We Lead End Term Evaluation Report

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The views and conclusions expressed in this report are those of the author(s) and do not necessarily reflect the views of any affiliated institution. The findings are based on the data available at the time of writing.

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ACRONYMS

APC - All Progressives Congress

CIDA - Canadian International Development Agency

CoA - Communities of Action

CSO - Civil Society organisation

CSW - Commission on the Status of Women

DMEL - Design, Monitoring, Evaluation, and Learning

ETE - End Term Evaluation

FEMNET - African Women's Development and Communication Network

FCAM - Fondo Centroamericano de Mujeres

FRELIMO - Frente de Libertação de Moçambique (Mozambique Liberation Front)

HIV - Human Immunodeficiency Virus

HIVOS - Humanist Institute for Cooperation with Developing Countries

LESHO - Honduran Sign Language (Lenguaje de Señas Hondureño)

LGBTIQ+ / **LGBTQI+** - Lesbian, Gay, Bisexual, Trans, Intersex, Queer/Questioning, and others

LBTIQ+ / **LBTQI+** - Lesbian, Bisexual, Trans, Intersex, Queer/Questioning, and others

LIBRE - Honduran political party

LILO - Looking In Looking Out

MENA - Middle East and North Africa

MMR - Maternal Mortality Rate

MFA - Ministry of Foreign Affairs

NGO - Non-governmental organisation

OOP - Out-of-Pocket

PV - Positive Vibes

PWD - Persons with Disabilities

RH - Rightsholder

SDG - Sustainable Development Goals

SGBV - Sexual and Gender-Based Violence

SOGIESC - Sexual Orientation, Gender Identity/Expression, and Sex Characteristics

SRH-R- Sexual and Reproductive Health and Rights

STI - Sexually Transmitted Infection

ToC - Theory of Change

UN - United Nations

EXECUTIVE SUMMARY

This report presents the findings of the end-term evaluation (ETE) of the We Lead programme, a multi-year, multi-country initiative funded by the Netherlands Ministry of Foreign Affairs (MFA) and run by a consortium comprising Hivos, Positive Vibes, Restless Development, Marsa, African Women's Development and Communication Network (FEMNET), and the Central American Women's Fund (FCAM), operating from 2021 to 2025. An independent evaluation team conducted the evaluation: Coralie Pring, Dr. Suzanne Mulcahy, Seema Khan, Andrew McDevitt, and nine in-country consultants, with guidance from a global evaluation reference group comprising consortium partners, donor representatives, external experts, and country committees. The intended audience and users of the findings from the ETE include: the We Lead Consortium partners; all Communities of Action (CoA) members; the Rightsholders who were engaged by the programme; the Netherlands MFA and national and local government stakeholders. The findings can be used to inform future SRH-R and capacity strengthening programmes.

The We Lead programme was designed to strengthen the influence and position of young women whose sexual and reproductive health and rights (SRH-R) are most marginalised. It focused on four marginalised groups: young women living with HIV, young women with disabilities, LBTIQ+ young women, and young women affected by displacement. The programme operated across nine countries in three regions - Africa (Kenya, Niger, Nigeria, Uganda, Mozambique), the Middle East (Lebanon, Jordan), and Central America (Guatemala, Honduras) - with the overarching goal that by 2025, resilient young women from these marginalised groups would play a leading role in strengthened and inclusive organisations and movements that have convinced duty-bearers and health-service providers to implement laws, policies, and practices that respect and protect their SRH-R.

The evaluation assessed the programme's relevance, effectiveness, coherence, and sustainability using mixed methods including a desk review of key programme documents, secondary quantitative data analysis, a survey of CoA and host organisations, key informant interviews, focus group discussions, and participatory sense-making workshops. The evaluation engaged more than 400 stakeholders including rightsholders, Communities of Action (CoA) organisations, consortium partners, health service providers, and policy-makers. Data was collected both in person and online. Data was collected in English, Spanish, French, Arabic and Portuguese. This executive summary presents the key findings and recommendations from this comprehensive assessment. In addition to these global findings, more detailed country-level findings are presented in a series of country annexes.

