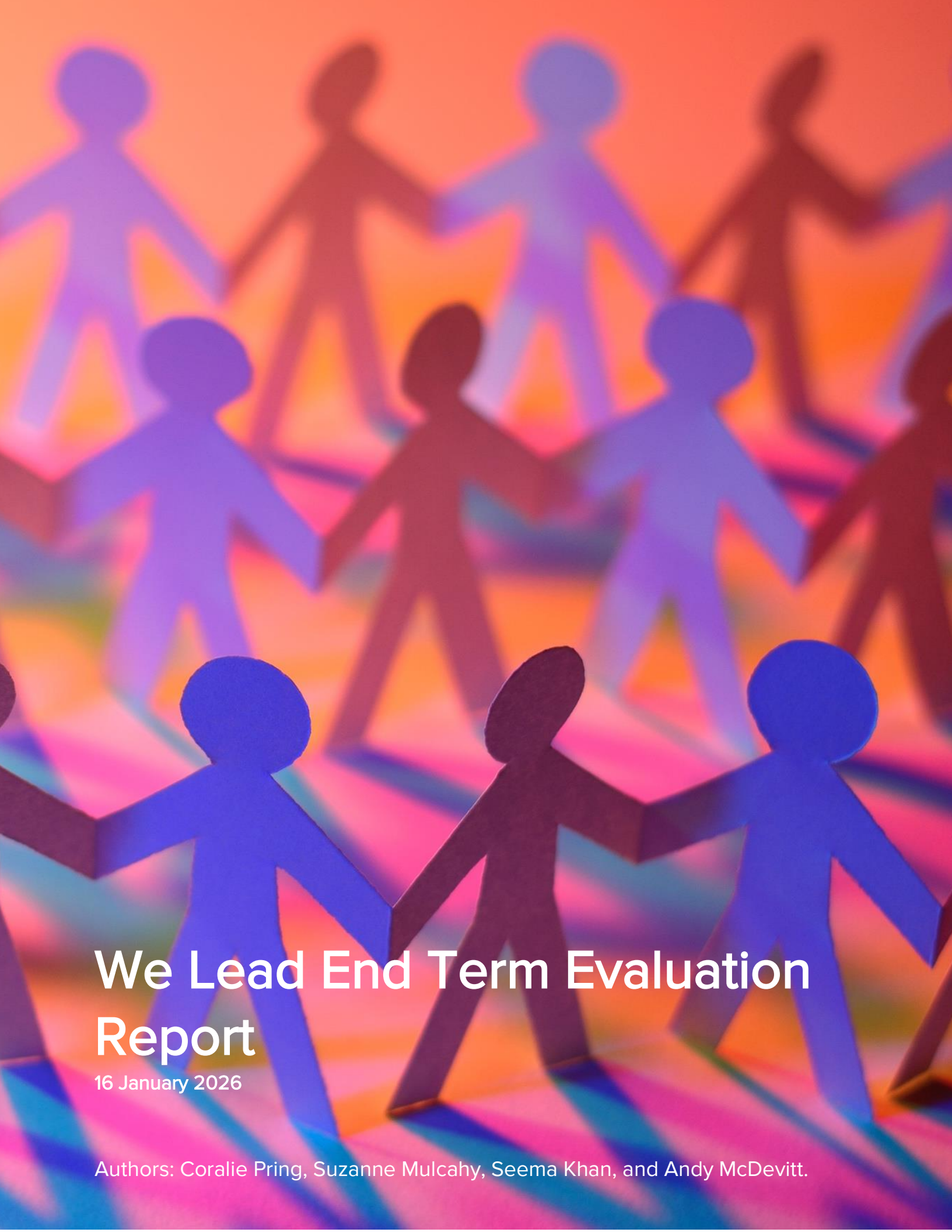


The background of the entire page is a vibrant, abstract composition of overlapping, semi-transparent paper figures. These figures, in shades of blue, purple, and pink, are arranged in a way that suggests they are holding hands, creating a sense of unity and community. The figures are layered, with some appearing closer and more distinct than others, adding depth to the visual. The overall color palette is warm and energetic, with a gradient from deep blues and purples to bright pinks and oranges.

We Lead End Term Evaluation Report

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With special thanks to all the in-country consultants who undertook the fieldwork: María José Aldana Asturias (Guatemala), Anna Schieppati (Honduras), Chamsiya Ayoub Abdou (Niger), Dolapo Dorcas Asaolu (Nigeria), Stella Muthoni (Kenya), Melode Fernando Aleixo (Mozambique), Mira El Mawla (Jordan), Rana Aaraj (Lebanon).

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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.

TABLE OF CONTENTS

ACRONYMS.....	4
EXECUTIVE SUMMARY.....	6
INTRODUCTION.....	15
BACKGROUND AND CONTEXT OF THE INTERVENTION	16
DESCRIPTION OF THE INTERVENTION.....	22
EVALUATION APPROACH AND METHODOLOGY.....	26
EVALUATION FINDINGS.....	37
A. Relevance	37
B. Effectiveness.....	49
C. Coherence.....	83
D. Sustainability.....	95
CONCLUSIONS	100
EXAMPLES OF GOOD PRACTICE.....	104
LESSONS LEARNED FROM THE RISKS AND CHALLENGES EXPERIENCED BY THE PROGRAMME	106
RECOMMENDATIONS.....	107

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)



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, [REDACTED] 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 [REDACTED] 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 methodologies² 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.

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 [REDACTED] issues in restrictive contexts where homosexuality is criminalised yet still made tangible efforts across all outcome areas to serve [REDACTED] 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 ██████████ 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.

INTRODUCTION

The We Lead programme, funded by the Netherlands Ministry of Foreign Affairs (MFA), is a multi-year, multi-country initiative designed to strengthen the influence and position of young women whose sexual and reproductive health and rights (SRH-R) are most neglected. The programme commenced in 2021 and is anticipated to complete in 2025. Its overarching goal is that by the end of 2025, resilient young women with disabilities, living with HIV, affected by displacement and/or identifying as LBTIQ+, play a leading role in strengthened and inclusive organisations and movements that enjoy increased public support and have convinced duty-bearers and health-service providers to take steps towards implementing laws, policies and practices that respect and protect these young women's SRH-R.³ The focus with rightsholders (RHs) specifically includes the young women and adolescent girls who are considered to be the most marginalised and discriminated against: those living with HIV, those who are part of the [REDACTED] community, those living with a disability, and/or affected by displacement. These groups are prioritised because the intersectional disadvantages they face often result in additional barriers to accessing quality care, vulnerability to the unequal power dynamics that characterise SRH-R promotion. These are often deepened by discrimination, and denial of their right to participate in dialogue and decision-making on issues that affect their lives. Intersectional barriers manifest differently depending on the legal situation, health system, and civic space constraints depending on country context.

This evaluation was undertaken by the team consisting of Coralie Pring (Team Leader), Dr. Suzanne Mulcahy (Lead Senior Analyst - International), Seema Khan (SRH-R and Gender Expert) and Andy McDevitt (Coordinator). Additionally, nine in-country consultants undertook the qualitative primary data collection in each of the respective countries: María José Aldana Asturias (Guatemala), Anna Schieppati (Honduras), Chamsiya Ayoub Abdou (Niger), Dolapo Dorcas Asaolu (Nigeria), Stella Muthoni (Kenya), Melode Fernando Aleixo (Mozambique), Mira El Mawla (Jordan), Rana Aaraj (Lebanon), and [Redacted] (Uganda).

The evaluation was also supported by a global evaluation reference group consisting of nine internal stakeholders from each of the consortium partners, a donor representative, and two external experts. The reference group reviewed the evaluation methodology and gave feedback on the evaluation design. The reference group provided advice during the data collection and reviewed this evaluation report. Within each country, a country committee was formed to help support the implementation of the evaluation in each of the countries. They supported the review of the translated data collection tools, provided contact details for relevant stakeholders to be consulted and interviewed for the evaluation fieldwork, provided initial feedback on the qualitative findings, and reviewed their respective country annexes and the global evaluation findings. This general evaluation included the assessment of capacities of CoA organisations and rightsholders taking into account inputs given by the Capacity Strengthening Linking and Learning Working Group and the DMEL Working Group with the support of a specific consultant.

³ We Lead - full proposal

BACKGROUND AND CONTEXT OF THE INTERVENTION

The programme operated in nine countries across three regions: Africa (Kenya, Niger, Nigeria, Uganda, Mozambique), the Middle East (Lebanon, Jordan), and Central America (Guatemala, Honduras).⁴ The country contexts all vary and the SRH-R of young women and girls and marginalised communities are all impacted by interrelated complex interplay of political, social, environmental and economic challenges. Shrinking civic space and security deterioration as cross-cutting contextual drivers, which recur consistently across regions and directly affected implementation modalities (covert approaches, activity relocation, duty-bearer engagement limits). The main issues and challenges are summarised below but the country summary annexes provide further specific examples per country

A. Political Context

The political contexts across the nine countries - including conservative religious influences, political instability, war, military governments - created challenging environments that limited CoAs' abilities to advocate for women's SRH-R or engage overtly with marginalised groups including LGBTQI+ communities.

Guatemala is led by President Bernardo Arévalo of the Semilla party, who has an anti-corruption and social reform agenda however, strong conservative forces still hold significant influence. Women hold approximately 20% of congressional seats and 3% of mayoral positions, with political violence and discrimination acting as barriers.⁵ In Honduras, President Xiomara Castro of the LIBRE party, in power since 2022, advocates for gender equality but is constrained by conservative social norms and constitutional abortion bans.⁶ Women hold about 27.3% of seats in the National Congress.⁷

Jordan's parliament is fragmented and dominated by independents and tribal blocs following the October 2024 elections.⁸ Due to legal reforms, women's political representation in Jordan has increased to nearly 20% of parliamentary seats.⁹ In Lebanon, a two-year political deadlock ended in January 2025 with the election of President Joseph Aoun.¹⁰ The political system remains deeply fragmented along sectarian lines, and women occupy only 3-6% of parliamentary seats.¹¹ Both countries' political situations have been highly affected by the regional insecurity caused by the genocide in Gaza and the war on Lebanon, which impacted on government prioritisation of SRH-R issues.

In sub-Saharan Africa, Nigeria's last presidential election in February 2023 was won by Bola Tinubu of the All Progressives Congress (APC). Women hold a low 4.3% of seats in the National Assembly.¹²

4 Countries were selected based on donor priorities and where consortium partners had experience.

5 Freedom House 2023 [Freedom in the World Guatemala](#)

6 Guardian (2022) [Honduras: can first female president usher in a new era for women?](#)

7 World Bank [Proportion of seats held by women in national parliaments \(%\)](#)

8 European Union Election Observation Mission (2024) [HASHEMITE KINGDOM OF JORDAN, 2024](#)

9 ibid.

10 Guardian (2025) [Lebanon elects Joseph Aoun as president after two-year vacancy](#)

11 World Bank [Proportion of seats held by women in national parliaments \(%\)](#)

12 NALTF (2025) [Women occupying only 64 of 1460 seats in Nigeria parliament – Reps Deputy Speaker, Kalu calls for Support for Reserved Seats Bill](#)

Niger has been under military rule since a July 2023 coup led by General Abdourahamane Tiani. Political activities have been suspended, and a five-year transitional period has been proposed.¹³ In Kenya, William Ruto of the Kenya Kwanza Alliance was elected president in August 2022. Women hold approximately 23% of National Assembly seats, supported by constitutional gender quotas.¹⁴ In Uganda, President Yoweri Museveni, in power for nearly 40 years, plans to seek a seventh term in January 2026. He has backed the Anti-Homosexuality Act and has a broader punitive stance toward [REDACTED] people, which has driven criminalisation, stigma, and resulted in a distressing effect on health services and advocacy experienced during the implementation of programme activities¹⁵. Women hold about 34% of parliamentary seats, partly due to reserved seats.¹⁶ The FRELIMO party, which won the October 2024 general elections, securing the presidency for Daniel Chapo, has strong control in Mozambique.¹⁷ These elections were highly contested, leading to protests. Women hold a relatively high proportion of parliamentary seats, approximately 39%.¹⁸

B. Legal and Social Situation

Legal frameworks governing SRH-R and rightsholder SRH-R experiences across these nine countries share common restrictive features, including criminalisation of abortion in most settings and of homosexuality in many contexts or strong social norms.

