on GBV media guidelines & gender sensitive reporting & have Gender Transformative processes directly influencing their work by March 2018.	0	??	
	NA (Rwanda will not train journalists)	0	NA		
	3.2.3 B: By March 2019 17 press releases/statements are realed to media by CARE & partners on gender	Austria: By March 2019, CARE Austria has promoted WPS & gender equality in at least 40 media interviews/ press releases/ press conferences	11		
NA		NA			

	equality, women peace & security in 3 countries	Uganda: By March 2019 6 press releases/statements are released to media by CARE Uganda & partners on gender equality, women peace & security	0	??
		Rwanda: By March 2019 1 press release/statement is released to media by CARE Rwanda & partners on gender equality, women peace & security	0	??

ANNEX 8.3: Country chapters

8.3.1 Ethiopia and L4C

Focus on outcomes

Added value of the L4C project

The L4C project in Ethiopia has built capacity at partner organisation and individual staff levels for gender transformative change. In the words of the Deputy Program Director for CARE Ethiopia,

Usually do not get funding for this type of project. Due to low visibility, lack of support at ground level. Instead, it was funding for influence, thinking, and capacity development. It has tried to focus on issues – sensitive, shared agenda of norms common among partners, community. Tried to cross boundaries of project silos. L4C has nailed it – in Amhara. Good focus, got govt engaged and working; are good results, but only shared weakly at national level - need to be shared more widely. [ETH, HLKI]

The L4C project has demonstrated the opportunity and value of good partnering with government. They have been able to influence the behaviour of government staff within their organisational structure at different levels, and with the community. Working with Impact Multipliers (IMs) is a very practical approach, as it uses the government's own architecture and the support systems are already in place. Because L4C's partners are government, the project is reaching and influencing more than the targeted numbers of indirect beneficiaries.

The project has also done capacity building within CARE Ethiopia for both programme and programme support staff of many programmes, which is not commonly done. At the beginning, the project planned only to train 80 CARE Ethiopia staff; but eventually they have trained 179. Even these are less than a third of the staff; CARE Ethiopia is big – over 600 staff, and 6 field offices. L4C was a small project, relative to the portfolio of CARE Eth; but it has contributed to the wider CARE Ethiopia on social change for women's empowerment and learning around social norms.

There were many stories of significant positive changes from the respondents in Ethiopia. One of the most telling stories speaks of change at multiple levels: for women, for communities, and for government.

Organizing women only cooperatives - it was unthinkable before to consider women only cooperatives or that women can save. Legalized women only cooperatives became a reality after strong influencing work. The legal framework of cooperatives was very strict & prohibitive against women only cooperatives due to the doctrine of non-discrimination of any kind, like sex, ethnic background, & political view. Women only cooperatives were considered discrimination based on sex. After having influencing training, the Women & Children Affairs office started to gather evidence on the performance of existing saving by women in informal groups, like self-help groups (VSLA). They found that women groups performed better than other mixed saving groups. By advocating this performance as an evidence & as well as recognizing that the demand to be legalized by women informal groups was intense, the W/CA office along with cooperative experts used this as an influencing tool to advocate for women only cooperatives to be a reality. The influencing work got acceptance after a lot of dialogues; in the district, a policy reform has been made in favour of women that they can be organized into legal cooperatives. Currently, there are 27 women only cooperatives organized & having legal entity status. [ETH, HLKI]

In total, there were 131 significant change stories from 93 respondents. In rank order, the largest proportion of stories spoke of changes for women, followed by changes for the communities and then for the organisation (principally, the government sectors that were partners to the project). The outcomes for women have included taking up leadership positions (e.g., Cooperative board member, Cooperative leaders, kebele administration, land administration, Group leaders and group facilitators); improvements in health (e.g., from better nutrition, reduced work burden, and cultural shift permitting use of latrines in the daytime); and mobility that has enabled active participation in groups and economic empowerment. Changes in the community have included gender parity of girl students in schools, gender equity in distribution of labour (men and boys doing HH tasks that were traditionally shameful for them to do; women participating in cultivation), reduction of harmful traditional practices (especially early marriage and GBV), and improved mutual support.

In my life I became matured and wise in my marriage but previously I will be emotional with silly things, but after the training I have attended I become to understand what the situation is, the cause and solution. Now conflict is not common in my home because I do understand the cause and deal with the cause not with my husband; even my husband has been surprised with the change occurred in me. Thanks to CARE L4C I have started to live a simple life. [ETH, MSC-SC, CARE FO staff]

At the organisational level, there is change with leaderships, process owners, colleagues in sectorial offices - to have collaborative working relationships, integrations and improved productivity.

Nowadays I am managing myself by myself during the stressful situation, but previously I have no idea about stress. The projects I have joined as a project manager were projects with tight schedule, but I have achieved the activities by managing by myself. I have started to avoid some of the causes of stress by delegating the activities to my team, other sister projects and governmental partners. I have also started to tolerate my colleagues during their stressful situation and beyond that I have been treating them by giving time and psychosocial support to discuss about the issues as my main responsibility. [ETH, MSC-SC, CARE FO staff]

Changes are being seen in the previously imbalanced relations of men and women among the government staff, which is affecting the services they provide to the community; as one staff person said,

It is significant because the issue of gender & women's empowerment had been left to only gender advisers. Now staff working in other areas are involved & contribute to it. This goes beyond the office environment. Especially those who attended the GED TOT have the capacity to change things in their residence area & at home. I guess the more awareness we have on GED, we can build a better community. [ETH, HLKI]

Achievement of objectives/outputs & outcomes

In the words of CARE Ethiopia's Country Director, Esther Watts,

"It is not possible to attribute huge impact change to L4C, but it has contributed to institutional transformation in CARE Ethiopia and the government. It has provided a critical piece in learning around institutional change on key gender issues. Despite problems, L4C has been achieving an amazing amount with advocacy/influencing. One of the biggest achievements is mobilizing change in the government at zonal and woreda level. The L4C has supported the Ministry of Women and Children Affairs in the Amhara region to do what it is mandated to do – coordinating the mainstreaming of gender across all the line ministries – which it has not been able to do elsewhere. It has the mandate to hold all the line ministries accountable, but no funds for the task. The MoW/CA office now advocates & influences other government offices to incorporate gender in their project implementation, to participate women, and to promote diversity. It is incredible to see what is/has happened in the L4C/FSF project area." [ETH, HLKI]

Category of beneficiaries	Targeted	Reached to date		
	Total	Women	Men	Total
Ethiopia:				
CARE Staff	80	123	56	179
CARE staff cascade		203	130	333
Partner Staff	150	49	132	181
Partner Staff Cascade		1,529	1,358	2,887
Impact level multipliers	270	100	154	254
Impact group + Indirect Beneficiaries	70,000	37,377	37,339	74,716

In addition to the achievement of intended outcomes in a contracted span of time, the L4C project in Ethiopia has also had a number of unintended outcomes. Among the positive unexpected outcomes, four out of the five government sector partners have been recognized officially by the regional government for their achievements in gender mainstreaming. The development of women-only cooperatives was an unplanned positive change; the women's cooperatives are performing much better than the ordinary cooperatives in terms of saving, accumulating assets and capital, and returning their loans without defaulting. Improvements in gender equality at community and household, particularly on sharing of work burdens and changing cultural aspects of food distribution in the family, has changed mothers from delivering prematurely to normal delivery on their due date (due to less work, better feeding, and mobility to access services).