A. Key findings

From the cases and activities that were assessed as part of the ETE, the key findings from the ETE are:

I. Relevance and Design

- The programme demonstrated strong relevance through its evidence-based, flexible design that targeted four marginalised groups of young women across multiple empowerment dimensions. The programme was built on previous Hivos initiatives and developed

collaboratively through consultation (with the consortium partners and also with rightsholders themselves) and baseline research. Its Theory of Change (ToC) appropriately recognised that transformative change on SRH-R requires addressing individual capacity, social norms, healthcare service quality, and policy environments simultaneously.

- The programme demonstrated strong relevance by addressing previously unmet needs across the rightsholder groups. Young women with disabilities reported that prior programming focused only on their disability but rarely on SRH-R, while young women with HIV who had become teen mothers and faced rejection found the psychosocial support and safe community spaces they needed. The intersectional approach was particularly relevant because it recognised that rightsholders do not exist in silos - people have HIV and are queer, are living with disabilities and are migrants - yet funding streams typically force organisations to work separately. We Lead created space for cross-learning via the CoA model that reflected rightsholders' actual lived experiences.
- The programme's design which provided simultaneous focus on individual capacity, healthcare services, and policy environments sought to address the interconnected barriers rightsholders face. Capacity strengthening methodologies were intended to transform confidence and agency, healthcare provider training sought to educate and reduce discrimination, and advocacy platforms ranged from the community up to international spaces with the intention of calling for more progressive legislation or rolling back restrictive laws.
- The programme demonstrated notable adaptability to local contexts through initial and subsequent annual ToC localisation processes, making strategic pivots such as shifting from LBTQI+ work to sex-workers in Niger due to legal risks, expanding to include caregivers in Kenya and 'Comadronas'[1] (midwives) in Guatemala where needed, and relocating activities or switching to more covert approaches in response to security threats (Niger, Uganda, Jordan and Lebanon). Despite the flexibility, organisations noted they were unable to use funds for health service provision, had more limited scope to include men and boys in activities, were unable to work with girls in some countries due to parental consent requirements, felt the prioritisation of the four rightsholder groups meant some other marginalised communities were less widely served, and there was only a minimal inclusion of economic empowerment as part of the design. The programme had a risk assessment and mitigation plan. However, security and safety response mechanisms were considered by many organisations to have been inadequate, with no pre-approved emergency funds (due to donor requirements), slow response times from the global programme to implementing organisations, and reactive rather than proactive approaches to escalating threats - particularly evident during the Uganda Anti-Homosexuality Act 2023 backlash and war on Lebanon. Some organisations felt 'outed' as a result of being part of the programme and suffered backlash and threats.

II. Effectiveness

- **Outcome 1 (Capacity Strengthening)** was the programme's strongest area evidenced by a comparison of the country results, achieving significant impact for both rightsholders and CoA organisations. For CoA organisations, substantial (self-reported) improvements were found across all organisational capacity domains, with the highest improvements found for capacity support to rightsholders (+48% saying high/very high), financial and administrative management (+41%), and rightsholder priority inclusion in joint advocacy (+40%). The evaluation found evidence of several CoAs also showed progress in integrating diverse young women into CoA

1 The Spanish term "Comadrona" is a culturally significant term that carries deep respect and recognition within the Guatemalan context.

leadership structures (including board membership), which was expressly encouraged by We Lead. The majority of organisations attributed their capacity gains to the support provided by the We Lead programme. Rightsholders also reported significant improvements across all four competency areas, with the largest improvements reported in relation to self-confidence and resilience, followed by effectiveness in SRH-R advocacy, thought leadership, and finally political consciousness (some improvements were constrained due to contextual safety and security factors). The qualitative evidence also highlights improvements in SRH-R knowledge and relationships and better understanding on the needs and rights-claims of other rightsholders groups. However, some rightsholders have been left feeling *"intimidated and afraid"* when the programme ended, illustrating how confidence gained in safe spaces did not always translate to sustained agency due to restrictive contexts.