The legal situation for women's rights and marginalised communities varies widely across the nine countries, but in many cases, legal frameworks are weak, and social norms create significant barriers. While most countries have some laws related to women's rights, enforcement is often lacking. Persistent gaps between policy commitments and implementation reflect both restrictive legal environments and constrained state capacity - including limited resources, weak enforcement mechanisms, and fragmented service delivery systems - alongside socioeconomic disparities, rural-urban divides, the influence of conservative religious norms, and pervasive stigma. Sexual and gender-based violence (SGBV) is a significant concern in all countries, and prosecution is often hindered by legal loopholes and societal stigma. In Mozambique, for instance, an escalating armed conflict has led to a significant increase in SGBV.¹⁹

The rights of the [REDACTED] community are highly restricted in most of the countries. Homosexuality is criminalised in Nigeria, Niger, Kenya, and Uganda, with penalties including imprisonment.²⁰ Uganda's 2023 Anti-Homosexuality Act is a notable example of a law that has significantly worsened during the implementation period, even introducing the death penalty for certain acts. While homosexuality is not criminalised in Guatemala, Honduras, Lebanon, and Jordan, there are no specific legal protections for the community, and individuals face widespread discrimination and occasional violence. In Mozambique, homosexuality is also legal, although there are no specific anti-discrimination laws protecting sexual orientation or gender identity, and social stigma persists.

13 Freedom House (2025) [Freedom in the World Niger](#)

14 World Bank [Proportion of seats held by women in national parliaments \(%\)](#)

15 Freedom House (2025) [Freedom in the World Uganda](#)

16 World Bank [Proportion of seats held by women in national parliaments \(%\)](#)

17 Freedom House (2025) [Freedom in the World Mozambique](#)

18 World Bank [Proportion of seats held by women in national parliaments \(%\)](#)

19 IOM [Breaking the Cycle of Gender-Based Violence in Mozambique](#)

20 ILGA Database Legal Frameworks [Criminalisation of consensual same-sex sexual acts](#)

The legal context highly influenced whether or not the CoAs could overtly undertake activities with [REDACTED] communities.

C. Health Systems and Sexual and Reproductive Health and Rights (SRH-R)

The health systems across the nine countries are generally fragmented, with limited public capacity and a significant reliance on the private sector. This often leads to disparities in access and quality of care, particularly for marginalised and low-income populations. Facilities are also not easily accessible for people living with disabilities. Healthcare is frequently paid for through a heavy burden of out-of-pocket (OOP) spending. In Lebanon, for example, households pay over 50% of total health expenditure,²¹ while in Nigeria, OOP spending is about 71% of total health expenditure. This reliance on personal funds makes quality healthcare largely inaccessible for many citizens, although the programme did not intend to address

Sexual and Reproductive Health and Rights (SRH-R) outcomes vary widely across different countries, with some countries facing significant challenges. Maternal mortality rates (MMR) per 100,000 live births are extremely high in countries²² like Nigeria (993), Kenya (379), and Niger (350), while they are much lower in Jordan (31) and Lebanon (15). Guatemala's rate is higher (94) than in Honduras (47) and other countries in Latin America. Similarly, under-5 mortality rates per 1,000 live births are highest in Niger (115) and Nigeria (105) and lowest in Jordan (13) and Lebanon (13).²³

Access to SRH-R services is also restricted by legal and social barriers. Abortion is illegal or highly restricted unless to save the woman's life several programme countries. In Honduras, the situation is most restrictive as according to the Honduran Constitution a person can go to prison for having an abortion, and in 2021, a constitutional amendment strengthened the ban on abortion by modifying the article that protects life from conception.²⁴ In Mozambique, by contract, abortion was legalised in 2014 and is authorised on request.²⁵ Abortion restrictions, combined with low contraceptive prevalence in countries like Nigeria (14%) and Niger (18%),²⁶ contribute to very high fertility rates in these countries (4.5 and 6.1 children per woman, respectively).²⁷ Adolescent birth rates are also particularly high, especially in Niger (145 per 1,000), Uganda (107 per 1,000), and Mozambique (153 per 1,000), highlighting the challenges young people face in accessing SRH-R services and education. Honduras (82) has one of the highest rates in the LATAM region. In Guatemala, between 2018 and 2024, more than 14,000 girls aged 10-14 gave birth,²⁸ highlighting a severe issue with forced and adolescent pregnancies. The UN Human Rights Committee condemned Guatemala in June 2025 for forcing a young girl to continue a pregnancy after rape, characterizing it as "torture" and "discrimination".²⁹

21 ODI (2019) [Social protection in Lebanon: a review of social assistance](#)

22 UNICEF (2025) [Maternal Mortality](#)

23 World Bank [Mortality rate, under-5 \(per 1,000 live births\)](#)

24 Focus2030 (2024) [Where do abortion rights stand in the world in 2025?](#)

25 MSF [Breaking barriers to safe abortion care in Mozambique](#)

26 World Bank [Contraceptive prevalence \(% of women ages 15-49\)](#)

27 World Bank [Fertility rate, total \(births per woman\)](#)

28 Human Rights Watch 2025 UN Panel Finds Guatemala Responsible for Forcing Girl into Unwanted Pregnancy, Motherhood. See [here](#).

29 UN OHCHR 2025 "From rape to lost childhood." See [here](#).

D. Security Situation

Persistent insecurity, political repression and shrinking civic freedoms, often exacerbated by violent conflict, severe funding cuts, and mass displacement, drastically constrain the ability of CoAs to operate effectively, overtly, and safely advocate for marginalised communities in all nine countries. Forms of violence against women, girls, and [REDACTED] communities also are highly prevalent, posing as both constraints to activities and opportunities for CoAs to respond to. The prevalence of GBV, for example, highlights the acute need for programme activities to reduce violence against women - which the programme delivered on via various activities. Insecurity necessitated changes in programme delivery approaches, including covert engagement, reduced visibility, and temporary suspension of activities in several countries.

Guatemala and Honduras face severe security crises, driven by organised crime and gang violence. Guatemala has a homicide rate of approximately 23 per 100,000 people. Honduras is considered one of the most violent countries in the world, with a homicide rate of around 31 per 100,000, which affects particularly men but results in an insecure environment for all genders.³⁰ Both countries also face high femicide rates.³¹ Lebanon has seen widespread destruction and over a million displaced, nearly 3,700 deaths and 15,700 injuries following attacks by Israel since late 2023.³² In Africa, Nigeria is grappling with a complex security crisis that includes terrorism from groups like Boko Haram, widespread kidnapping, and farmer-herder conflicts. From 2020 to 2024, over 5,000 violent incidents were recorded, resulting in more than 20,000 casualties.³³ Niger is also heavily affected by armed conflict. Jihadist insurgencies have displaced nearly 1 million people by late 2024. Niger also experienced a military coup in July 2023.³⁴ In Mozambique, an escalating conflict in the northern Cabo Delgado province has displaced nearly 580,000 people and worsened gender-based violence.³⁵ Jordan is a notable exception of the 9 countries, maintaining relative stability with a low homicide rate of about 1.4 per 100,000, although women are at risk of GBV and “honour” killings, with perpetrators receiving lenient sentences.³⁶ Insecurity experienced in these programme countries restricted mobility of CoA organisations, limited rural outreach, and exacerbated SRH-R access barriers for displaced women and IDPs.

Civic space is constrained across all nine countries, with governments using various tactics to suppress dissent. In Guatemala, there have been over 9,000 documented instances of aggression against human rights defenders and journalists, a record high for the country.³⁷ In Honduras, over 139 journalists were killed between 2001 and 2020, with impunity in 92% of cases.³⁸ In Jordan, Uganda and Honduras, media freedom is the most restricted compared with the other programme countries, with journalists facing harassment, arrests, and censorship for reporting on corruption or sensitive issues.³⁹ In countries with recent political turmoil, the crackdown on civic space has been

30 Our World in Data [Homicide rate per 100,000 population](#)

31 World Population Review [Femicide Rates](#)

32 Humanitarian Action (2024) [Global Humanitarian Overview 2025 Lebanon](#). Figures relate to the October 2023 – November 2024 escalation

33 Nextier Violent Conflict Database Reported [here](#)

34 [ACLED](#)

35 Human Rights Watch (2024) [Mozambique](#)

36 AMNESTY INTERNATIONAL (2008) [Lenient sentences for perpetrators of “honour killings” a step backwards for protection of women in Jordan](#)

37 Human Rights Watch (2025) [Guatemala](#)

38 Reporters without borders (2021) [2011-2020: A study of journalist murders in Latin America confirms the importance of strengthening protection policies](#)

39 Reporters without Borders (2025) <https://rsf.org/en/index>

particularly severe. Following the military coup, Niger's ruling junta has intensified the repression of media and opposition, with Freedom House rating the country's human rights and media freedom as "Not Free" in 2025.⁴⁰ In Uganda, ahead of the January 2026 elections, the government has restricted freedom of expression and peaceful assembly, with prominent opposition figures facing detention. In Mozambique, large-scale protests following the highly contested October 2024 elections were met with violent responses from security forces, resulting in several hundred deaths and many injuries.⁴¹ In Kenya, social discontent has been expressed in several protests, driven by critical issues such as youth unemployment and the high cost of living. Protests in June 2024 and 2025 were met with force by authorities.⁴² Notably, the 2024 protests against the Finance Bill disrupted the implementation of the We Lead Program. In all these nations, activists, journalists, and human rights defenders operate under the constant threat of harassment, arbitrary detention, and violence.

E. Economic and Environmental Situation

The economic situations across the nine countries were generally marked by significant challenges, including high unemployment, poverty, and inequality; and a drop in international aid - specifically for SRH-R programming vastly undermines accessibility of SRH services which impacted on programme sustainability.

While some nations, such as Guatemala and Honduras, experience modest GDP growth, they still struggle with widespread poverty, which disproportionately affects indigenous and black populations (including the Garufina population). In Lebanon, the economic crisis has reached a critical point, with over 80% of the population living in poverty. Nigeria also faces high unemployment, particularly among its youth and women. Even countries with a positive GDP growth forecast, like Kenya, Mozambique and Uganda, must contend with high youth unemployment, a rising cost of living, and persistent inequality, which hinders widespread economic progress. Niger remains one of the world's poorest countries. The situation worsened following the closure of the Benin border, which temporarily cut off the country's closest access to the sea. However, more recently, an increase in oil exports and agriculture, and showed 8.4% growth in 2024, however, this growth did not offset conflict-driven displacement and widespread poverty.⁴³ In Kenya, social discontent, driven by critical issues such as youth unemployment and the high cost of living, has been expressed through several protests.

Globally there has been a marked decline in international donor funding, including on SRH-R and women's rights issues. While the figures for 2025 are not yet available, the OECD reports that 2024 marked the first year of a reduction (7.1% drop) in international aid following five years of consecutive growth.⁴⁴ However, funding for SRH-R had already fell in 2023 by 27% from the previous year. The funding cuts by the US have been particularly impactful for countries included

40 Freedom House (2025) Niger

41 Freedom House (2024) Mozambique

42 Amnesty International (2025) Kenya: Authorities weaponised social media and digital tools to suppress Gen Z protests. <https://www.amnesty.org/en/latest/news/2025/11/kenyan-weaponised-social-media-and-digital-tools-to-suppress-gen-z-protests/>

43 World Bank (2025) Here.

44 OECD (2025) "International aid falls in 2024 for first time in six years, says OECD" <https://www.oecd.org/en/about/news/press-releases/2025/04/official-development-assistance-2024-figures.html>

in the We Lead programme, given the US was a major SRH-R donor,⁴⁵ and in 2025 closed USAID and defunded the United Nations Population Fund.⁴⁶ Netherlands MFA funding for SRHR in the programme countries is also expected to halve between 2024 and 2026.⁴⁷

Environmentally, all nine nations are highly vulnerable to the impacts of climate change, with droughts, flooding, and/or land degradation posing significant threats to agriculture, livelihoods, and food security, although the programme did not systematically address climate via its activities. In Jordan, for instance, severe water scarcity is a major concern, while in Nigeria, the country is threatened by both desertification in the north and frequent flooding in the south. Climate-related events result in increased numbers of women affected by displacement. These environmental issues often exacerbate existing humanitarian crises, particularly in conflict-affected regions like northern Mozambique and Niger, where climate-related shocks compound the challenges of displacement and insecurity.