Most of the reports of unexpected outcomes have been positive, but there have also been some challenges. Among the most serious, some teachers who have been challenging child marriage have been threatened or even assaulted by parents in the community. At an organisational level, the early departure of some thematic leaders from the project was not expected; it seems that one contributing factor may have been frustration about lack of clarity in the original design and lack of significant activity during the first year of the project. CARE Austria have not felt that this project got the expected or desired attention of the senior CARE Ethiopia management. They had expectations about the way this project was to be implemented and perceived; meanwhile, for CARE Ethiopia, this is a very small project within \$80+ million portfolio.

Emerging opportunities - CARE Eth has recently done a concept note for DfID to do similar work at a federal level. While the L4C data had not been shared well internally, so people were not aware of it and did not use it in the design of the DFID note, it will be able to be used as evidence to support the project design and implementation, which is to help the

MoW/CA carry out its mandated activity of overseeing gender mainstreaming by government. There are opportunities emerging to sustain L4C gains in the organisation/institution, whether or not in the exact region. Some partners have heard of the L4C project results and are asking for training in gender. UNWOMEN has been asking the government in Amhara about gender and the government told them it is CARE's approach that is working in Amhara. Some of the L4C team have been asked to support trainings for other organisations (e.g., women's leadership for ORDA – an NGO).

Focus on process

In rank order, the most useful aspects of the L4C that were highlighted in the MSC tool (self-completion and FGDs) were training approach, tools & methods, enhanced skills, and action plans with follow ups. The training was praised for having needs-based content and useful components. The training process has been participatory and inclusive, using simple methodologies and practical exercises. The trainers have been praised for their knowledge and facilitation skills. Respondents from government, CARE and impact multipliers have said that the learning has contributed to their everyday work, improving their productivity and quality of services. Many respondents appreciated how the project linked the training with creating action plans that had technical support in follow ups.

Coordination - The lead partner has been the Women and Children Affairs Office for coordinating and organizing, as gender mainstreaming is a core part of their mandate. W/CA developed a coordination team of the partner sectors at different levels; this promoted sharing across sectors and facilitated good feedback. The sectoral coalition, called 'Timiret', has been implemented at zone, woreda and kebele levels. The coalition members have developed and been using a common checklist on which the interests of all members are represented and examined through a gender lens. This coalition platform facilitates discussions toward creating a positive environment, eliminating gender discriminations and building a gender sensitive organisation.

Challenges – Staff turnover has been a major constraint for this project. There has been huge turnover, which was due in part to unclarity in the initial workplan in the first year. The project design was complex and challenging to CARE employees. It took time for new employees to understand the what, how, and desired outcomes of project. There was limited support of L4C by senior management at CO and regional levels, and this constrained the efforts by project staff to reach more widely within CARE. Higher level support was also affected by the turnover of regional technical advisors and support officers from CARE Austria. In Ethiopia, the project also lost the thematic leads for GED and M&E, who were not replaced. Among trainees, the L4C staff in Ethiopia reported that only a few persons participated in multiple components or multiple trainings. This will have affected how deeply they could understand and integrate the issues in their lives and work.

Strengths & weaknesses of design

The project adopted a cascading design: CARE → partners → impact multipliers → beneficiaries. This has proven to be a good strategy, but it has been overly ambitious for a three-year project. The first year of the project was almost done by the time implementation really started; the effective time for implementation was only about 1 ½ years. By the last few months, the project staff and partners were fully occupied with training all the time trying to reach the target numbers. There was not enough space for reflection and changing practices of the organisation.

Challenges – a strict government ruling on 30/70 (admin/implementation funds) meant that capacity building alone was not acceptable, so L4C had to be linked to (embedded within) another project. L4C was housed (embedded) under one project portfolio (the FSF food security project) rather than being under a department or work unit that could oversee and position it to work with various projects. In retrospect, it would have been better housed at the CO under the PD, the PQL unit, or the gender advisor. The position with one project impeded the capability of L4C to implement an institution-wide initiative and limited its interaction and influence across various projects in the CO. Piggybacking the L4C to another project also had the problem of funding streams ending at different times; the FSF was ending before L4C, causing the training to be rushed and contributing to loss of staff. Some staff who left were not replaced, in part because the project was small, and with FSF ending, it was argued why waste the money.

Outputs

The impact multipliers (IMs) have been working extensively with the development armies – these are groups by gender, organized by the government at community level. The IMs have been doing gender awareness raising and facilitating discussions to improve social cohesion & diversity. There are reportedly 450,000 development army members per zone. Reportedly, there is now gender parity in schools in the region; the education sector has 28,000 students in the woreda, and the sector has been actively influencing parents of the students with regard to gender.

Respondents highlighted some of the activities being promoted that engage men and boys for gender transformative change. The W/CA sector believes that change on gender equality will happen only when men are also part of the change process. Not only are changed men held up as role models; the experiences of women on gender are shared for men & boys at an event called a holyday where women role model their best experiences for farmers men community. The L4C

also promotes the engagement of both genders during training, for instance, women and men moderate different sessions interchangeably to increase women's skills in moderating and facilitating meetings and events.

The most important things that we found were the discussion topics, which were very relevant to address our problems and helped us to improve our skills and changed our attitudinal thoughts. The important topics were facilitation skill and method of facilitation where we discussed on group works. Practicing a good and bad behaviour type of facilitators. The other most important thing is that helping people ideally in psychological and building good social wellbeing is more important than supporting victim people by money and any kind of assets. Also, the way we practiced the communication skill had paramount importance for ourselves on how to communicate with other population sects. [ETH, MSC-FGD, Women Development Army]

Focus on transition

Main lessons from the L4C

Capacity building - The L4C was bold and brave to try what it did. Although the components were not innovative, the design was different; it is not usual to have only a capacity building project, working on transforming attitudes. The value of the project was what it achieved in the institutional capacity building of government and CARE. This project also demonstrated the value of a multi-pronged programme approach where the multiple components were linked and reinforced each other.

Context – there is a mindset shift in whole country nowadays; there is a feeling that we should think differently. This has meant the project was being planted in fertile soil. In fact, a new NGO law has recently been drafted, which will allow advocacy and discussion of human rights. Within CARE, the Ethiopia CO has had a target of gender parity for the whole office; it started at about 21% and now around 40% - which has a huge influence on people's perceptions that CARE is walking the talk.

Duration - The L4C approach takes time to establish transformative mindset changes and look at diversity; but this project has been showing that it is possible to do this in a relatively short span of time. The 131 significant change stories from the 93 respondents are a testimonial to this achievement. Meanwhile, there is still much to do and a strong feeling that the project time has been too short to ensure sustainability of these changes.

Embedding – while the 'mother' project for L4C was big and influential, it ended sooner than the L4C and drastically reduced the effectiveness of the project as it was coming into fruition. It also constrained the boundaries and information sharing of the project.