- The innovative CoA model successfully brought together previously siloed groups (supporting different communities and rightsholders), fostering intersectional solidarity, creating communities for shared understanding, and enabling many organisations to receive their first substantial grants. The LILO methodologies[2] developed by Positive Vibes (PV) were consistently identified as foundational to individual transformation.
- **Outcome 2 (Public Awareness)** showed context- and activity-dependent effectiveness - the Programme performed well in terms of professional campaign execution, media engagement, and amplifying rightsholder voices, but was limited by deteriorating political environments and rising conservative opposition meant approaches became more covert. The programme succeeded in reaching target communities who needed information most, but broader national level public attitude change remained difficult to achieve or measure within the five-year timeframe and increasingly hostile contexts. This also reflects a MEL design limitation of the programme. Youth-led and locally-driven approaches proved successful, and campaigns developed in partnership with M&C Saatchi and local influencers in Nigeria and Kenya were highly creative, demonstrating the utility of using trusted male influencers as allies to target men for the purpose of improving women's SRH-R. In Nigeria the #MakeWeHalla campaign reached ~11 million people
- **Outcome 3 (Healthcare Provider Engagement)** showed positive results across most countries, including shifts in the attitudes of healthcare providers on young women's SRH-R and towards rightsholders groups, improvements in care, and changes in young people's health-seeking behaviours. However, restrictive contexts required shifting to more covert activities and work with healthcare providers tended to be focused at the local level. Structural health system limitations, including inaccessible facilities, lack of youth-friendly infrastructure, limited medicines and commodities, and frequent staff turnover meant that the health systems could not always respond to increased demand.
- **Outcome 4 (Policy and Legal Change)** showed the most mixed results, with progress highly dependent on country contexts although sub-national approaches proved helpful when national-level engagements were unsafe. Some countries like Jordan, Kenya, and Uganda made meaningful inroads while others faced insurmountable political barriers to national level advocacy. When faced with challenges in undertaking national level advocacy, several of the programme countries focused on community-based advocacy and/or pivoted to regional and international forums.

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2 "Looking In, Looking Out (LILO): a suite of workshops, processes and methods developed by PV with partners; all enable development and conscientisation processes for rightsholders (or other key stakeholders) while contributing to social change goals.

- Of the four rightsholder groups, the programme had limited success with LBTQI+ issues in restrictive contexts where homosexuality is criminalised yet still made tangible efforts across all outcome areas to serve LBTQI+ community needs in several countries despite strong social stigmas and taboos. Women living with disabilities were well served, with examples of effective advocacy and sustainable results found. Women with HIV were also served mostly under outcome 3 and outcome 4. Very few activities targeting young women affected by displacement were found compared to other marginalised groups, although some re-prioritisation was made in Lebanon and Niger in the face of national crises. The programme also worked extensively on general SRH-R issues affecting all women.
- The results framework was overly rigid, focused heavily on outputs rather than outcomes, lacked qualitative markers of success, and there were some gaps in terms of M&E data collection methods to assess in real-time whether the activities were effective (such as activities with healthcare providers, public awareness campaigns, and training effectiveness). Many organisations found the MEL demands challenging despite support being provided to build MEL capacities. The inclusion of the outcome harvesting approach was an important addition, country level analysis was not a requirement within the programme, and therefore findings were not consistently analysed and utilised for learning and the findings are not incorporated into the results framework.
- Climate-sensitive approaches were minimally and inconsistently adopted despite being a cross-cutting theme and donor requirement. The results framework did not include related indicators on this element which contributed to lower prioritisation. The theoretical alignment was not clearly outlined in either the original design nor during implementation.
- Persistent challenges to effectiveness of activities included structural power imbalances, administrative burdens, the rise of anti-gender movements, and inadequate preparation for severe backlash.