45 IATI <https://d-portal.iatistandard.org/ctrack.html?publisher=United#view=main>

46 Deutsche Stiftung Weltbevölkerung (DSW) (2025) Donors Delivering for SRHR - Report 2025

47 IATI <https://d-portal.iatistandard.org/ctrack.html?publisher=United#view=main>

DESCRIPTION OF THE INTERVENTION

The programme operated in nine countries. While originally planned for ten countries, Iraq was removed due to funding adjustments.⁴⁸ The programme was designed to run for a five-year period from January 1, 2021, to December 31, 2025.⁴⁹ Key periods include 2023 being a "take off" year following programme set up activities during the proceeding years, and 2024 framed as a year of readjustment, refocusing, consolidation, and results, based on the Mid-Term Review (MTR) covering the period January 2021 to June 2023.⁵⁰ This end term evaluation (ETE) comes in the fifth year of operations.

A. Consortium Partners and Roles

The We Lead consortium is led by Hivos and comprises six core CSOs: Hivos, Positive Vibes (PV), Restless Development (RD), Fondo Centroamericano de Mujeres (FCAM Foundation), The African Women's Development and Communications Network (FEMNET), and Marsa.⁵¹ Hivos is the lead organisation, responsible for overall programme development, coordination, and management, including final accountability to the Netherlands MOFA. The consortium partners had the following specific roles:

- **Hivos:** The lead organisation, responsible for overall programme development, coordination, and management, including final accountability to the Netherlands MFA. Hivos brings expertise in regranteeing, fostering learning, network building, and implementing a safety and security mechanism.⁵²
- **Positive Vibes:** Contributes expertise in capacity strengthening, particularly focused on accompaniment, inclusion, and addressing gendered power dynamics, including the Looking In, Looking out (LILO) methodologies for supporting empowerment of marginalised and vulnerable groups. Also supported and expanded health system monitoring capacity and work in Guatemala, Nigeria, Mozambique and Kenya through implementation of the iMAQI cycle.⁵³
- **Restless Development:** Focuses on youth power and leadership, capacity strengthening through approaches like Trainer of Trainer on Youth-led research and Youth-led accountability methodologies, developing tools like the Youth Power Toolkit, and supporting meaningful youth engagement (MYE).⁵⁴
- **FCAM:** Provides extensive experience in participatory grant-making and coordinating women human rights defenders' initiatives including on lobbying and advocacy in Central America.⁵⁵
- **FEMNET:** Leverages its wide network and experience in regional and international advocacy and lobbying, linking African RHs to relevant spaces and providing training and coaching.⁵⁶

48 ibid

49 WE LEAD ANNUAL REPORT 2023 FINAL -IATI version

50 ibid.

51 <https://Hivos.org/program/we-lead/>

52 We Lead - full proposal

53 WE LEAD ANNUAL REPORT 2023 FINAL -IATI version

54 WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL

55 We Lead - full proposal

56 ibid.

- **Marsa:** Active in the MENA region, contributes to the development of communication strategies, including the use of gender-neutral language in campaigns and healthcare providers training curriculum/module.⁵⁷

M&C Saatchi World Services also supported the programme with strategic communication and SBCC expertise to assist in developing and implementing effective advocacy campaigns aimed at increasing public and political support for SRH-R.⁵⁸ Other external partners engaged include Digital Defenders Partnership and Frontline Defenders and technical partners also included ([REDACTED]) (e.g. providing support to rightsholders to attend international advocacy events), METOCA (e.g. working with rightsholders on the theatre of the oppressed methodology and organisation of festivals for rightsholders' plays) and Women Human Rights Defenders (WHRD).

Integral to the programme structure were Host Organisations (HOs) in each country, responsible for administering funds for the CoAs, contracting key local staff (CoA Facilitators, Safety and Security Focal Points, MEL focal points), and disbursing funds to local organisations. The CoAs themselves were at the heart of the programme, consisting of 8 to 16 local organisations in each country. They served as safe spaces for RHs to share knowledge, develop joint strategies, localise the programme's Theory of Change (ToC), and implement advocacy plans. CoA facilitators were young women preferably from one of the rightsholder groups.⁵⁹

B. Purpose, Goal, and Objectives

The programme's core purpose was to support young women to claim their SRH-R, guided by the principle *"Nothing about us, without us"*. The overarching goal was that by the end of 2025, *"resilient young women with disabilities, living with HIV, affected by displacement or identifying as [REDACTED] play a leading role in strengthened and inclusive organisations and movements that enjoy increased public support and have convinced duty-bearers and health-service providers to take steps towards implementing laws, policies and practices that respect and protect these young women's SRH-R."* This will contribute to the ambition that the SRH-R of every young woman will be improved by 2030, in line with SDG 3 and 5⁶⁰. The programme aimed to achieve this strategic objective through four closely interlinked intermediate outcomes:

1. **Strengthened CSOs:** To ensure civil society organisations (CSOs) inclusive of or led by young women from the target groups work together effectively in a CoA to defend and promote SRH-R.
2. **Increased Public Support:** To ensure the general public increasingly acknowledges and supports young women's SRH-R.
3. **Improved Health Services:** To ensure young women RHs have improved access to qualitative, respectful, and inclusive SRH-R information and services, largely by influencing health service providers.
4. **Progressive Policies:** To ensure laws and policies are changed in favour of RH's SRH-R, involving lobby and advocacy towards duty-bearers at various levels.

⁵⁷ WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL

⁵⁸ We Lead - full proposal

⁵⁹ We Lead - full proposal

⁶⁰ <https://Hivos.org/program/we-lead/>

The programme aligns with the UN Sustainable Development Goal 3 'Ensure healthy lives and well-being for all at all ages' and 5 'Achieve gender equality and empower all women and girls'. It is funded under the Netherland MFA SRH-R partnership fund.

C. Strategic Approach and Implementation

We Lead employed a rights-based approach deeply embedded in principles of local ownership, gender equality and inclusion, and youth leadership. The programme deliberately sought to shift power into the hands of RHs, enabling them to lead advocacy efforts. Key strategies include:

- **CoAs:** Central to the model, provided safe spaces for collaboration, strategy development, and mutual support among rightsholder organisations.
- **Participatory Grant-Making:** Funding proposals from CoAs and local organisations are assessed and approved through a participatory mechanism that includes rightsholder representatives.
- **Capacity Strengthening (CS):** A comprehensive approach focused on enhancing RHs' and local organisations' skills in areas such as leadership, advocacy, research (including youth-led research and monitoring), gender responsive budgeting, data driven advocacy trainings, organisational development, SRH-R, SOGIESC, VCAT for health care providers, psychosocial wellbeing, and safety and security.
- **Lobby and Advocacy:** A core element, supporting RHs to develop and implement strategies to influence public opinion, health service providers, and policymakers at local, national, regional, and international levels. This includes accompanying RHs to global advocacy spaces.
- **Research and Learning:** Utilising research to inform approaches, including studies on local ownership and context analyses. A strong emphasis on Monitoring, Evaluation, and Learning (MEL), including participatory approaches and outcomes harvesting. Learning is facilitated through webinars, exchanges, and Communities of Practice.
- **Communication:** Employing strategic communication to enhance visibility, amplify rightsholder voices, challenge norms (e.g., "Like Any Other" campaign), and engage different audiences, including the general public and duty-bearers.

D. Governance and Management

The governance structure was designed to embed local ownership and youth leadership. While the governance structure was designed with these aims, the evaluation later finds that some of these intentions were only partially realised in practice.. The Steering Committee (SC) was the highest decision-making body and includes authorised representatives from each consortium member, three representatives of young RHs from the CoAs (representing each region),⁶¹ While it had been planned that the Netherlands MFA would have a non-voting representative on the SC, instead this was revised and there are structured monthly meetings between the MFA and the Programme manager to share updates and status of the programme.⁶² It was designed in this way to embed rightsholder voices in the strategic decision-making body of the programme. The programme operated through layered management teams (Global Management Team (GMT), Global Coordination Team (GCT), Regional Management Teams). Working groups for key thematic

⁶¹ The young RHs were involved from the beginning of the program and were divided into two cohorts. The first group from 2021- 2023 then, the second group joined from 2023-2025.

⁶² We Lead - full proposal

areas (Advocacy and Communication, Capacity Strengthening Linking and Learning, DMEL, Safety & Security, Finance) which have integrated CoA Facilitators/focal points.⁶³

E. Assumptions underpinning the ToC

The We Lead Theory of Change provided its representation of how the programme's activities and outputs were intended to contribute to long-term changes not just in strengthening the capacity of young women led-organisations and coalitions, but also in terms of broader social attitudes and behaviours, and health systems.

We Lead's activities were intended to contribute to four intermediate outcomes: stronger, inclusive young women-led CSOs and movements; accessible SRH-R information and services; public support for RHs SRH-R; and laws and policies which respect young women's SRH-R. The country-level ToCs identify causal links between activities and anticipated outcomes on the basis of the consortium partners' experience in previous programmes and the knowledge of the country context.

The Outcomes were dependent on a wide range of external factors, which are captured in the country-level ToC narrative as a set of assumptions. Some of the key assumptions identified include health facilities' capacity to provide accessible SRH-R information and quality services, media uptake of messages on young people's SRH-R, and the existence of institutional structures and incentives that support rightsholders to claim their rights and duty bearers' ability to respond.

The cause-effect contribution question identified for the programme was: Did We Lead's approach to strengthening capacity of SRH-R CSOs and young women from rights holder groups contribute to A) more empowered rightsholder groups and organisations with stronger knowledge, skills, resources and relationships B) Improved public awareness and support for women's SRH-R; C) Health service provider's awareness and provision of SRH-R services for the RHs; or D) Laws and policies which respect and protect the SRH-R of young women from rights holder groups? Our reconstructed intervention theory, including the assumptions can be found in the annex 2. This includes the exploration of Did We Lead's approach to building capacity of SRH-R CSOs and young women from rightsholder groups contribute to A) more empowered rightsholder groups and organisations with stronger knowledge, skills, resources and relationships B) Improved public awareness and support for women's SRH-R; C) Health service provider's awareness and provision of SRH-R services for the rightsholders; or D) Laws and policies which respect and protect the SRH-R of young women from rightsholder groups?

63 WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL

EVALUATION APPROACH AND METHODOLOGY

A. Objective and Purpose of the evaluation

The purpose of the End Term Evaluation (ETE) is both backwards looking to assess key elements of the programmatic implementation since 2021, and forward-looking to identify lessons learnt and examples of best practice, which can inform future work and improve sustainability. The intended audience and users of the findings from the ETE include: the We Lead Consortium partners; all CoA members; the Rightsholders who were engaged by the programme; and the Netherlands MFA, including those units funding civil society strengthening, SRH-R, and gender equality. The findings are also relevant and informative to other donors supporting SRH-R CSOs in the implementing countries so it is recommended that the report is made publicly available and shared with external stakeholders.

The evaluation assessed the relevance, effectiveness, coherence and sustainability of the programme, and looked at cross-cutting themes of gender, youth, and climate change inclusion into the design. In line with a theory-based, realist evaluation approach, the evaluation assesses the contexts in which the programme has been implemented, to understand what factors influenced the achievement of results (such as political, economic, social, and environmental factors), as well as internal factors related to the operations of the programme. The ETE covers all nine countries where the programme was implemented and also includes activities at the global level including engagements with Dutch society. Evaluation questions can be found in Annex 1.