Human resources – As mentioned earlier, recurrent and widely occurring staff turnover has been a big challenge for this project. In addition, there is concern about getting senior management buy-in for this kind of project. In Ethiopia there has been a huge gap between the project and senior management. The lesson is that this sort of institutional capacity building should be country wide; it really needs senior management buy-in and ownership to cut across project and programme silos to achieve genuine organisational change for gender transformation.

Action plans & follow up – the project staff saw that participants had more clarity about developing realistic and practical action plans after taking part in at least two trainings. In response, the project developed a strategy of group/collective action plans, based on sectors and location/woreda; they were able to see improved planning with these collective plans. Regular review meetings by the coalition of partner sectors during and after the action plan implementations have been a strong form of reinforcement to the capacity building.

Knowledge management – this kind of project needs a robust presentation and follow up – but this project was hard to understand. The learning from this project was not visible or concise for the PMT (project management team), which is part of the senior management in the CO. The knowledge management trainings only came at the very end of the project but should have come much earlier.

Sustainability – the L4C had no exit plan in the design from beginning, and no expectation of a next phase. This gap means that there are many unresolved issues about knowledge management and ways to ensure on-going support for the large numbers of people now committed to working for gender transformative change in their organisations, communities, families and personal lives.

For sustaining the changes, it will be good to have strong and continuing follow up. It will affect the started change process at community levels for many more years. [ETH, sector partner]

If it is possible, CARE should give enough time to make us self-confident and our works to be sustained by the communities' skills and practices. Capacity building is a long-time process, and for the future, such projects should have longer project times, e.g., around five years. [ETH, IM focus group]

Recommendations

Who to reach – the project (or CARE) should scale up to reach more target groups and other sectors; more than one person per sector should be trained to accommodate staff turnover; and higher officials should be engaged in the trainings to take up responsibility for follow up.

Support systems - Need more emphasis/strengthening for team structure; was initially there, but then narrowed down due to staff losses. This kind of gender project needs a gender & policy advisor in house.

Position of the programme – situate the L4C with the GED advisor to facilitate reaching across the organisation for institutional change.

Backstopping – together with the training, action planning and technical reviews/reflections are essential for supporting GED-related organisational change.

8.3.2 Rwanda and L4C

Focus on outcomes

Added value of the L4C project

According to the analysis of self-completed MSC assessments from Rwanda, the most significant changes influenced by the L4C have been changes at the organisational level. Out of 35 self-completed MSC tools, 26/35 (74%) respondents reported significant or most significant changes influenced by the L4C programme occurring in CARE Rwanda and/or a Partner Organisation (PO). Ranking by responses, there were 70 responses for change at various levels (organisational, community, personal, etc.); among these responses, organisational change was most common (34/70, 49%), followed by Personal change (16/70, 23%), changes in Impact Multipliers (7/70, 10%) and changes in Community (7/70, 10%).

Organisational change -In Rwanda, the L4C team managed to train almost all the staff of the CARE country office as well as those of the participating partner organisations. In consequence, the changes brought by L4C are influencing not just the trained staff but the entire organisations.

Institutional capacity development benefited all staff, senior staff and BOD; Staff (PO) applying knowledge acquired; staff committee (wellness); BOD has been trained and are supporting policy implementation, e.g., staff wellness. [RWA, PO leader]

Within the general cluster of organisational change, the leading categories of self-completed MSC responses about positive changes seen were: Gender/GED (21 responses); Well-being/workplace environment (14 responses); Diversity/cohesion (13 responses); and Senior management buy-in (12 responses).

Gender mainstreaming – the organisational changes described around gender/GED included multiple aspects of organisational transformation toward becoming gender fit. Staff of CARE and POs are reporting that they have become gender sensitive; they have a common understanding of GED and are upholding GED values & principles; and they are practicing GED not only at work, but also at home. The organisations are implementing transformative structural changes, including changes in HR practices, e.g., hiring a female driver, promoting women into higher leadership positions, and increasing the number of women project managers.

Before L4C, CARE Rwanda had more than 6 drivers all of whom are male. After attending different training sessions, CARE senior management started reflecting on the need to recruit a female driver who was on board last year thanks to L4C intervention. She is now appreciated by all staff and is performing even better than other old drivers! [RWA, MSC]

Both CARE and five POs developed, and one modified their gender policies, and are adding new gender sensitive policies, including a sexual harassment policy. GED is being integrated into all of the work of the organisations, including projects and programmes, advocacy work, cascading GED in community and producing gender disaggregated data.

From what I learned in the training, it helped me to really understand how gender is important and I realized that in my work, girls must be given the same opportunities as their brothers and where possible the specific needs of girls must be taken into consideration. [RWA, MSC]

The understanding of gender changed positively in schools where the project is located. A good case in point is Karongi district where the project was implemented girls and boys misunderstood gender but through L4C trainings they are enlightened on gender equality and hence complementarity between boys and girls. I consider this very significant because of a saying in English that "What you want your country to become tomorrow, put it in school today" Teaching young people gender will give us a gender responsive society of tomorrow. [RWA, MSC]

Staff of CARE and some POs are now participating in regular monthly GED discussions; which is supports gender-related change at organisation, family and personal levels.

*In my organisation, all staff have been trained on GED and on monthly basis, we conduct reflection sessions around benefits of promoting gender equality at organisation, family and individual levels. *This resulted into changing my personal behaviour. The change started during the ToT on GED I attended in March 2017 when we were looking at some concepts of diversity specifically on Dominant: Subordinate Group Dynamics in which we discussed power dynamics and tried to challenge societal norms and the one of "Gender" that described certain attitudes, roles and responsibilities assigned through a social process to males and females that often result in different opportunities and behaviour for both men and women. The analysis of the above concepts has really helped me to step outside my comfort zone and I started understanding the importance of promoting Gender at all levels primarily at my*

household level. The journey of change started when I started challenging some of negative masculinities imbedded in our society and opted to change and apply what I had learnt from the ToT sessions on GED. [RWA, MSC]

Work environment change - Another organisational change strongly felt across all organisations was an improvement in staff well-being, which was linked to learning from both GED and PSS interventions by the L4C project. At CARE, a staff wellness strategy is in place and implemented by a wellness-GED committee responsible to address stress management, plan and report. One day is set aside on a regular monthly basis, where the staff convene at a location away from the office, have a period of shared sports, then GED discussion, then share a meal together.

Every 3rd Friday of the month, we (CARE Rwanda staff) go out for a very refreshing and happy wellness day in an open and green place. We have a sport activity (we do aerobic, play football, volley ball). This is a great opportunity to relax our body and mind but also to joke and play with colleague and create stronger friendship. The sport is followed by a discussion around GED in the context of Rwanda where we share experience and learn from each other. We then share a meal (nyamachoma) and drink and enjoy ourselves. It is a wonderful day that help us to refresh and create stronger relationship that contribute to a better working environment and team work. The staff wellness strategy was developed as result of a training of CARE L4C and partner's leadership on psychosocial support where it was noticed that stress and work-life balance is an issue at CARE. The wellness activities are implemented by the wellness-GED committee under the leadership of the HR and CD. [RWA, MSC-SC, CARE staff]

Multiple staff praised the stress management approach, and the quality of the associated discussions on the GED day.