III. Coherence

- Individual partner strengths were generally well-leveraged in the consortium - including Restless Development's youth-led methodologies; Positive Vibes' LILO methodologies and their health systems monitoring; and Marsa's dual role as rightsholder-led organisation and service provider, FEMNET's expertise in pan-African feminist advocacy and FCAM's decades' long experience as a foundation supporting and funding grassroots women's organisations in Central America. The extent and nature of coordination across consortium partners varied, as did perceptions of the success of that coordination. Several stakeholders highlighted experiencing challenges in communication and collaboration within the consortium. The latter were perceived to have stemmed from three main sources: capacity constraints among smaller partners operating in difficult contexts (some of whom felt their realities were insufficiently understood by Hivos), differing organisational models between grant-giving organisations and implementers, and structural tensions between partner autonomy and collective coordination frameworks.
- The programme showed commitment to local ownership through its rootedness in the Global South, its inclusive governance structures, the TOC localisation processes that allowed annual adaptations, and bringing marginalised voices to global platforms (or providing high level speaking engagements) including CSW, the International AIDS Conference, CPD, ICPD30 Global Youth Dialogue, ICFP, AWID and Women Deliver, with notable advocacy achievements like the "No Visa, No Voice" campaign.
- The programme exhibited fundamental tensions between its rhetoric of shared leadership and the practical realities of power dynamics, with Hivos holding fiduciary responsibility and ultimate

decision-making authority while lacking adequate mechanisms to hold underperforming partners accountable due to the contractual alliance structure.

- The donor restriction on using funds for service delivery prevented partners from operationalising their full expertise (informal approaches - such as referrals - were instead used), while structural barriers undermined the programme's principle of empowering rightsholders, for example, by excluding them from international spaces due to visa restrictions and high costs related to participation, transport and inclusion (i.e. interpreter). The latter challenge was identified and the programme adjusted to cover all inclusion related expenses.
- Initial strong alignment with SDGs dissipated during implementation as organisations focused on activities rather than strategic positioning within global frameworks.

IV. Sustainability

- The programme demonstrated strong sustainability potential in individual and organisational capacity strengthening, which was the critical component of the programme's approach. Its most durable legacy are transformations in the leadership capacities of many young women rightsholders from marginalised communities. The intention to continue the partnerships and networks beyond the programme also supports sustainability. There are initial indications of a "ripple effect", with trained individuals now leading projects in other organisations, securing grants, and creating new activism spaces.
- Organisationally, the programme facilitated structural transformations with lasting impact: many organisations received their first substantial grants through We Lead, established proper financial and administrative systems, institutionalised safety and security practices as organisational policy rather than project-specific concerns, and secured additional funding from other sources.
- The programme produced durable knowledge products including toolkits and online knowledge hubs, and networks built within CoAs showed strong continuation potential, with 94% of organisations favouring CoA continuation. Healthcare service delivery improvements demonstrated high sustainability at the facility level, with some institutions adopting programme methodologies, policy changes like eliminating service fees, and improved provider attitudes toward marginalised groups.
- Potential sustainability gaps include organisations reporting lack of a sustainability plan in place (16%) - including 50% in Niger, 33% in Jordan, and 25% in Honduras).
- Policy and legal gains remain highly vulnerable to reversal due to political volatility, as evidenced by Honduras where a major SRH-R law ‘win’ on the comprehensive sex education law was subsequently vetoed by the President after parliamentary approval, and Kenya where reproductive health bills were rolled back following government changes. This highlights the challenge to sustainability posed by the closure of the programme at this stage, particularly in hostile contexts.
- The five-year timeframe (which included establishing CoAs and strengthening capacity of small organisations and marginalised rightsholders) was insufficient to achieve and consolidate deep systemic health system transformation. Healthcare improvements face exposure to staff turnover without embedded sustainable mechanisms.
- While rightsholders gained confidence and skills, many still felt vulnerable accessing national or global advocacy spaces (despite the Advocacy Working Group and AKAHATA for LATAM providing support before and during global advocacy spaces). Several organisations cited time, financial, and staffing resource constraints that may prevent continued CoA participation.

- The programme has unfortunately concluded at a critical moment when sustained advocacy would be most needed to defend gains against conservative backlash and shrinking civic space, when donor funding for SRH-R programming has fallen substantially, and the need to consolidate the achievements made so far.