B. Evaluation methodology and approach

Annex 2 is an integral part of this report and should be reviewed for details on the evaluation approach. The evaluation employed a methodological approach grounded in: independence, transparency, and feminist MEL principles. The approach combined mixed methods (desk review, secondary data analysis, qualitative interviews, focus group discussions and sense-making workshops, and quantitative) with realist, theory-based evaluation techniques, using contribution analysis and process tracing to assess the programme's causal pathways. Core principles included contextualisation of the inquiry within structural and intersectional disadvantages; collaborative learning with evaluators positioned as 'co-learners'; participatory engagement of Country Committees and the global reference group throughout all stages while maintaining evaluation independence; and rigorous ethical standards that prioritised participant safety, informed consent, confidentiality, and accessibility. The evaluation was designed to capture complex, non-linear change processes related to empowerment, gender equality, and inclusion, while remaining grounded in the We Lead Theory of Change and ensuring all findings were evidence-based, triangulated from multiple sources, and validated by programme stakeholders to support both accountability and mutual learning. Nine country deep dives were produced and are included in the annex of this report, and the findings were comparatively assessed to one another for this evaluation report. The evaluation was implemented according to the planned approach from the inception report with the exception of a far greater number of consortium partner representatives being included in the international data collection efforts than originally expected (which had time and resource implications for the evaluation team) but was requested by Hivos, members of the Evaluation Reference Group and consortium partner. It was also not possible to include non-

engaged CSOs in the survey due to resource constraints and perceptions this would be extractive given pre-existing sufficient secondary information on SRH-R funding and civic space etc.

The evaluation fieldwork took place from June to September 2025. Data was gathered using a desktop literature review, in-country fieldwork involving key informant interviews (KIIs) in each of the programme countries and sensemaking workshops with a sample of CoA organisations and Rightsholders; as well as key informant interviews and focus group discussions with international/global programme stakeholders, the donor, and external experts. A quantitative survey was also disseminated to all CoA organisations (past and present) and HOs in English, Spanish, French, Arabic, and Portuguese, and received 106 responses.

I. Note on addressing gender and inclusion considerations

As the programme aims to support the empowerment of marginalised groups of young women to know their rights, access respectful and quality care, and advocate for health system and policy change, this evaluation considers gender, inclusion and youth considerations as integral to the programme. As such, whilst an evaluation question on ‘cross cutting issues’ was included in the evaluation framework in order to reflect the Terms of Reference and emphasise their significance, given the programme’s focus on gender-transformative and inclusive change, gender, youth and inclusion considerations were necessarily also integrated into the evaluation questions across the criteria. As such, this report cannot provide a separate section on gender and inclusion as a cross-cutting issue, and this section aims to provide a broad outline of the key gender and inclusion approaches and principles discussed in the report and signpost to the relevant sections:

- The relevance section explores the extent to which the programme design effectively engaged with gender and inclusion issues as part of *a complex system which requires multi-level, multi-dimensional responses*, and a comprehensive approach, and which includes direct, targeted work, as well as action on the enabling environment. That section further discusses the extent to which the programme design aimed to support young women’s *empowerment* by supporting multiple and mutually reinforcing changes in rightsholders’ agency (capacity to take action) and resources (the assets and sources of power young women can use to exercise agency) and to support more enabling institutional structures (formal and informal rules and practices within the family, community and policy).
- The relevance section also discusses the extent to which the global and country programme design was informed by *gender and inclusion analysis*, in particular how unequal and gendered power relations affect access to SRH services, the provision of high-quality services, and critically young women’s ability to influence the responsiveness of the SRHR sector. The section also addresses the extent to which the *MEL approach* supported the programme to understand complex gender and inclusion related changes.
- The relevance section also addresses the extent to which the programme was informed by an understanding of the *intersectional barriers* faced by the focus rightsholder groups in accessing quality SRH services and information, and how these are deepened by discrimination related to age, disability, sexuality, migration and citizenship status, economic status and other social inequalities.
- In the effectiveness section, the sub sections on Outcomes 1 and 3 explores the programme’s *rights-based approach* and its efforts to support rightsholders and providers to know and understand their rights, and to support the provision of services that are more empowering and nurturing for young women through promoting *client centred care* and quality of care.

- Each of the outcome sub-sections discusses the extent to which the programme's efforts to support young women's voices, as well as the expansion of choices available to them contributed to a *shift in unequal power relations*. The sub-section on outcome 1 discusses the extent to which supporting the capacity of rightsholders and their organisations supported rightsholders' 'power within', 'power to', and 'power with'. The relevance section discusses stakeholder feedback on engagement with men and boys, as well as the effect of male dominated community and policy spaces on rightsholders' voice as key aspects of this.
- Each of the outcome subsections discusses the ways in which the programme aimed to *centre the voices, experiences and knowledge of rightsholders* through, for example, peer-led spaces within which to learn about SRHR (outcome 1), peer education and dialogue activities with communities and health providers (outcome 2), community-led monitoring of health facilities (outcome 3) and youth-led advocacy (outcome 4).
- All outcome sub-sections explore the extent to which programme activities supported *rightsholders' leadership* skills and ability to initiate actions in their community and bring increased attention to the needs of young women, created conditions for collaborations between CoAs, healthcare providers, local government and other civil society partners, and enhanced rightsholders' role and position in the community. The coherence section further discusses the programme's objectives of supporting young women's leadership within the CoAs.
- The sub-sections on Outcome 1 and the coherence section particularly explore the programme's emphasis on *collective action*, in terms of its support for CoAs as a space for knowledge sharing and trust-building between rightsholders, organisational capacity building of CoA organisations, as well as relationship-building, partnerships and collaborations between them.
- The coherence section also includes a discussion on the extent to which the programme was inclusive and reflective in terms of its *organisational ways of working*, and mindful of how power was exercised, and the extent to which programme stakeholders had the required resources, competencies and time to deliver on a transformative gender and inclusion agenda.
- The relevance section provides a discussion on the extent to which the programme engaged with the under-resourcing of country health systems and SRHR services in particular as well poverty, the lack of economic opportunities as a key *institutional and structural factors* affecting young women's SRHR. The programme's engagement with the impact of gender-based violence on young women's lives and SRHR is also discussed throughout.
- The sub-section on Outcome 2 includes a discussion of *resistance and backlash* in relation to the SRHR agenda, as well as the ways in which the programme responded to the risks, and safety and security considerations.

II. Desk Review

The ETE team undertook a comprehensive assessment of ~40 internal programme documents, country reports, and monitoring data spreadsheets in order to inform our understanding of the programme successes and challenges. These documents were requested by the ETE team based on our knowledge of what documents are required to evaluate programmes of this nature. See Annex 3 for the full list of documents reviewed. The Results Framework results for 2025 and final IATI indicator results were not finalised at the time the ETE report was being written and so information is not included in this report.

Additionally, the evaluation undertook a desk review of available secondary reports and data from independent sources, including world bank data, grey literature from international organisations and government ministries, to supplement our understanding of the local context and to triangulate with internal sources. References are included in this report and included in Annex 3.

III. Qualitative Data Collection

The qualitative data collection involved key informant interviews, group interviews, focus group discussions (FGDs) and sense-making workshops, which involved **411 individuals** purposively sampled across all nine programme countries as well as at the global/regional levels. The number of people consulted per stakeholder type is as follows:

1. **195 Rightsholders from the primary target groups:** young women living with HIV, young women with disabilities, gender and sexual minorities, and those affected by displacement.
2. **102 Country-level programme implementers:** CoA facilitators, project officers, national We Lead staff.
3. **33 Global and Regional level internal stakeholders:** consortium partner representatives, global and regional We Lead Staff.
4. **81 External stakeholders:** Healthcare providers, policy advocates, government officials, other civil society groups, external experts, academics, and the Netherlands MFA

The number of stakeholders consulted was determined based on the evaluation budget and to ensure sufficient data collection from a variety of types of stakeholders to allow for a comparison of views across stakeholder types. The number of stakeholders consulted during the evaluation is displayed in Table 1 below:

Table 1. Summary of Fieldwork: Stakeholder Engagement by Location, Type of Stakeholder and Mode of Engagement

	Global/ Regional	Guatemala	Honduras	Jordan	Kenya	Lebanon	Mozambique	Niger	Nigeria	Uganda	TOTAL
National Stakeholders											
Internal interviews		2	3	3	2	3	2	1	2	3	21
External interviews		10	9	9	7	4	8	12	10	10	79
CoA representatives in sense making workshops		8	6	8	10	12	11	9	7	10	81
Rightsholders in sense making workshops ⁶⁴		18	23	16	24	15	26	13	26	34	195

⁶⁴ See Annex 10 for more details on the sample selection per country for rightsholders and external stakeholders.

Total national stakeholders engaged		38	41	36	43	34	47	35	45	57	376
Global and Regional Stakeholders											
Consortium Partner Representatives	16										
Hivos Programme Management	2										
Hivos Technical Leads	6										
Hivos Regional Officers	5										
External Implementing Partners	2										
Rightsholder Steering Committee Members	2										
External Donor	1										
External SRH-R Expert	1										
Total Global/ Regional Stakeholders engaged											35
Total Stakeholders engaged											411

Rightsholders and CoA Workshops breakdown											
Number of Rightsholders sense-making workshops		3 (1 Xela, 1 Panajachel, 1 Flores Petén)	3 (2 Tegucigalpa, 1 San Pedro Sula)	3 (All online)	3 (2 Nairobi, 1 online)	3 (All online)	3 (2 Maputo, 1 online)	2 (1 Niamey, 1 Tilaberi. +2 RH interviews in Maradi)	4 (3 Abuja, 1 online)	4 (All online)	28
Number of CoA		1 (Guatemala)	1	1	1	2	1	1	1 (Abuja)	1	10

workshops		mala City)	(Teg ucig alpa)	(Online)	(Nairobi)	(Online)	(Maputo)	(Niamey)		(Online)	
Total workshops held		4	4	4	4	5	4	3	5	5	38

IV. In-Country Data Collection

National in-country consultants in all nine programme countries carried out national level data collection in each of the programme countries. Key informant interviews were undertaken with key internal staff members, and external stakeholders including government/policy-makers, healthcare service providers, Netherlands Embassy representatives, and external CSOs/SRH-R experts. Interviewees were purposively sampled from the full list of potential stakeholders provided by the country teams, based on the pre-selected stakeholder types. The in-country consultants gave consideration in their sampling selection to those who would be most suitable to obtain information across the variety of project activities, who would provide richness of data and in-depth insights. The evaluation team sought to ensure variability, in particular by ensuring the inclusion of external/independent stakeholders with knowledge of the programme and/or those who had left/finished engagement earlier and therefore were less likely to have biased responses. Interviews were semi-structured and typically lasted 1 to 1.5 hours. Overall, 100 interviews took place with internal and external stakeholders at country level.

Additionally, sense-making workshops were held with CoA organisations and separately with rightsholders. CoA organisation selection utilised a stratified random sampling approach to ensure inclusion of organisations representing all the 4 rightsholder groups. Rightsholders were largely selected purposively due to a lack of a full list of rightsholders engaged, whilst also ensuring participation of all 4 marginalised community groups in the discussions. Sign language interpretation was also provided when needed to ensure inclusive discussions. Discussion guides were semi-structured and incorporated capacity assessment questions which were developed in collaboration with We Lead's Capacity Strengthening working group. Sense-making workshops took around 2 hours (online) or 4 hours (in person), with bespoke discussion guides developed for CoA and rightsholder workshops. In total, 38 workshops took place engaging 276 participants.

V. Global Data Collection

At the global and regional level, online individual Key Informant Interviews (KIIs) were conducted with individuals representing programme governance and external expertise, including Steering Committee rightsholder representatives, external strategic partners (Women Human Rights Defenders Hub, MC Saatchi), and external stakeholders (donor representative, an SRHR expert). Group Interviews (GIs) with consortium partners were held via six sessions with 20 participants in total, including Hivos management and teams from FEMNET, FCAM, Positive Vibes, Restless Development and an individual interview with Marsa, allowing the evaluation team to gather insights from across the programme's diverse regional and organisational partnerships. In addition, three Focus Group Discussions (FGDs) engaged 11 Hivos staff across three sessions, gathering insights from technical leads, programme officers working across all regions in which the Programme operated.

Sampling: Individuals were selected using a purposive sampling approach based on stakeholder categories identified by the evaluation terms of reference and informed by the key groups who would have knowledge on the 4 outcome areas. Participants were selected from those who were known to have been involved in the programme from lists provided by the Programme team.

VI. Quantitative survey

A quantitative survey was also distributed to the full available list of CoA organisations and host organisations across all nine countries. The survey was implemented in English, Spanish, French, Arabic, and Portuguese. The translated questionnaire was reviewed by the country committees to ensure the meaning was translated correctly. The survey fieldwork took place from 1 August 2025 - 12 September 2025. Several reminders were sent to boost the response rate. The final response rate was 71% of the total number of organisations who were sent the survey link.