In CARE we decided to conduct every month a session on one or two themes of GED during the staff wellness day where the staff trained by L4C project facilitate discussions. It is very useful for the CO to have staff who have knowledge on gender. [RWA, MSC]

Through GED sessions, staff have had time to reflect on themselves and how they can contribute to a more diverse workforce. These changes were also accompanied with measures put in place, for instance, compulsory sports and relaxation, trainings on sexual harassment, etc. Senior management buy-in led to organisational changes, opportunities, and review of policies and procedures. [RWA, MSC]

The discussions and reflections triggered by the L4C have made it possible to devise practical solutions for a conducive work environment not only at CARE, but also for POs.

It helped the organisation in coming up and prioritising/improving staff welfare, dealing with organisational psychosocial stress management --- attended by Executive Secretary; every Friday we have sports activities, we have team time together; there is observed improved communication between staff and relationships. [RWA, HLKI, ARCT-R staff]

After their GED training, the staff challenged the leaders of CARE and POs to practically implement GED, which led to various tangible changes. For example, CARE recruited a female driver and developed a breastfeeding corner. Partners realised a need to review their BOD representation to include more women members and to consider GED principles in staff recruitment. Women's requests for gender separate toilets were addressed. Gender policies were created or updated within organisations, and now all staff/volunteers are required to sign a code of conduct banning sexual harassment within or associated with organisational work.

Achievement of objectives/outcomes

Gender equality/women's leadership – the L4C has contributed to organisational review and revision of practices related to women leadership in CARE and POs.

There have also been trainings focusing on women leadership at the organisation level. These have helped partners understand and put in place measures to promote women leadership in higher positions. In CARE Rwanda for instance, senior leadership took it upon to increase the number of women project managers. There was also a deliberate decision to recruit female drivers, as previously all drivers were male. [RWA, MSC-SC, CARE staff]

The L4C approach has also promoted the cascading of training and skills to schools and communities, resulting in changes of community leadership and governance. At community level, the most important changes mentioned by the impact group level (men, women, girls and boys) were related first to school/education and then for women respectively. In schools, there was clear understanding of gender issues and increased participation of girls in club activities, where they were also being informed on GED and women's leadership issues. Community members reported seeing increased self-confidence and self-esteem among girl pupils, girls showing readiness for leadership, mobilising other students and now becoming members of saving groups in their schools. As girls have gained confidence, they have increasingly participated in leadership roles; girls are competing with boys for leadership positions at school and taking up class representative positions.

For instance, in Nyarubuye School, girl students can stand in the public and raise their voices that they are proud to be girls! Girls are considered as important/valued as their brothers are! [RWA, MSC]

These changes were mentioned as most significant because girls/women are becoming empowered and the engagement of boys/men has been part of the change. Respondents reported very significant changes at schools in relation to the attitudes, behaviour and practices not only among girls and boys, but also with teachers/mentors who are now providing more support to girl pupils. There have also been changes in the mindset of parents regarding traditional roles for girls and boys.

Talking about change, before, when I happened to stay alone at home, I could not clean the house! But now after receiving L4C trainings on Gender Equality, I have changed. I started cooking from the last year. I did not know to cook before and it was done by my sisters. I clean the house; I share all responsibilities with my sister. My mother believed that there were responsibilities for my sisters. My father could refuse me to perform girls' responsibilities but after these trainings provided to my family members, our parents have changed their mind. Instead of waiting for me to feed the cows, my sister can do it in my absence and I also do what was supposed to be her works without any problem. My father demonstrates changes and encourages us to share responsibilities and when our mum is sick; he cooks, which could not happen in the past. Before changing others, you have to change first in order to teach by example, I started by changing myself, my family members followed." [RWA, MSC FGD, male pupils]

Respondents to the HLKI interviews indicated that women's decision-making has improved in a very short time, along with increased confidence among women, women gaining skills and taking up leadership positions, e.g., in the National Women Council.

The approach of L4C enlightened women and some are leaders in National Women Council (they gained confidence, have skills in M&E); they are now being elected in the leadership of VSL groups, where there are more women trusted with group funds, i.e., as treasurers, than men. [RWA, HLKI, EK]

There are reports from FGDs with beneficiaries and volunteers that the number of GBV cases has decreased when comparing the present to the time before the L4C trainings. This was attributed, at least in part, to wide sensitisation and GED cascading in the communities by the POs and IMs.

The programme L4C contributed to gender equality as observed in the change in behaviour for men at household level; more men are now involved in family support and care, helping their families with household chores and caring for the children. Women are now reported to be more empowered economically; they participate in financial resources and household decision making and are able to take bank credit. Reports also state that the numbers are increasing of women who have assets and who can sell those assets without asking permission of their husbands.

At personal level even at home, I used to give attribution to my children basing on the sex - that means I was directed by culture barriers and stereotypes. What is amusing is that my son likes to prepare food and other home activities (chores), and I used to take that as not normal for him. Today I am planning to pay for his lessons for cooking what I cannot do before L4C training. Everywhere I am, I do not miss the opportunity to use L4C topic depending on the group as relaxation exercises in one way and learning in another way. I make sure that people are aware of the exercise's purpose and I capture the change resulting from the exercises [MSC Self, ARCT-Ruhuka, RWA]

Social cohesion/diversity - The L4C programme has contributed toward developing and strengthening social cohesion, both within organisations as well as at community/beneficiary level and in schools.

I have understood that in my work place everyone has his/her diversity. I realized that, as staff we have different working styles, but which are complementary each other. After participating in the exercise on exploring our diversity, I realized that that I have some similarities and differences with my workmates, and we can use this diversity to respect and complement each other. [RWA, MSC]

We see less and less discrimination where we are intervening. The campaigns have led to changes in attitudes. E.g., less challenges for young girls who were experiencing stigma in school associated with menstruation. [RWA, GA]

The multipliers approach has resulted in community volunteers doing counselling and mediating to resolve conflicts, where before, people had to seek formal redress that was costly in time and money.

Men/boys engagement - Attitude and behavioural change is reported among leaders, men/boys concerning equal rights for women and girls whether at home, school or work. Boys in project areas are changing, becoming more considerate of their sisters, shifting in the traditional gender division of labour, and sharing responsibilities with girls. The change is also spreading to other students beyond the ones who attended the school clubs. Similar changes are occurring among men, helping their wives/families with household chores.

Advocacy - L4C advocacy module resulted in strengthening organisations to participate and contribute to influencing national policy, organisational policies and procedures and implementation of policies. At national level, POs in Rwanda

have contributed to implementation of the maternity leave policy, mental health policy, family and succession law, and UN resolution 1325.

The advocacy module enabled us to influence and contribute to policy change, e.g., the policy on maternity leave is now changed to three months from the one month before; we also contributed to the development of the family and succession law to include women in inheritance. [RWA, HLKI, EK]

Contributed to the adoption of United Nation security resolution national action plan 1325 and revision of the gender policy in Rwanda. We have influenced mental health policy on the problem of psychosocial issues; contributing to maternity leave policy and the policy has been adopted from those petitions; and family law has been adapted and amended [RWA, GA]

Unintended outcomes - The programme has also brought about some unintended outcomes, both positive and negative. Training community → implementing and cascading beyond expectation: PO reports indicate a higher than expected motivation of beneficiaries (IMs) into activism to train and support others.