B. Recommendations

Based on the key findings and conclusions, the evaluation team draws the following recommendations:

1. **Encourage country programmes to ensure that design and implementation is strongly grounded in a comprehensive and participatory contextual analysis.** This should include a *situation analysis* which explores the extent and nature of SRHR issues within the local context, the barriers to access to services, and critically for a programme focused on young women's empowerment, the factors that shape the ability of young women of intersectional identities to exercise voice and agency in their interactions at household, community, facility and policy levels (including the role of men/boys), and where relevant how this is shaped by the *conflict/ crisis context.* This analysis should aim to generate good quality quantitative and qualitative data about: the ways in which women's ability to make informed choices about their bodies and reproductive health is shaped by social norms and gender roles that prescribe how sexual activity, family planning and health seeking takes place; how inequalities that exist within health systems are deepened by discrimination related to intersectional identities and social inequalities; how power relations operate between intimate partners and within households, between service users and healthcare providers, and between communities, civil society and governments; and how this is shaped by the larger social, structural and historical context. A *system mapping* of the SRHR health sector, particularly as it relates to SRHR service provision at the primary level would provide a contextual understanding of the different actors implicated in sustainable improvements to service provision, their roles, relationships and perspectives. A *political economy analysis* of the SRHR sector and its legal and policy context would elucidate the opportunities and entry points relating to attitude and behaviour change, improvements in service provision, and policy change. Analysis of the policy context could surface insights on whether particular opportunities for traction could be leveraged and how collaboration and advocacy with policy stakeholders could be most effectively undertaken, help to understand the interests and incentives of different stakeholders, and identify allies and potential spoilers. This would also help programme stakeholders to know about the challenges policy makers face in accessing, using and interpreting evidence, testimonies and advocacy asks.
2. **Develop a clear position and guidance on the ethical considerations of working in under-served settings and with highly marginalised groups.** This is particularly the case in healthcare settings where there is limited availability, and/ or resources for SRHR at the primary care level. As per recommendation 1 above, future programmes should develop a clear analysis of the structural and institutional conditions that affect rightsholders' ability to access quality services and shape their SRHR outcomes, as well as the supply side constraints of the health system. There should also be an emphasis on the need to work with policy makers at the national and local levels, as well as other community-based organisations in order to understand and manage the implications of programmes' demand creation workstreams in areas where the health system is under-resourced. programmes could also consider making higher levels of funding available in contexts where support for services and commodities is needed to provide life-saving services,

ensure they do no harm, and/or promote the safety and legitimacy of partner organisations and health facilities.

3. **Improve monitoring, evaluation, and learning approaches to allow programmes such as this to more closely assess the effectiveness and impact of activities against planned causal mechanisms.** Ensure MEL tools and results frameworks focus on quality over quantity, reflecting the flexible programme design, and carefully consider reducing the burden on implementing partners by allocating staffing and financial resources for MEL activities, and ensure a shared understanding of criteria, metrics and methods. Baseline assessments should be informed by strong context analysis (see recommendation 2). Improvements in health service provision emerged as an important outcome of the programme. Using an outcome mapping approach in those cases where there was an increase in service uptake and evidence of improved health outcomes would allow programmes to develop a deeper understanding of the causal pathways, as well as the range of changes and outcomes involved. Pre- and post-training monitoring with health providers, and interviews with rightsholder clients would allow programmes to track changes in health service provision over time but also to identify the broader health system challenges that shape individual health providers' ability to provide better care, which in turn could inform programmes' advocacy and sustainability approaches. A stronger MEL approach could also support alliance and coalition-building, for example through working with CoA organisations to develop frameworks and tools that can support monitoring of the extent to which strategic collaboration, equity and feminist ways of working are being supported. This could include monitoring changes in attitudes, practices, capacity, systems and structures as well as the ways in which equitable partnering approaches are contributing to the implementation of programme activities and outcomes.
4. **Approach the development of collaborative working, and relationship- and consortium partnerships, coalition-building and the promotion of young women's leadership as a long-term strategy requiring a phased, intentional approach.** This should include supporting coalition partners (CoA organisations) to agree, at the outset, a common purpose and scope on the basis of an understanding of individual partner capacities, resources and the contexts in which they operate. The roles and responsibilities of individual partners, the coalition's ways of working, approaches to supporting intergenerational collaboration and youth leadership should also be explicitly discussed and planned for, and reflected in realistic performance indicators. The design and planning stages should also include developing and integrating strategies on building trust, agreeing equitable distribution of benefits, analysis and management of power relations, supporting institutional culture shifts, and establishing information-sharing and feedback mechanisms. More specifically, resources and tools that are designed to be accessible for local organisations in diverse contexts could be developed on power analysis, gender-transformative and youth-focused approaches, co-creation, and conflict management and transformation, and capacity support on partnership skills provided, with time, space and accompaniment provided to organisations to develop these skills. In order for coalition-building workstreams to be adequately resourced, the programme should be clear about the associated costs – in terms of building and maintaining relationships, supporting joint planning, monitoring and learning, and strengthening institutional capacity and leadership.
5. **Further strengthen rightsholders' skills and capacity for advocacy at the local and national levels, particularly in terms of strategic thinking, planning, engaging in political processes, and working with partners and networks.** In addition to building capacity on international human rights and national legal frameworks, further capacity support could be provided on