The survey instructed the organisations to answer once per organisation, with the most senior person involved in the We Lead programme requested to complete the survey on behalf of their organisation.

Table 3. Survey response rate by country

Country	Grand Total
Guatemala	10
Honduras	11
Jordan	10
Kenya	10
Lebanon	11
Mozambique	12
Niger	11
Nigeria	13
Uganda	18
Grand Total	106

Table 4. Organisation Leadership Type by country

	Guatemala	Honduras	Jordan	Kenya	Lebanon	Mozambique	Niger	Nigeria	Uganda
A young woman (18-35 years old)	40%	18%	10%	10%	18%	42%	36%	46%	22%

A young woman from any of the 4 rightsholder groups	20%	36%	30%	30%	9%	25%	18%	46%	39%
Neither	40%	45%	60%	60%	64%	33%	45%	8%	33%
Not sure					9%				6%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 5. Number of We Lead Paid Staff within each Organisation, by country

	Guatemala	Honduras	Jordan	Kenya	Lebanon	Mozambique	Niger	Nigeria	Uganda
Don't know		18%	30%					8%	
1 or less									
From 2 to 4	90%	82%	50%	60%	64%	25%	91%	46%	78%
From 2 to 5				30%				8%	22%
From 5 to 9	10%		20%	10%	36%	17%	9%	23%	
10 or more						58%		15%	

C. Analysis and validation

The evaluation team used a theory-based analysis approach using both contribution analysis and process tracing to assess whether the implementation and results achieved were in line with original expectations as stated in the Theory of Change, and to determine the likelihood of sustained change. The analysis was rooted in an assessment of the systems in which project partners operated - including financial, economic, social, political, and institutional capacities - to understand how programme activities contributed to impacts and what factors hindered the achievement of desired goals. We attempted to link observed changes to specific activities, strategies, and contextual enablers or barriers, analysing the plausibility, consistency, and uniqueness of the programme's contribution to changes. Data triangulation was central to the approach, with the team cross-referencing findings from desk reviews, monitoring data, internal perspectives from programme staff and CoA organisations, external stakeholder views, and where available, objective data sources to verify and strengthen the credibility of conclusions. Capacity improvements were assessed using simplified elements of the methodology developed by the capacity assessment consultant, though gaps in baseline and monitoring data limited the use of rigorous quantitative time series analysis, with findings instead incorporated into the qualitative assessment.

We incorporated validation at several phases, to ensure an iterative approach to theory development. Preliminary country-level summary reports were validated by country committees

before being triangulated with desk review data and survey findings, before being further incorporated into the overall global analysis. The draft report was shared with the global reference group and the country annex deep dives were shared with the country committees for further feedback. A presentation of findings was given to the global evaluation reference group and a global validation meeting held on 27 November to discuss the findings and craft recommendations.

D. Limitations and Mitigation Measures

The evaluation findings are constrained by the following limitations:

- 1. Limited budget for the size and scope of the We Lead programme:** considering the We Lead programme was implemented in nine countries as well as with international activities, with implementation in five languages plus sign language requirements, the budgetary resources for the evaluation were limited (0.004% of the programme budget) which reduced the extent of national fieldwork which could be undertaken.
- 2. Wide scope of activities per location:** Programme activities were undertaken across several regions within each country, across a wide range of SRH-R themes, and with a diverse range of stakeholders and beneficiaries involved. This also added to the complexity of the methodology required for the evaluation. Due to the limited budget available, the in-country consultants mostly focused in-person data collection on the main city location within each country, with online interviews to reach other locations.
- 3. No mandate to assess efficiency of programme:** The Terms of Reference for the evaluation did not include efficiency as an evaluation criterion. It was also confirmed during the inception phase not to include efficiency as a criterion, due to time and resource constraints so that the evaluation could focus and prioritise the limited resources on criteria that are most important at the end-term phase. While recognising these practical reasons why efficiency was not able to be included in this evaluation, it was limiting in many respects and these are important to state. This gap partially constrains the understanding of why certain activities were effective by making it difficult to distinguish whether positive outcomes resulted from well-designed interventions or from high levels of resource investment that compensated for implementation weaknesses. Without efficiency data (the evaluation team did not have access to budget allocations and spending data), the evaluation could not ascertain whether challenges encountered across the nine countries stemmed from insufficient resources, poor resource allocation, or fundamental design issues. This limitation leaves a blind spot for the evaluation, as the team could not concretely ascertain whether certain interventions succeeded because they were appropriately resourced or despite inefficient use of available funds and personnel, and could base such findings only on the qualitative evidence provided to the team.
- 4. Limited monitoring data available for certain activities:** Extensive monitoring data was collected by the programme and a baseline and mid-term study were undertaken. That said, there are some gaps in terms of the data that was available (i.e. quantitative measures of attitudes, experiences and behaviours on SRH-R among key target groups - rightsholders, key audiences such as healthcare providers, parents, teachers etc. - tracked over time, pre- and post- capacity training assessments with follow up assessments, monitoring assessments of rightsholder experiences accessing healthcare providers, and very limited campaign monitoring data). The evaluation design therefore utilised more qualitative approaches to assessing the evaluation criteria.

- 5. Potential for sampling bias:** While the country consultants made every effort to ensure as broad and representative sample as possible, in practice, they were highly dependent on the lists provided by country committees and CoAs, in particular the lists for CoA members and rightsholders. In addition, sampling choices from these lists were often constrained by practical factors. In Guatemala, for example, availability of participants was often dependent on dates, work or study schedules of rightsholders and interviewees and availability to travel. In Honduras, an important factor influencing participant selection was the available budget, which limited the ability to support participants' travel which meant that organisations based in Tegucigalpa and surrounding areas are somewhat favoured due to proximity and logistical feasibility. In Jordan, participants in two of the three sensemaking workshops were from one organisation or actor, while the third featured rightsholders from several stakeholder groups, contacted through CoA member organisations. In Kenya, two of the three sense-making workshops were held physically in Nairobi. The third workshop, conducted virtually, specifically engaged RHs affected by displacement, since they were not represented in the in-person sessions. In Lebanon, it proved particularly difficult to access external perspectives. Several invited stakeholders were unresponsive, and some of those who did participate had limited knowledge of the programme. As a result, external input was narrower and less detailed than intended. In Mozambique, the selection of rightsholders was partly guided by the convenience of having rightsholders from all regions of the country come together for the closing ceremony in Maputo, meaning that 2 of the 3 rightsholder workshops involved participants at that ceremony. In Uganda, it was difficult to have optimal participation of Persons with Disabilities (PWD), especially those with hearing impairment during sense making workshops due to the additional cost of hiring interpreters for sign language and other translation costs.
- 6. Potential for response bias:** As with any evaluation, there is a risk that responses may be overly positive from internal stakeholders due to perceived opportunities of additional funding for a programme. While this evaluation took available attempts to balance options of internal and external stakeholders and independent data sources, this remains a risk.
- 7. Sampling biases with purposive sampling approach:** The evaluation utilised purposive sampling approaches in the selection of interviewees/participants. This was necessary to ensure data collection from sources which specific information on certain activities and elements of the programme, and given there is no database of rightsholders engaged by the programme. However, this may introduce biases which should be considered when interpreting the findings: risk to generalisability, replication, and findings may not be representative of the total population. While the evaluation team attempted to mitigate by targeting stakeholders who left the programme early, nonetheless, it remains as a methodological limitation of the study.
- 8. Survey with non-engaged CSOs:** Originally it had been planned to implement the survey with non-engaged CSOs for the evaluation fieldwork. However, on reflection, the ETE team felt this would have been highly extractive given their lack of knowledge and involvement in the We Lead programme, when sufficient information available on the experiences of rightsholder- and SRH-R-focussed CSOs within each of the programme countries is already well documented online in the available literature. Instead, the evaluation team supplemented the evaluation findings with additional desk review.

We followed the five-step processes for qualitatively assessing the plausibility of causal claims using process tracing and contribution analysis. The evaluation would have benefitted from comprehensive monitoring data and an increased budget to allow for stronger causal claims to be drawn. The conclusions are not generalisable beyond the cases and activities that we assessed as

part of this evaluation. We have made recommendations on improving programme MEL systems informed by our experience on this evaluation. The depth of the assessment that could be made by this evaluation team was also extremely challenging due to the limited resources available, and additional resources would be needed to further substantiate the findings - we noted that the IOB criteria do not seem to make any adjustments based on evaluation budgets/resources which we see as a critical gap in the Netherlands MFA's approach to assessing evaluation quality.

It is recommended that in future, the Netherlands MFA requires robust monitoring approaches - aligned with the IOB criteria and guidelines - to be used throughout the implementation period (including baseline and mid-line assessments using robust methods) so that sufficient evidence is available to end-term evaluation teams to draw conclusions. The Netherlands MFA has specific requirements for evaluations such as ETEs yet the same standards are not applied to monitoring approaches used by programmes, nor do these same guidelines appear to have been applied for the baseline and there were gaps with the MTR approach. This makes it extremely challenging for ETE teams to meet some of the required standards. The IOB criteria do not appear to make any adjustments based on whether rigorous monitoring data is available or not.

Additionally, the donor should ensure that ETE budgets are aligned with the size and scope of programme activities as this evaluation budget of €160,000 was extremely low considering the number of countries, languages, and scope of programme activities). When funds are not available, the donor should recommend to the implementers to reduce the scope of the evaluation in the TOR, or take a more flexible and realistic approach to assessing evaluation methodologies and reports (however, we would urge that the scope is not reduced in a way which removes key criteria - such as 'efficiency' aligning the scope with limited budgets should not include removing key evaluation criteria - as this inhibits the ability of the evaluator to access the necessary information and draw robust findings and conclusions). The donor should also ensure that there is no conflict in the Evaluation TOR between the feminist MEL approach and independent evaluation approaches before commissioning to avoid requests being made of evaluation teams that cannot be fulfilled. While the focus on feminist MEL practices is greatly welcomed, when evaluations require a multi-country approach and involve working with a wide range of community-based stakeholders, the donor and implementer should hold discussions to agree at the outset about how the imperatives of co-creation and participation will be managed in a way that is effective and ethical and upholds care for all parties including the evaluation team, and communicate this clearly to the evaluation team.

EVALUATION FINDINGS

The following section represents the main findings of the Global ETE of the We Lead Programme, structured according to the evaluation criteria and evaluation questions.

A. Relevance

Summary: The programme design was informed by previous initiatives undertaken by Hivos and a collaborative co-design process with consortium partners. The planned approaches were further refined following theory of change (TOC) localisation efforts and a baseline assessment. The programme was designed to be flexible and adaptable based on the circumstances in each country, while adhering to the overall mission of addressing SRH-R needs of young women and girls from the four marginalised groups and undertaking activities in line with the four outcomes: capacity strengthening, public awareness, healthcare service provision, and policy/legal change. The programme made necessary adaptations and changes throughout implementation, particularly in response to more restrictive local contexts in relation to [REDACTED] issues and security risks. Achieving policy changes in restrictive and conservative contexts was however, considered unrealistic within the timeframe of the programme. While the programme's activities were largely considered to be relevant to the needs of the young women, there were tensions between global requirements and national realities, for example in relation to donor restrictions on using funds to provide health services, and the pre-defined categories of eligible rightsholder groups. Limited inclusion of men and boys in the overall theory of change/programme design was also seen as a gap. While the We Lead proposal recognised that men are often powerholders within families and communities, the implications of this were not unpacked in the global TOC nor the programme design and the engagement of men and boys in programming was somewhat uneven, with some good examples but no consistent strategy.