Positively, the community is changing at level we didn't expect before. While we were training how to prevent family conflicts, we didn't expect some of the participant will work like being activist to train their neighbours. [RWA, GA]

Training community activists → used by local leaders: it was unexpected for leaders to use activists trained by L4C POs

Community activists became role model to community members that local leaders use them for supporting them in GBV prevention and response and case management. [RWA, GA]

One of the challenges experienced in some community is the community backlash in situations where men have changed to participate in non-traditional roles.

Men have changed positively their mindset and now they support women in different household unpaid care works but as unintended result some men are struggling with culture pressure where other men blame them to be manipulate by their wives. Their wife might face kind of discrimination from their colleagues saying that they have poisoned their husband. [RWA, GA]

Focus on process

Strengths & weaknesses of design

Coordination - having a good relationship with a relevant and strong technical team from CARE Austria was very helpful and complemented the training. At CO level, CARE guided POs to identify staff within POs who most fit as focal point in the organisation to communicate with CARE, follow up plans or events, training needs, technical support. The involvement of PO leadership in capacity building was helpful in following up with decision-making, e.g., BODs were among the groups targeted for capacity building training, as they are responsible for influencing plans and policies.

The L4C approach improved the culture of collaboration amongst CARE Rwanda staff. CARE Rwanda staff are increasingly comfortable with change ... Multi-disciplinary teams are increasingly working together through joint planning and execution to achieve objectives. This way of working is an enabler for the achievement of our (CARE's) program. – [RWA, HLKI CD]

Alignment - L4C is aligned with organisational objectives/CO programme in Rwanda – it contributes to developing women's leadership, vulnerable women, and enable reaching many people. The trainings are practical and aligned with CARE and PO needs. Another strength identified was that the L4C's goal/objectives are well aligned with Rwanda's One Programme strategy, and its design and subsequent implementation strategy lends itself to the CO's lean operating model. Looking to the future, CARE Rwanda has chosen the L4C delivery model to be included in the implementation of its current One Programme strategy.

Resources – The L4C was designed to operate on a low budget and link with other CARE programmes. In so doing, it has promoted ownership; developed useful tools; and brought a comprehensive approach to capacity building and organisational change. The approach of with multipliers has cascaded modules to beneficiaries. Coaching and mentoring follow up after training has improved and strengthened the learning acquired in the classroom trainings.

Challenges - In spite of this design alignment, at the start of L4C, most staff viewed and handled the L4C as a traditional project. Meanwhile, at that time, the programme had only one staff, accountable for the delivery of organisation-wide outcomes. As the CD says,

We hadn't adequately reflected on the realities of project implementation, so we were blind to the opportunities offered by L4C to cultivate the collaborative culture required to drive and achieve our CO one program strategy. Although POs developed policies it was uncertain whether they would be implemented. [RWA, HLKI, CD]

Implementation

Useful – in the opinion of CARE staff, the most useful aspect of the L4C was the training process, including tools and approach used. The trainings were practical and participatory, and the continuous coaching and mentoring for POs in GED helps trainees learn many things in a short time. Overall, the approach of transformational change for individuals and organisations is unique. L4C as a learning programme has drawn on internal resource persons to develop manuals and facilitate sessions, sometimes stretching their capacities in these areas more than they had done before.

Support from the senior management of CARE Rwanda and the POs was very helpful for staff. Strong leadership and commitment from the CD/CO management and staff enabled the L4C team/Coordinator to further develop collaborative partnerships with POs.

Challenges - emerging issues that needed adaptive management - Coordinating the integration of L4C into other running programmes was not easy. Limited or lack of funding was a general challenge for all POs - having to implement activities that were not in their plans before, without a budget/funds was not easy. The POs were more accustomed to competition for resources instead of building horizontal and collaborative relationships. There was lost time due to lack of translated manuals in the beginning for facilitators, especially at community level. Trainees were not consistent in attending workshops, which could affect the quality of knowledge/training received. Monitoring and reporting was a challenge, as the content of L4C was similar to other running programmes (SS4G, BEE) and implemented with the same impact group; it was not easy to separate in reporting on activities or outcomes.

Outputs

The programme has achieved its planned outputs well before the end of the programme; based on data from the report of 31 October 2018⁷⁶ that was available during the analysis phase of the evaluation, the numbers trained and reached had already exceeded almost all targets by two quarters before the end.

Category of beneficiaries	Targeted			Reached to date (by Oct 2018)		
	Women	Men	Total	Women	Men	Total
Rwanda:						
Staff			71	125	106	231
Impact level multipliers	243	151	394	358	204	562
Impact group	42,728	16,810	59,540	41,602	18,914	60,516

Challenges

The project had very limited funding to meet its needs and execute plans or scale up activities. Donor dependence and donor restriction on funded activities. Limited staff to reach all beneficiaries, linked with overloading the staff with other work and not focusing on gender activities. Having to implement and integrate L4C activities, without a budget, into other on-going programmes with other leaders was not easy and it could have also contributed to another challenge of inconsistency of trainees' attendance of sessions and subsequent cascading/sharing of knowledge/skills gained.

Challenging to plan and implement a project without a budget line/funds; Implementing without funds is a challenge especially if you have to cascade, or to integrate in other on-going activities; strained on reaching planned numbers; solution was planning early with other on-going activities. [RWA, HLKI, PO ARCT-Ruhuka]

Understanding the nature and concept of the L4C in the beginning was not easy, since it did not provide sub-grants like the other programmes, and the team lost some time; time was also lost due to lack of translated manuals at the beginning.

Being integrated with other CARE projects, sometimes L4C activities were conflicting with others from different projects and there was risk of double booking or conflicting with other activities. Not providing the sub-grant to the partner organizations caused the limitation of their motivation during the project implementation. [RWA, MSC-SC, CARE staff]

Having the same POs for all the other CARE programmes: POs constrained with time for competing activities and having demands from different CARE programmes; and having some content of L4C similar to some of those running programmes: SS4G, BEE had some challenges to separate in reporting. In addition, L4C Indicators were not integrated with existing programmes. Volunteers seemed exploited by the approach and yet were placed in a risk position sometimes in solving household/community conflicts.

⁷⁶ Additional updated information has been received after this writing; please see Annex folder for data sent by COs in March 2019.

Focus on transition

Main lessons

Transferability - we can sell our expertise and provide training services to other institutions. Recently, one of our staff trained staff of the Canadian Embassy and they paid our organisation for the staff-time. We have learnt how to market our organisation, and we have confidence we can do more of the same.

Design for impact change - starts with the individual before implementing or cascading to others; GED is a need for all staff and should be included in orientation schedules for new recruits (e.g., reporting, child protection, PSEA, stigma and discrimination all need to be part of orientation). Targeting of the needs-based capacity building approach needs to be very clear with specific targeted impact groups; and should build on the need existing in the community and in the organisation/partner.

Coaching and mentoring follow up still needed – time has been short and intense; there is still a need for a focal point person to oversee follow up, motivate activities. Action plans, follow up and review meetings helped internalize, practice and make personal change; Review, backstopping and follow up is good strategy for gender

Combining learning from modules - can hit two birds with one stone, e.g., blending advocacy, KML and GED in learning how to develop a poster. Stress management and RBM support personal development and leadership.