understanding the political economy of the sector, understanding the policy formulation process, mapping actors and stakeholders, responding to resistance and opposition, project management, reporting and monitoring on advocacy, networking and coalition-building. Future programmes could consider linking rightsholder organisations to existing partners with advocacy expertise and established political analysis and relationships, as well as sub-national and national SRH-R platforms as an approach to supporting ongoing capacity strengthening and sustainability.

6. **Consider developing/ providing resources or capacity support on managing resistance and backlash to SRH-R advocacy, the inclusion of rightsholders, and young women's leadership**. SRH-R, gender, inclusion and youth work is necessarily disruptive and challenges the status quo and existing power structures. Country programmes' experience has shown that resistance can occur along a spectrum – from more passive forms such as denial of the problem, deflection, slowness to take action to outright discrimination, repression and violence. Country programmes also demonstrated a range of complex responses to manage resistance backlash. Their experience, learning and good practice can be drawn on to collaboratively develop guidance to help country programmes to identify different forms of resistance as such, and safety and security considerations, at the design stage and build in power analysis, policies and procedures, risk mitigation strategies and partnerships. Considerations should also be given to providing an emergency fund that can be quickly accessed where additional support is needed.
7. **Ensure that local organisations have the resources, flexibility and mandate to take a learning- and adaptation focussed approach to implementation.** An effective MEL framework designed to generate regular, process-related, qualitative information about *how* change is happening, an emphasis on learning, agility and adaptation, and access to sufficient resources and capacity would enable country partners to respond to emerging barriers or opportunities. The programme's experience showed that these included, for example, poverty and limited economic participation as barriers to accessing services; the sensitisation of men and boys as a way of increasing household and community support and managing backlash; responding to the onset or worsening of conflict and/ or displacement; plugging urgent gaps in the provision of commodities/ services; and responding to the pressing SRH-R needs of groups falling outside of programmatic categories – adolescents, adult women, rural and indigenous groups.
8. **Enhance the effectiveness and further support the capacity of country partners by providing regional and cross-regional opportunities for strategic learning, knowledge exchange and networking.** Supporting knowledge exchange and learning between country programmes would allow country partners to discuss their experiences, share successes and effective change pathways, troubleshoot challenges, exchange learnings and innovative practice, and provide feedback to the We Lead consortium. Learning events and webinars could be organised to respond to emerging capacity and knowledge needs.
9. **Strengthen programme architecture through coherent systems and adaptive partnerships, avoiding duplication and minimising administrative burden wherever possible.** Future programmes should establish integrated operational frameworks that promote coherence and efficiency. Such an architecture, agreed at the programme outset, should include unified, streamlined reporting templates, tools and procedures, across all programme partners to eliminate perceptions of inequity, reduce fragmentation, and decrease administrative burden on partners. Financing should ideally flow through a single disbursement channel wherever possible to ensure consistency and avoid discrepancies. To avoid misunderstandings of roles and responsibilities, consortium partnership dynamics should be codified through a Partnership Charter that establishes governance structures and operating principles. Developed collaboratively at the programme's inception, this charter should explicitly define the roles and

responsibilities of each consortium partner, decision-making authority, communication protocols, and transparent mechanisms for addressing disagreements and conflicts. It should reflect principles of equitable benefit distribution and power-sharing and include agreements on information-sharing and feedback processes between consortium members. The charter should be treated as a living document with built-in flexibility, allowing for adaptation as the partnership evolves while maintaining accountability to agreed values and procedures.