The conceptualisation and design of the programme was informed by the global evidence, contextual analysis, consultation with consortium partners and a ToC localisation process at the country level.⁶⁵ Consortium partners emphasised that it was based on a strong evidence-based foundation that identified real barriers faced by young women. The programme built on Hivos' previous initiatives such as "Right Here Right Now" and the MFA-funded "Voice Fund," adopting concepts like mindful inclusion, localisation, intersectionality, and seeking to place rightsholders at the centre of decision-making while adapting to new funding frameworks and evolving understanding of localisation principles. The initial concept was developed through a collaborative co-creation process involving all consortium partners who met to discuss the global evidence on SRH-R gaps in the programme countries and leverage each partner's strengths. Several consortium partner representatives emphasised the collaborative nature of the programme design process, which included a week-long design workshop "*discussing, dialoguing, figuring out what the broader SRH-R gaps are, and then how a programme like this might respond.*" The full proposal development phase engaged rightsholders through research, interviews, and dialogues. A baseline assessment, which identified barriers to access to SRH-R services, SRH-R policy gaps, stigma around SRH-R for young women from marginalised groups, and a lack of feminist leadership within grassroots NGOs was undertaken to collect information for the basket indicators and to

⁶⁵ Desk review of programme documents; inception meetings; consortium partner FGDs and Group Interviews; country annexes; KII5

triangulate the Theory of Change localisation processes. It was largely based on a desk-top literature review with some small-scale primary data collection efforts. However, as discussed below, the baseline assessment had limited use for monitoring improvements over time.

The programme's adoption of an empowerment and coalition-building approach to improving rightsholders' SRH-R was highly relevant, and reflected an understanding of current thinking on supporting transformative change for women and marginalised groups.⁶⁶ In targeting young women's agency and capacity, wider social norms around rightsholder groups' SRH-R, the quality and inclusiveness of health service provision, and the wider policy environment, the Theory of Change reflects the understanding that inclusive and gender-transformative change requires a comprehensive and multi-dimensional approach that addresses unequal power dynamics and restrictive social norms. The global evidence and frameworks on reproductive empowerment, bodily autonomy and socio-ecological models emphasise understanding of empowerment as a relational, multilevel and dynamic process that connects individuals, families, communities, health providers and structural/ systemic actors through different types of relationships and interactions. The ability of individuals to exercise *voice and agency* (decision-making, leadership and collective action) within these interactions is shaped by the *resources* available to them (financial and productive assets, knowledge and skills, time, and social capital) and the power dynamics within specific relationships, as well as the *institutional structures* (formal and informal social norms and laws and policies) which shape whether individuals can express agency and access resources. We Lead sought to address all three aspects of empowerment⁶⁷ with the Theory of Change envisaging creating mutually supportive changes at the individual, relational, community and structural level. We Lead's emphasis on capacity strengthening and coalition-building reflects an understanding of the need to shift unequal gendered power relations, and particularly rightsholders' 'power within' and 'power with' - that is, their sense of self-worth, self-efficacy and dignity; and the strength gained from solidarity and collective action. Generally, the CoA and Host organisations were very positive about the suitability of the programme design for the needs of young women and girls, with around 6 in 10 saying that it was very well designed for their needs, with a further three in 10 saying that it was fairly well designed for their needs (see chart 1 below).

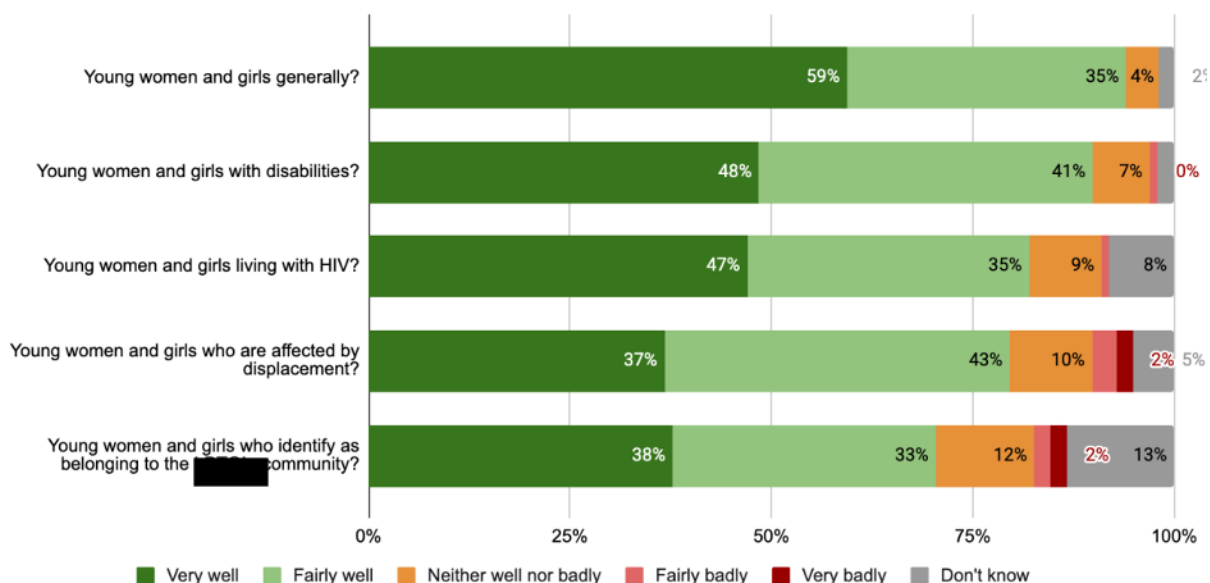
Hivos and consortium partners emphasized that extensive baseline studies had revealed these populations face compounded disadvantage and marginalisation as young women with other often interlinked social identities and characteristics. Rightsholder groups also agreed that young women, people with disabilities and [REDACTED] persons are often excluded from awareness-raising, service provision and policy making initiatives, and they appreciated that this programme put in responding to their needs as a central goal. According to the CoA and Host organisations, the programme was most suitably designed for addressing the needs of women living with disabilities, followed by women with HIV (see chart 1 below). According to the survey data, those rightsholders affected by displacement and those who identify as belonging to the [REDACTED] community were considered to have been less well served by the design of the programme. In the case of women affected by displacement their SRH-R needs are quite different from the other groups, as their immediate access to contraceptives and sanitary products are often disrupted or they may have been the victims of GBV during conflict, thus requiring specific care. The country contexts are also very diverse, and the needs of people affected by security conflicts, climate-related crises, women

⁶⁶ Desk review of programme documents; ETE survey

⁶⁷ ICRW Reproductive Empowerment Framework (2018); Bill & Melinda Gates Foundation Conceptual Framework on Women and Girls' Empowerment (2017)

living in IDP camps, and transitory economic migrants are very different from one another, and this was not adequately considered in the initial global design of the programme. In terms of the [REDACTED] community, as described below in several countries, homosexuality is criminalised or highly stigmatised which prevented direct, overt engagement with such communities in some contexts.

Chart 1: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:⁶⁸



Box 1. Rightsholders' feedback on SRH-R barriers⁶⁹

Almost all rightsholder groups interviewed as part of the evaluation highlighted restrictive social norms around young women's participation in community and public life and decision-making and spoke about lacking the confidence to express their needs to their families, communities and health care providers. Rightsholder groups also noted that the absence of spaces where they could engage other young people on SRH-R issues meant they lacked the relationships, confidence and institutional frameworks within which they could make their voices heard and take action. They recognised the importance of ensuring that community and policy level decision-making reflected their lived experience yet spoke of feeling anxiety and fear when speaking to communities, health providers and government officials about their needs. Several healthcare workers also emphasised restrictive gender norms and stigma as factors affecting young women's ability to seek care.

*"The main obstacles to exercising SRHR in my country are socio-cultural constraints and discrimination. For example, when a woman tries to claim her rights, she is considered a woman who is not ashamed."*⁷⁰

⁶⁸ ETE Survey

⁶⁹ *ibid.*

⁷⁰ Healthcare worker, Niger

Rightsholder groups across the nine countries also highlighted a lack of information on SRH-R, and particularly sexuality issues, their rights as young women, disabled women, [REDACTED] people and the quality of health services they were entitled to.

“Many girls do not have access to information and just talking about sexuality causes problems”.⁷¹

“I knew people had rights, but not specifically about the rights of persons with disabilities.”⁷²

Almost all rightsholder groups noted that this meant they could not make informed choices and decisions about their lives. Rightsholder groups and healthcare providers acknowledged that a lack of interaction between providers and rightsholders created biases and stereotypes, and exacerbated the spread of SRH-R misinformation, which in turn drive risky behaviours and undermine health-seeking.

In terms of institutional structures, rightsholder groups highlighted parents’ lack of information about SRH-R, and the lack of comprehensive sexuality education in schools as key barriers to young people making informed choices and being able to access quality care and services. Almost all CoA, rightsholder and health provider participants raised social stigma and the judgmental attitudes and behaviours of families, communities and health care providers towards young people’s SRH-R and rightsholder as key factors that hinder their ability to gain accurate information and timely services. This resulted in adverse outcomes associated with unintended pregnancies, abortion, childbirth and STIs.

“Discrimination is the main barrier. Why don't communities go to health posts, to care centres? Because they are afraid of the care, there is no empathy.”⁷³

Several rightsholder groups mentioned the availability and accessibility of services as a key challenge. Healthcare providers acknowledged that their discriminatory attitudes towards young people, people with disabilities and [REDACTED] patients kept rightsholder groups from accessing the services they need. They also noted seeing high numbers of cases of teenage pregnancy, unsuppressed and new HIV infections and sexual and gender-based violence amongst young people while lacking the training, infrastructure and commodities to provide youth-sensitive, inclusive and respectful care. Health providers and rightsholder groups confirmed that the lack of adequate infrastructure undermined clients’ privacy and confidentiality.

In many programme countries, constraints imposed by discriminatory legal frameworks limited the ability of health providers to provide care for [REDACTED] groups. In five of the nine countries - Uganda, Nigeria, Lebanon, Niger, and Kenya - same-sex sexual activity remains criminalised under penal codes with severe penalties ranging from imprisonment to potential death sentences (although some ground breaking court rulings have established judicial precedent that same sex conduct is not illegal in Lebanon, and that in Kenya [REDACTED] persons have a right to freedom of association). Uganda is particularly hostile for members of the [REDACTED] community following its 2023 Anti-Homosexuality Law that was upheld by the Constitutional Court in 2024. Nigeria enforces the Same-Sex Marriage Prohibition Act, while Lebanon and Kenya criminalise homosexuality under their Penal Codes. In Jordan, Guatemala and Honduras, same-sex activity is not criminalised but there is a lack of comprehensive legal protections. Guatemala provides no recognition for same-sex partnerships or gender identity while [REDACTED] persons face widespread stigma and violence. Honduras offers no protections or relationship recognition with individuals facing discrimination and violence without legal recourse despite homosexuality being legal. Mozambique is

71 RightsholderWorkshop, Guatemala

72 Rightsholderworkshop Nigeria

73 Healthcare worker, Guatemala

more progressive with homosexuality being legalised, but it still lacks specific anti-discrimination laws protecting sexual orientation or gender identity.