Capacity built - L4C has helped staff to reflect on actual strengths and gaps in different POs. L4C has increased staff capacity and reinforced skills learned from school; there are also improvements in working relations among staff. Trained individuals have influenced the organisational climate, e.g., trained male staff have internalized the learning and made personal changes; personal change has then energized their teams to work for impact in beneficiary groups.

New mode of CARE leverage with POs - able to learn new functions, cultivate collaboration, coaching and mentoring– as compared to the traditional way, L4C goes beyond just training to demonstrating and causing change in organisations.

Senior management/Leadership's buy-in is key for accountability and support to action plans (especially for partner organisations), as well as integration in work plans.

L4C participants feel confident of having acquired enough knowledge and skills to apply the L4C approach and continue the practice. Trainees are already practicing/applying the new skills, e.g., in documentation and reporting. Staff who attended TOTs and are still in their jobs will apply their RBM and GED skills to develop proposals with gender sensitivity.

Challenges and worries

Staff were most worried about the aspect of continuity – specifically regarding the quality of work by multipliers who are cascading knowledge/skills. With no handouts for reference, there is a danger of distortion of messages. High turnover of trained staff (CO, PO) may also affect sustainability of cascading training. In addition, inconsistency of persons attending trainings may produce poor results among trainees.

When partner/CARE staff are not completing all training sessions, it affects continuity, and one wonders will the skill set continue (if one is not fully prepared/trained –to fully conceptualise L4C model). [RWA, HLKI]

As yet, there is no clear exit plan for L4C; without an exit or continuity plan, there are worries about people who were not yet reached, or who did not attend sessions. For example, some village agents may only visit VSLA members/groups and yet other people also need support. Refresher training is very important because some staff need to be trained in different areas. The people who didn't receive trainings will find it hard to get such knowledge.

Late trainings and lack of follow-up - some of the trainings were only being conducted at the end of the programme, which means there is not enough time to follow-up or mentor staff for experiential learning, e.g., knowledge management and learning that was carried out in Phase II training, in November (only two months ago).

Human resources - staff who do not have gender in their responsibilities suffer from these interventions. It creates for them a workload beyond their current job description. Partner staff turnover has been a challenge during the L4C project lifetime. In response, training multiple staff from each organisation has resolved the problem of turnover and eased the process of cascading without disturbing the organisational management.

Shared learning – Organisational peer learning was not fully implemented; L4C could have supported more peer-to-peer learning, further exploring and tapping the expertise of POs; this was a missed opportunity.

There was some worry about people (women & men) who misunderstand GED and cause conflicts, e.g., about men doing non-traditional roles at household level. Some people are suspicious of community activists, believing that they have material benefits; such people may resist the programme and also cause some conflicts. Some men perceive GED as a threat, feeling they are losing power, fearing domination by women and this again leads to more risk of violence.

M&E - The staff expect challenges with monitoring system, which was done by L4C, and there is a risk of losing this culture of regular monitoring and follow up of L4C activities. The L4C indicators were not clear and not wholly matching with the other programmes for tracking. There is an unmet need for an organisational MIS; CARE could have used the L4C to develop a MIS usable by all partners and suitable for knowledge sharing.

Recommendations from the field

Duration - the concept needs long term project and should involve local leaders for ensuring its sustainability.

Capacity building – many voices suggested the L4C programme should be scaled up and/or extended to provide training to various untrained categories of people: e.g., local leaders, National Women Council, religious leaders, and other opinion leaders. Also, more cascading to communities and providing refresher training for trainers and volunteers.

Integration - L4C interventions should be integrated in other existing CARE programmes, especially with on-going multi-year projects. TOT sessions should be provided to many more CARE and PO staff to enable cascading. Integrate the L4C approach into new concept notes and proposals. Advocate for donors to fund the approach into other programmes.

Knowledge products - Training materials and manuals should be provided to all staff and multipliers, including handouts, with tools/images to guide trainers and volunteers in cascading training.

Coordination / planning - is necessary with multiple organisations involved to avoid conflicting activities; should share an annual activity plan at the beginning of the year; training should be spread across the year and not crammed into one short period. A focal point person is needed in POs – to ensure L4C works to create synergy and avoid duplication.

Community networks – need to strengthen village networks of groups to provide support for the activists, reduce risks of retaliation from people.

Partner with government - Work with the Government as one of the partners; Government generally appreciates GED concept/approach used by CARE; should aim to influence mindset and policies of government for GED

Compulsory training for staff - new staff need to have training in L4C modules during their orientation on the job, to help have the right mindset, attitude and behaviour (strongly recommended). GED should be offered as a foundation course for every training, for all staff – to be able to change mindsets.

Consistent participants - When inviting training participants, it is good to select the staff who will be able to cascade gained trainings; these staff must attend consistently instead of changing participants for each phase of the training.

Project presentation - need to clarify the project and its name; the name of the project (L4C) should be clear and relevant, not just in English but also when translated into Kinyarwanda.

Knowledge sharing - document and share the change in all partner organisations, we are interested in getting to know how it has worked in the different areas (evaluation report).

8.3.3 Uganda and L4C

Focus on outcomes

Added value of the L4C programme

The L4C project in Uganda has built capacity at partner organisation and individual staff levels for gender transformative change using the highly praised set of tools of L4C. Citing the Country Director of CARE Uganda, Delphine Pinault:

“For CARE UGA, we tried to become more gender equal as a team. We now have more women on the board and also in the SMT. In the SMT there are 5 women and 2 men. (...) L4C has helped well. I, as CD, see that the staff is blooming with the L4C trainings – as a result, the topic of women’s leadership is critical and also advocacy; the trained staff got confidence and skills along the way. CARE Uganda has used the modules already for the development of other projects – e.g. with Mercy Corps we already put it into the “gender package” – especially the use of the women’s leadership module. Also, in the humanitarian sector: the women’s leadership in emergencies advisor from CARE Canada is coming (CEG) next week – and we will include L4C for the work in Northern Uganda’s refugee camps, where people are severely traumatized.

The legacy for me are the Women's Leadership Manual and the PSS Manual, and how they have been used. Other partners are struggling with their own gender awareness – but it is very important for CARE that partners are committed: they get the GED trainings, and women's leadership and use the L4C. It is really a high-quality training methodology – this is the legacy.” [UGA, HLKI, DP]

Evaluation respondents highlighted several aspects of value addition by the L4C project. One point was the attitudinal change stimulated through the GED trainings, which always put the self-reflection at the start of each session. Also, the CARE Women's Empowerment Framework was used in all the trainings (Agency-Structure-Relationship), and it has really been absorbed by participants in all components. The POs have started using the empowerment triangle and refer to it when they are explaining something related to gender or PSS. Another value added is that even quite advanced women's empowerment organisations were able to take up new skills and enhance their portfolios.