Despite CoAs' abilities to work flexibly and design activities based on their national priorities, organisations also noted instances in which they perceived the programme to have been less responsive to the local needs. These include:

- **Restrictions on using programme funds for service delivery:**⁷⁴ This stipulation was seen as undermining the ability of the programme to respond to rightsholders' actual needs, and in turn, the credibility of the programme as Southern-led, and the legitimacy of partners' advocacy work. One host organisation representative recalled: *"we could not provide sanitary products during sessions on period poverty"*. This limitation was viewed as disconnected from realities on the ground. Most country programmes were working in contexts with severely under-resourced health systems and significant disparities in access to health, where the public sector is not able to provide quality services, and low-income groups pay high out-of-pocket (OOP) costs for care. Nigeria has the highest OOP rate at 76%, followed by Guatemala (58%) and Honduras (51%).⁷⁵ There are important ethical questions about creating demand for services and commodities that communities cannot then afford.
- **Limited focus on poverty as a driver of poor SRH-R:**⁷⁶ Poverty and the lack of economic opportunities for young women broadly, and particularly refugee groups, rural communities and indigenous groups, were repeatedly raised by both rightsholder groups and health providers, particularly in Nigeria, Kenya and Uganda, as a key barrier to accessing services, SRH-R commodities and transport. Health care expenses and high OOP can be particularly challenging for young women and girls from low-income households to afford.⁷⁷ A health provider in Kenya noted that relying on parents or partners to pay undermined young women's ability to exercise autonomy and make their own choices. CoA and rightsholder participants in several country programmes suggested that integrating an economic empowerment component would have supported effectiveness and sustainability. Uganda was the only country to explicitly address economic empowerment as part of its programming, by linking rightsholder groups to government livelihood programmes and providing access to entrepreneurship training, business support, and market linkages through community development offices.⁷⁸ Health providers also highlighted the needs of under-served, rural and remote communities which often experience higher levels of poverty, less access to education, information and services, and poorer health outcomes.
- **Selection and focus on different rightsholder groups:**⁷⁹ In some cases, the programme's pre-determination of the focus rightsholder groups was considered to have constrained country programmes' ability to respond to their localised needs. Various stakeholders highlighted, for example, the pressing SRH-R needs of rural communities and indigenous groups, as well as low-income women and women with limited literacy in their contexts. Certainly, country

74FGD1; FGD2

75 World Bank

76 Comparative analysis rightsholder sensemaking workshops; comparative analysis healthcare worker KIs

77 See Section 2 BACKGROUND AND CONTEXT OF THE INTERVENTION

78 See Uganda country annex

79 FGD1; GI3; Comparative country case study analysis

programmes worked with rightsholder groups with intersectional characteristics, including indigeneity, poverty and limited literacy, but there was less scope to do so with women who did not fit the rightsholder groups categories. There were, for example, long discussions in Guatemala about whether indigenous populations should be considered rightsholders. At the same time, while organisations were not explicitly told to exclude trans men or non-binary people, they were reportedly not to be included in the official annual reporting numbers for We Lead, which was a source of frustration for some consortium partners. CoA participants felt that the programme's thematic focus also could not accommodate the complexity of rightholders' intersecting identities (for example disability, HIV and displacement combined). These elements can be more overtly reflected in the global programme Theory of Change.

- **Limited scope to include men and boys:**⁸⁰ Rightsholders, health providers and CoA participants across several country programmes, including Mozambique, Kenya, Jordan, Nigeria and Uganda argued that, with the exception of some discrete examples, there was limited scope to reach men and boys within the We Lead programme. They reflected that more opportunities for targeted awareness, peer education and reflection activities with men and boys would have supported the programme's objectives (noting some organisations were able to do this successfully, as noted in effectiveness). There are no gender disaggregated indicators in the results framework to track any results with men and boys. In many of the contexts in which We Lead works, men and boys have a critical role in supporting women's bodily and reproductive autonomy and choices, protecting themselves and their partners from HIV and STIs, supporting timely access to services, cultivating safe and empowering spaces within which women can make their voices heard, and championing healthy masculinities, as well as SRHR for all groups. Rightsholder participants in one workshop in Mozambique stated: *"Men, particularly boys in schools, can be powerful voices for change, especially in discussions on the use of contraceptives and preventing gender-based violence. Including them fosters shared responsibility and shifts long-standing cultural narratives... and allows for the discussion of power, prejudice, and violence within social groups"*. In Nigeria, for example, rightsholders reported anecdotal evidence that awareness sessions on SRH-R and SGBV led to behavioural change among male spouses, which is further evidenced through the M&C Saatchi-partnered campaigns (see outcome 2).
- **Limited ability to work with girls in some countries:**⁸¹ Several country programmes also highlighted the issues faced by adolescents in their contexts, with health providers indicating high prevalence of teenage pregnancies, early marriage, and unsafe abortion in their communities, and particularly in conflict and displacement settings. While some country programmes included adolescents in some initiatives (such as sex education in schools), this was precluded by the programme in some countries due to country legal requirements regarding parental consent for working with children. The urgency of SRH-R needs of adolescents was widely cited by CoAs and rightsholders and is confirmed by the secondary data available. Early marriage remains illegal but widely practiced across many of the programme countries, with Niger having the most severe problem globally where the legal age of 18 for boys and 15 for girls is routinely violated through customary practices worsened by

80 Comparative analysis: rightsholder and CoA Sensemaking workshops; healthcare provider KIs

81 Comparative analysis of healthcare provider KIs; See Section 2 BACKGROUND AND CONTEXT OF THE INTERVENTION

insecurity and humanitarian crises.⁸² Female genital mutilation of young girls is also practiced in Kenya, Nigeria, and to a lesser extent Niger and Uganda.⁸³

The programme's approach to Theory of Change localisation represented a key strength of its consultative and locally-led design.⁸⁴ As noted above, the global ToC was intentionally designed to be broad enough to allow CoAs to adapt it according to their specific socio-political realities. The localisation process - which utilised participatory processes - enabled critical adaptations based on local constraints and opportunities, while the annual reviews allowed the programme to make changes based on learning and adapt to external changes in context. Organisations consistently praised the participatory approach, with many emphasizing that all CoA organisations were meaningfully involved in the ToC design and annual reviews. Host organisations facilitated inclusive workshops and focus group discussions that brought together diverse rightsholder groups and leveraged existing partnerships effectively. The annual context analysis and ToC updates were considered crucial for keeping interventions relevant and responsive, with the participation of people within the countries, including DMEL focal points and CoAs, forming the basis for this contextualisation. However, there were opportunities for greater use of the monitoring findings for the development of sustainable knowledge products particularly at the global level, comparing the findings from the different programme countries.

Box 2. Examples of ToC localisation processes⁸⁵

In Lebanon, the localisation of the ToC was carried out through participatory discussions among CoA members, facilitated by [REDACTED] and Hivos based on consensus-building within the CoA, rather than formal context analysis or specialist input. In Guatemala, the contextualisation process was conducted through interviews with key actors and organisations. Each organisation in the CoA was given the opportunity to target specific objectives based on their constituency, priorities, knowledge, capacities, and budgets. There was an opportunity to revisit activities in November of each year when the workplan for the following year was submitted. In Uganda, the annual review process for the ToC was described as inclusive with most CoA organisations involved in all the sessions. Writeshops organised by the host organisation shaped the alignment of the project intervention with the ToC. In Jordan, the localised ToC was developed based on available evidence with the participation of all CoA organisations, and in alignment with national priorities. In Kenya, the annual localisation process was evidence-informed and consultative, drawing on outcome harvesting, activity implementation reviews, and annual linking and learning events to identify shifts in context and gaps in programming. CoA organisations, rightsholders, [REDACTED] as host, Hivos, and consortium partners all took part, while duty bearers and healthcare providers were engaged in later years to bring in service delivery and policy perspectives. The annual review allowed the CoA to validate assumptions, identify emerging risks (especially around safety, security, and psychosocial wellbeing), and adapt strategies to the evolving SRH-R context. Stakeholders described this iterative design process as “very effective”, particularly because it created space for new priorities identified by rightsholders themselves.

82 UNICEF [Child Marriage in Niger: A Strategy Note](#)

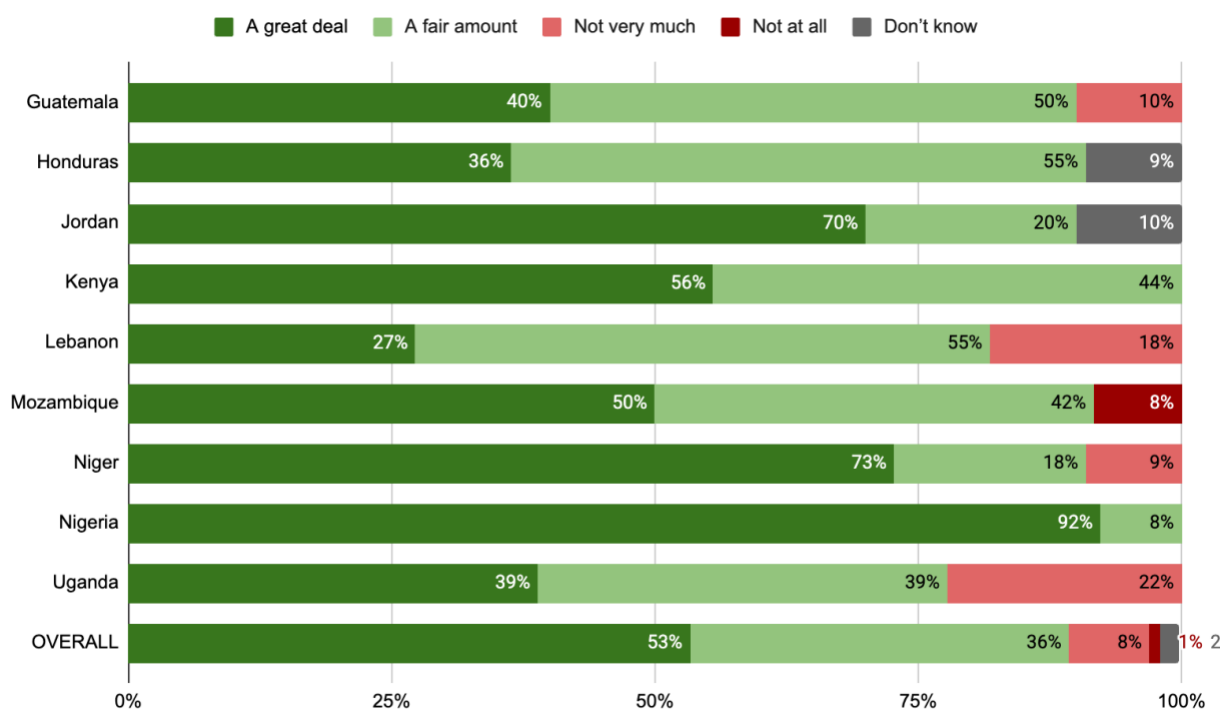
83 UNICEF (2025) [Over 230 million girls and women worldwide have undergone female genital mutilation](#)

84 Desk review of programme documents; GI1; FGD1

85 Comparative country deep dives/case study analysis

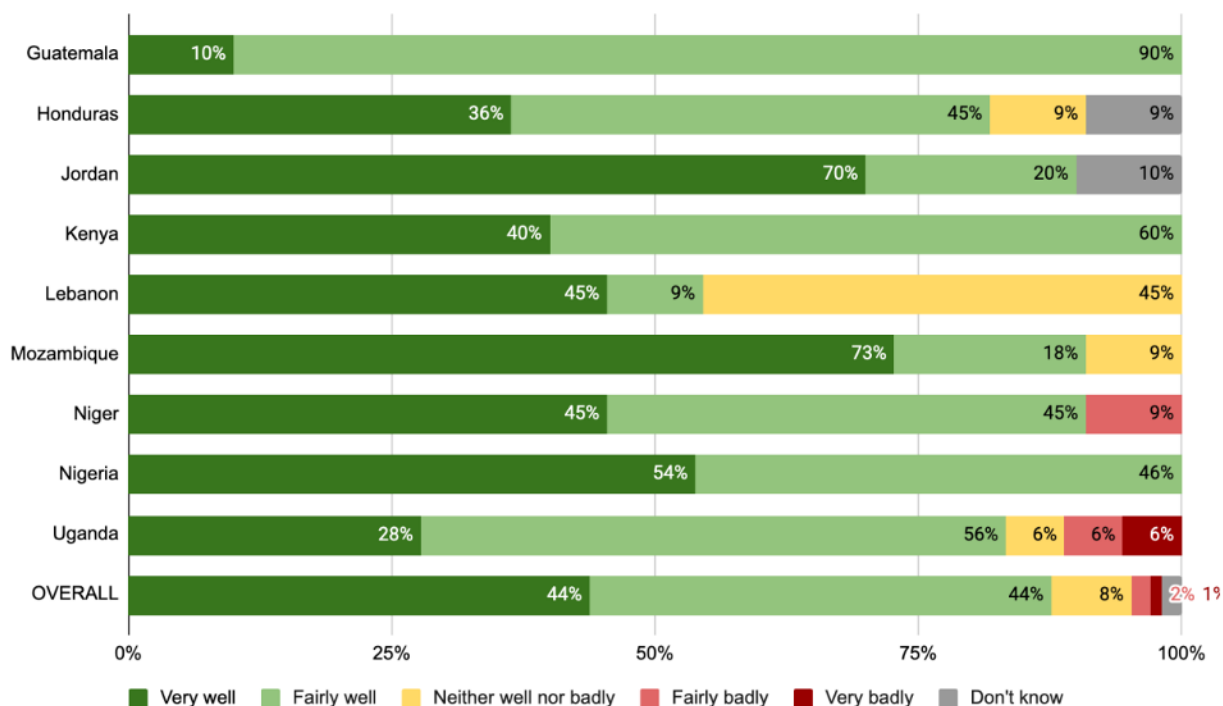
The baseline assessment and localisation process did not always yield a sufficient understanding of contextual realities, in part because not all partners were fully engaged at the beginning of the programme, and several changes in the national contexts were highly unexpected and disruptive to plans.⁸⁶ Rightsholders and CoA participants in several country programmes highlighted specific design and planning issues - for example that budgets did not cover the assistance and reasonable accommodations required for people with disabilities. There were also questions about whether expectations around advocacy were reasonable – rightsholder representatives in several programme countries noted that expecting young women to visibly champion the SRH-R agenda in highly restrictive environments created risks and anxiety. The survey results also indicate considerable variation between the different countries in terms of the suitability of the programme design to their context and that the programme was not able to fully adapt to the often very challenging national contexts (see charts below). Nigeria, Jordan and Niger, were the most positive about the extent to which the programme took account of the local contexts, while Lebanon, Honduras, Guatemala, and Uganda were less enthusiastic (see chart 2). The analysis for the different country experiences can be found in the annexes. The survey results found that organisations in Mozambique and Jordan were very positive about the extent to which the programme was able to adapt to changing circumstances, while in Guatemala and Uganda, the organisations there are less ardent in their praise for the programme’s adaptability. Examples of adaptations and challenges with adaptation can be found below.