“I see value added in terms of strengthening the gender component and bringing to the forefront the elements of women's leadership, especially as the higher goal for CARE is to work with women and girls. L4C helped the different programs to integrate issues around women's leadership, and also engaging men and boys, especially for those who didn't have specific programming around that” (Technical Lead, CARE Uganda)

One example of how POs address structural challenges to gender equality by using the L4C model is COVOID. The director of the participating PO described the value added of L4C as follows:

“For me, L4C compares to the French revolution; it changed everything. They came with the message on women and it opened the eyes of COVOID. For example, in Advocacy we did the advocacy mapping and saw that COVOID was not strong and we identified that the child marriage issue was prevalent. We made a survey and came up that in our district the prevalence is at 65% (although UNICEF says 39%, and UBOS 46%). It became a big issue for our engagement, and we started a stakeholder network on it, which was a result of L4C – we picked it up. First, we visited all the local councils, who all supported it full heartedly, and all with the support of L4C. We started to advocate for an ordinance and the Council opted for it, currently we are in the drafting process -which is a big achievement. It was a big eye opener – and it is the first time for COVOID to work on advocacy.” (FGD with COVOID and Akina Mama wa Afrika, 8th of February 2019, evaluator team in Kampala).

Another example is the direct value added due to the Governance trainings, and understanding of how to address transformative change of gender stereotypes:

“It (the governance training) was also very good – we made an Action Plan and followed it closely. It also opened the eyes of the staff. We were especially looking into the unpaid care work – and applied the daily workload tool in the communities (also with our programs we implement with OXFAM, UNAIDS) – we did it in Tororo. We found out that women work all day long and that men after 2pm do nothing and only go to drink. This is a major hindrance to development - if you are only complaining but are doing nothing! So, with L4C methods and meetings, now the men are coming up strongly and support their women with the EMB strategy. The husbands are really changing in the communities, and now share the HH responsibilities. It is really happening, as staff with L4c now understands, they integrate it into the digital wallet project. The women demand to work more with their husbands!” (Ben, COVOID 8th of February 2019, Kampala)

Achievement of objectives/outputs & outcomes

The most significant change, according to staff of the participating organisations from Uganda, has happened at organisational levels. Based on analysis of the (96) Self-completed MSC tool, 24 out of the 96 respondents who returned self-completed MSC tools/forms in Uganda, which describe the most significant change due to L4C, focus on organisational changes, ranging from change in policies (6), better programming (5), a more gender & diversity friendly organisational culture (5), changed gender norms (3) and positive organisational change linked to enhanced personal skills due to the L4C trainings (5).

All partner organisations report that their programming has been significantly enhanced through the different trainings - especially in GED, women's leadership, RBM, advocacy and EMB. The skills learned are generally used and implemented directly in the design of new projects, better M&E, the production of own knowledge products, and advocacy strategies. This is a great contribution to the achievement of expected result and outcome 1⁷⁷ of L4C in Uganda. Some quotes from the KIIs and FGDs done by the evaluator team in Kampala in February 2019 demonstrate examples of these effects for POs:

⁷⁷ EXPECTED RESULT 1: “21 partner NGOs, partner government institutions and CARE offices demonstrate increased/continued progress towards gender equitable working cultures, organisational policies, and practices”.

“We never had women in management; now women are heads of HR and Finance. This has changed a lot. We also installed an ‘accountability partner’ for everybody in the organisation. This is an inspiration and motivation. Now there is appreciation of diversity, as well as inclusion of opinion of others.”

“Power relations are now better managed between staff. (We have a) changed working environment and better cooperation through GED and PSS, PSS strategies for staff well-being.”

Regarding programming, and thus addressing the L4C outcome 2⁷⁸, data from the MSC FGDs, self-completion and gender audit tools show that the enhancement of staff skills has led to a better programming for gender equality and gender transformative programming.

All of the five POs who filled the Gender Audit Tool reported positive changes and stronger commitment to gender equality in programming. They describe shifts due to L4C, including a new focus on empowering women and girls in programming; a change from focus only on the rights of the child to the rights of the girl child and women; enhancement of facilitation skills and handling GBV. The following quote points to some of the positive outcomes from L4C.

“In L4C I attended the RBM workshop; and there we learned actually about tools/ approaches/ and how to apply them in our positions. The one I can remember most is about the gender analysis tool – and the results-based monitoring and evaluation tool. We saw that gender analysis and RBM are a key component. This was intended to learn how to track the progress within the organisations, especially here in the implementation. We found that this was a key component to ensure accountability especially towards our stakeholders, in this case the beneficiaries. Our beneficiaries, our major beneficiaries are many, because number one – all those who are listening to our programs, and through our radio especially: what information do we give them, how do we present our programs, which issues do we bring up, they give them strength, they are empowering – this was a big achievement. And also, for the members – since we are a membership organisation, we always need to address some of the issues.” (Uganda Women’s Media Association, KII in Kampala, Feb. 2019)

Regarding L4Cs’ Outcome 3⁷⁹, L4C in Uganda has contributed to advocacy and the women-peace-security agenda at different levels.

Out of the 10 Organisations initially identified as partners, 7 were selected in the categories of Strategic Partners (those CSOs with impact groups) and the advocacy partners (where no direct impact groups shall be attained). The Strategic Partners include: Women and Rural Development Network (WORUDET), Gulu Women Economic Development and Globalization (GWED-G), Community Volunteer Initiative Development (COVOID) and Ankole Private Sector Promotion Centre Ltd (APROCEL). The advocacy partners are: AKINA MAMA WA AFRICA (AMWA), Uganda Media Women Association (UMWA), and Centre for Women in Governance (CEWIGO). Each of these Organisations entered an Initial Memorandum of understanding with CARE.

In order to advocate on national level, CARE and some partner organisations (e.g., Worudet, CEWIGO) and other CSOs are part of the National Advocacy Platform to develop the NAP3 for WPS. They have been participating in consultative meetings to collect emerging issues and best practise experiences from the implementation of the NAPs 1&2. Representatives of L4C participated in the Great Lakes GBV strategy development in Bujumbura. This strategy provides guidance to the Ugandan advocacy strategy, by which the L4C is guided. One L4C staff represented CARE Uganda in the Coordination meeting on UNSCR 1325 organized by UN Women on cross learning with Sudan government delegates.

On national level, L4C participants also took part in passing of the GBV Policy for Uganda on 25th November 2016⁸⁰; and Worudet and COVOID started the successful Child Marriage Campaign. Under the cooperation of COVOID and Akina Mama Wa Africa, a link from local and national level advocacy was established for evidence-based advocacy. Here the POs remarked that this was based on their own initiative but has not been systematically applied by CARE across the advocacy component.

⁷⁸ Outcome 2: Design, implementation and reporting of partners and CARE programs and knowledge systems reflect an integrated gender transformative approach.

⁷⁹ Outcome 3: Women’s voices influence strategic forums concerning women peace and security at national and international level to the implementation of UN 1325 and 1820)

⁸⁰Interim Report: Framework Programme - Learning for Change (L4C) Strengthening Women’s Voices in East Africa, CARE Uganda. April 2017 to March 2017.

Another very specific feature for the Ugandan L4C implementation has been the successfully implemented Journalist trainings with UMWA (Ugandan Media Women's Association), which also contribute to transformative change and of course, do have a multiplier effect:

"CARE was very much interested in media impact. As this contributes a lot to transformation of people's lives. They requested us to develop a concept of "gender sensitive reporting". So, we went to Northern Uganda and did a training for 38 persons, women and men who came from 7 different media houses. It included also practical exercise and we went to the refugee camps, and did the stories, after the L4C workshop. Then we also went back to Arua (in a second round 30 more journalists were trained in Kasese), to do the impact control. When we reached there, we were lucky, as most of the media houses were able to meet, and they used gender sensitive reporting, and the trained journalists also gave their knowledge to their media colleagues in the media houses. They got knowledge about looking into the different gender groups of the program, and also on how to report on it, and to do the research. Now they report from a different angle. Training in gender sensitive reporting for journalists is a MUST. It targets the mind of the journalists and to use their pain and their voice to reach as many people as possible – so this can change others." (FGD with UMWA 5th of February 2019).

Focus on process

In rank order, the most useful aspects of the L4C that were highlighted in the MSC tool (self-completion and FGDs), the training process/approach was found to be the most useful aspect of L4C, followed by tools/methods, changes reached-transformation, engaging men and boys and reduction in GBV respectively, as mentioned in the MSC change stories. Other useful traits were training content, self-esteem enhancement, enhanced skills and gender focus/gender equality. The approach was inclusive and diverse, with useful techniques, methodology, learning resources and worked with existing structures.

The top five most significant changes reached through L4C interventions analysed by rank order included : greater women's empowerment and leadership; change for communities (GBV, attitudes, behaviour, self-esteem, gender equality), change of gender roles in families (reduced conflicts, shared tasks, gender equality), human capital and personal skills enhancement (facilitation skills, staff capacity enhanced), change of gender roles in organisations (capacity building, advocacy, women's leadership, programming), PSS skills.

Challenges and issues that needed adaptive management:

Staff turnover has been an on-going challenge in Uganda, and the time lost at the beginning was another problem which needed to be mitigated. Some organisations stated that they built the capacity of staff through L4C, but the people moved on, taking their new capacities with them and leaving a gap in the organisations who supported the trainings. This kind of staff turnover also had negative effects on implementing some of the workplans developed, as the capacitated staff left. To mitigate this problem, the project changed in 2018 from inviting only one person per organisation per training; in the new arrangement, two or up to three persons were invited from the POs.

Budgetary constraints and missing material for roll out: Some organisations criticized that CARE did not support activities, and that they even had no budget for participants' food and drinks when they did multiplier trainings.

Generally, the program has been described by all participants as good and it has raised a lot of expectations – but equally, the short lifespan and not reaching out to many people that needed the capacity building was criticised.

Strengths & weaknesses of design

As in Ethiopia, the project adopted a cascading or TOT design: CARE → partners → impact multipliers → beneficiaries. This has proven to be a good strategy, but it has been overly ambitious for a three-year project. The first year of the project was almost done by the time implementation really started; the effective time for implementation was only about 1 ½ years. By the last few months, the project staff and partners were fully occupied with training all the time trying to reach the target numbers. There was not enough space for reflection and changing practices of the organisation.

Challenges – as already mentioned above, the staff turnover and limited resources for roll out contributed to not being able to implement all the TOT 2 cascades. The programme was designed to provide services to organisations that were already partners of CARE and having other funding. This "dependency approach" or "Piggy backing" straight from design was not ideal – and out of 78 responses regarding recommendations from the MSC tool, 14 said that any replications should avoid the dependency approach for implementation of L4Cs activities.

It was also stated that CARE leaves out relevant people in the design – there was no one with technical experience and knowledge of context on gender, and no advocacy experts to guide allocation of resources according to needs. The

baseline, however, was not quantitative at community level, and the re-design has been more realistic. It narrowed targets down and set more realistic numbers, as the initial design was too ambitious.

Outputs

The impact multipliers (IMs) have been working extensively with the communities' part of their programs and have reached a lot of outputs on community levels.

Category of beneficiaries	Targeted			Reached to date		
	Women	Men	Total	Women	Men	Total
Uganda:						
Staff	127	91	218	258	189	447
Impact level multipliers	1,290	570	1,861	6,145	3,070	9,215
Impact group	97,357	41,725	139,082	125,802	67,123	179,969

Until October 2018 (latest quarterly report available for the L4C evaluation team), Uganda reported 229 more CARE staff trained, 7,355 more impact multipliers trained, and 40,887 more persons of the impact group reached.

Respondents highlighted some of the activities being promoted that engage men and boys for gender transformative change, and that especially women were asking to strengthen this component as many men really changed and more women also wanted their husbands and male family members to share HH decision-making with them, reduce bad behaviours (such as GBV, alcoholism, etc.), and support the household chores.

Focus on transition

Main lessons from the L4C

Capacity building – the approach of L4C in Uganda was fruitful, by successfully tackling the mindset of staff of participating organisations, embedding the women's empowerment framework and mobilising the political will for gender transformative programming and gender equality policies. The skills gained have been praised by all participants, and it is assumed (but not yet proven in this short project) that those who took part have changed their way of working from now on.

Duration - The L4C approach takes time to develop transformative mindset changes; but surprisingly although L4C started quite slowly, many transformative changes are apparently being reached. This is seen in the 96 individual testimonies of changes reached (self-filled MSC tool), plus 114 participants in the FGDs on the MSC; as well as the total of directly interviewed 11 CARE and PO staff in Kampala in February 2019.

Embedding – or also called “dependency” or “Piggy backing” approach was a challenge, both for the L4C team and for the ‘complementary’ programme staff. There were challenges in coordination, workloads, budgeting, access to logistics, and for the M&E system.

Human resources – As mentioned earlier, recurrent and widely occurring staff turnover has been a big challenge for L4C. At the beginning of the program, senior management changed in Uganda and it was then, when buy-in for the Project got strong from the time of the re-design.

Action plans & follow up – the participating organisations praised the concrete development of action plans and their follow up. This has led to manifold new activities within organisations, and the practical use of the newly trained skills. Nevertheless, further follow up has been wished by many of the participants.

Knowledge management – several of the organisations stated that this was a helpful training, and that now they were confident in developing their own knowledge management products, including being able to base them on evidence and research.

Sustainability – as in the other countries, the L4C in Uganda had no exit plan in the initial design, and at the redesign phase it became clear that there was no expectation of a next phase. On the positive side, some of the gender-fit/competent partner organisations from L4C are being partnered in the new ADA programme with refugees in Uganda; others are being promoted for various projects and programmes. There are, however, unresolved issues to ensure on-going support for the large numbers of people now committed to working for gender transformative change in their organisations, communities, families and personal lives. Sustainability was the greatest worry of the MSC respondents from Uganda (see chapter 4.6).

Recommendations

Get high level and SMT support on CO level straight from the beginning. If a regional approach is wished, then also anchor the program at regional level, such as a Regional Management Unit of CARE (RMU) or link it to an international body (such as the CIGN or the Gender Cohort).

Resources for roll out and avoid dependency approach: Deal with the money issues: Need of an operational fund after the training for implementation of action plans and for easier follow up – a specific challenge was that it took more than a year to get the money to the ground, too many administrative steps for very little funding (3000 €); was a problem to motivate the partners to participate

More involvement of the partners at the level of planning needed: they often got the information late from the PM and it could have been better adapted to the workplans of the partner organisations and their needs.

Close out meetings and creating a network for follow up: CARE to organize close up meetings with stakeholders, including local government, and submit the lists of groups and structures trained for easy follow ups and/or mobilizing for future activities that can utilise their skills.

Certificates for personnel: project management and leaders of CARE and POs should issue joint certificates for those who are fully trained.