Chart 2: To what extent did the programme’s design and approach for your country take into account... the local national context, including challenges and opportunities? Source: ETE Survey



⁸⁶ Comparative country deep dives/case study analysis and comparative analysis of rightsholder and CoA sensemaking workshops; validation workshop

Chart 3: How well or badly has the programme done on: adapting based on changes in the country context? Source: ETE Survey



The key adaptive successes and challenges experienced per country⁸⁷ are:

Guatemala:⁸⁸ Guatemala adapted to local needs, for example, by using art and graphics for young women and women living with disabilities or adjusting content with a community-based and intercultural approach. The programme also included sign language interpreters, which was highly valued by deaf women participants. The programme also adapted to Guatemala's politically conservative environment by framing dialogues in more generic terms and avoiding direct use of organisations' names to prevent backlash. The programme also engaged in a learning process around intersectionality recognising, for example, the specific needs of indigenous members of the [REDACTED] community who tend to have less visibility. In addition, the programme included midwives in its design following advocacy by two CoA organisations.

Honduras:⁸⁹ The programme included adults in its awareness-raising and SRH-R training activities within the family environment, recognising that they play a decisive role in young women's participation - especially in the case of young women with disabilities, over whom mothers, fathers, and caregivers often exercise very strict control. The Honduran Association of the Deaf was invited later to join later on in the programme and initiated a participatory process to expand the Honduran Sign Language (LESHO) vocabulary related to SRH-R, incorporating signs that previously did not

87 Comparative country deep dives/case study analysis, comparative analysis of CoA sensemaking workshops, and ETE survey findings

88 Guatemala deep dive country summary annex

89 Honduras deep dive country summary annex

exist (for example: [REDACTED] community, etc.). However, some organisations felt that the initial assessment did not fully reflect their practices or the way they operate in their specific contexts. Others felt that the lack of a solid initial diagnosis limited the possibility of clearly demonstrating the value of the programme from the outset.

Kenya:⁹⁰ The programme introduced caregiver engagement, recognising their critical role in reducing stigma and supporting access. While engagement on the ToC annual review was strong at partner level, challenges such as limited time and competing priorities affected deeper community participation.

Uganda:⁹¹ While most CoA organisations were involved in the annual reviews, some noted that there was a lack of initial engagement prior to the start of the programme which would have been crucial to inform the original design. CoA participants in Uganda noted that passing of the AHA meant that the other vulnerable rightsholder groups associated with the programme also felt endangered. The ETE survey findings also reflected these perceived challenges. Almost a quarter of CoA organisations in Uganda felt the programme was not suitable to the national context, while only around a quarter of the organisations felt the programme was able to adapt very well to changes in the country context.⁹²

Nigeria:⁹³ The programme included men in the design, and CoA organisations lauded this aspect of the design: *“Through the Theory of Change review, we tailored interventions to reflect our core expertise, ensuring activities were context-specific, relevant, and responsive to the unique needs of our beneficiaries.”* The ToC review in October 2024 also led to a strategic pivot from general capacity strengthening of CoA members, healthcare providers, and rightsholders to focusing on transforming that capacity into tangible policy impact. CoA organisations from Nigeria were the most positive of all the engaged countries about the suitability of the programme design to their national context according to the survey findings.

Niger:⁹⁴ The programme decided not to work directly with the [REDACTED] community due to legal risks, but instead to work with sex workers, a group that includes men who have sex with men and women who have sex with women. For safety reasons, certain activities in Niger were also moved to Nigeria and Kenya following the coup. Positive Vibes also moved their activities outside of the country such as a planned collaboration with Restless Development which instead took place in Kenya with Nigerian participants.

Mozambique:⁹⁵ The programme encountered strong resistance from local leaders in Gaza Province, particularly around efforts to ensure safe spaces inclusive of the [REDACTED] community and instead shifted to Zambézia Province, where local institutions offered stronger support and a more enabling environment.

90 Kenya deep dive country summary annex

91 Uganda deep dive country summary annex; ETE Survey

92 ETE survey

93 ETE survey

94 Desk review of programme documents; Country case study

95 Desk review of programme documents; Country case study; Feedback on draft evaluation report

Jordan:⁹⁶ The first ToC localisation workshop faced challenges as it was led by an external consultant, although subsequent ToC reviews were considered highly successful, being facilitated by the host organisation together with the DMEL focal point.

Lebanon:⁹⁷ In response to the escalating conflict in the country, Hivos secured approval from MFA to reallocate 10% of the budget for emergency response for CoA members as flexible funds. CoA members could decide how to use it in their areas (e.g., blankets, sanitary pads, and other urgent items), mobilising that 10% within their existing grants to meet immediate needs during the security escalations. Despite that positive adaptation, CoA representatives in Lebanon felt they could not respond to the high prevalence of violence that shaped refugee women's SRH-R. The country context was also particularly challenging for policy and advocacy, with political deadlock during the first half of the implementation period and subsequently the war in Lebanon which has diverted political attention. Such challenges were beyond the control of the CoA. These challenges are also reflected in the ETE survey with only around a quarter reporting the programme was very well suited to the national context and around half being ambivalent to how well or badly the programme was able to adapt to the national context.

The programme also demonstrated adaptation following the mid-term review (MTR) process which was undertaken in 2023.⁹⁸ In response to the findings, a formal response plan was developed following MTR recommendation, leading to development of the Youth Power Toolkit by Restless Development to strengthen leadership training. The MTR also recommended, among other things, diversification of advocacy targets in high-risk environments such as Lebanon (an active government and president in Lebanon) to focus on grassroots movements, other NGOs, and alternative media rather than direct government lobbying. Following the MTR the 3 M&C Saatchi campaigns were developed and implemented. Adjustments were also made to safety and security. Positive Vibes also adjusted its approach to working with women affected by displacement, developing a new narrative creation methodology. It was reported that in all countries the programme integrated mental health and psychosocial support into its advocacy framework and organisational policies in the latter half of the programme.

Box 3. Monitoring, Evaluation and Learning⁹⁹

The programme included a baseline assessment; a comprehensive results framework for annual donor reporting, which included disaggregated indicators to allow for comparison of results across countries; and an outcome harvesting approach was also rolled-out to ensure that outcome level achievements across all countries were captured annually.

Despite the flexible and adaptive design of the programme, the results framework was rigid and lacked qualitative markers of success and effectiveness and did not incorporate the outcome harvesting results. It also largely focused on output indicators and lacked outcome indicators to demonstrate achievement of the programme in achieving its goals. While the baseline assessment was very detailed and

96 Jordan deep dive country summary annex

97 Lebanon CoA sensemaking workshop

98 Desk review of programme documents; GI4; GI6; FGD1

99 Desk review of programme documents; GI1; GI3; GI4; FGD1

comprehensive for each country, it did not incorporate cross-country quantitative data gathering which could be used for time series analysis of key indicators over time.

The programme included formal learning structures such as a co-created learning agenda, Communities of Practice, and annual global linking and learning forums. CoA members were offered one-on-one reporting and finance sessions throughout the programme on request. However, challenges emerged including insufficient time for deep consortium conversations on complex issues, global-local tensions where decisions failed to incorporate local learning, conflicting donor principles between feminist and traditional M&E approaches, and high staff turnover that hindered institutional learning.

There were also numerous challenges with monitoring and evaluation at the country level. In Lebanon, reporting was described as repetitive and overwhelming, and financial templates were difficult to manage. Partners were frustrated by the lack of feedback: “we don’t know who gets those reports and where they are going.” In Kenya, it was noted that reporting tools sometimes limited the visibility of small but meaningful changes. The outcome harvesting template prioritised “big fruits” such as policy shifts, which meant smaller outcomes, like young women affected by displacement sitting at decision-making tables, were not adequately captured. Nevertheless, these smaller outcomes were often recognised informally in other ways, for instance, during routine reflection sessions and after-action reviews, which provided space to record incremental but significant progress. Similarly, in Uganda, the monitoring system was considered by some to be too high-level to capture local dynamics and particularities, with some indicators not sensitive enough to rightsholders’ lived experiences, making it more challenging to measure the direct effects of the programme at the grassroots level.

The programme demonstrated adaptability in response to safety and security considerations, being guided by the safety and security working group. But the combination of country-level staff turnover, late arrival of specialised security support, and budget inflexibility meant the security response often felt reactive rather than adequately resourced to match the severity of risks rightsholders faced in increasingly hostile political contexts.¹⁰⁰ While the programme brought in the Women Human Rights Defenders Hub as a strategic partner in 2023 to provide safety and security capacity strengthening and had a global safety officer (although the staff position was shared with another programme), the lack of emergency funds and inflexibility in budget lines limited rapid response capacity. There was a lack of pre-approved mechanisms for rapid emergency response, and the process was described as “very slow” with no specific funds for safety emergencies. During the war on Lebanon from 2023 onwards, the response to urgent displacement needs was considered to be inadequate by stakeholders on the ground: the process of securing emergency funds involved organisations having to apply to external funds (with no guarantee of approval) and while a 10% budget reallocation was approved by MOFA, the response was felt to be inadequate in scale (considering the over 1 million people displaced), and a stakeholder bemoaned the nature of the fund, which did not provide services and *‘was restrictive and advocacy-focussed by design’*. Security focal points were also among the first staff to leave the programme in Honduras and Guatemala, creating a significant gap in support, especially during high-risk periods like elections.

The programme was also seen as reactive rather than pro-actively prepared for the severe backlash against [REDACTED] partners, in several countries but particularly in Uganda following the passing of the Anti-Homosexuality Act, and the programme’s communications contributed to the heightened visibility and risk that local organisations faced in these contexts.¹⁰¹ When the Anti-

100 FGD1; FGD4 and an input from a regional stakeholder in response to the Draft report; Validation meeting; Comparative analysis country case studies

101 Desk review of programme documents; FGD3; Comparative analysis country case studies; ETE Survey; FGD3

Homosexuality Act was passed, We Lead CoAs were involved in drafting legal petitions and analysing discriminatory clauses, and programme partners prepared anticipatory advocacy materials for Kenya in case similar legislation emerged there. However, the backlash pushed back gains in public support and led to renewed attacks on rightsholders in communities and arrests of CoA members.¹⁰² A CoA organisation in Uganda felt that the Host organisation did not provide the adequate support. There was also the perception by a Ugandan CoA organisation that the programme had effectively “outed” their organisation in a highly insecure environment.¹⁰³ In Niger organisations also felt “outed” due to the global website which mentioned the four rightsholder groups and listed local organisations’ names including people who identified as [REDACTED]. Opponents in Niger researched the Hivos Global website and harassed and threatened local organisations. In Lebanon, episodes of backlash - especially around [REDACTED] related content - triggered a programme-level adaptation. Following safety-and-security assessments and joint planning with CoA members, activities were intentionally shifted to lower-visibility formats: smaller, closed workshops; reframed or renamed sessions to avoid drawing scrutiny; and a greater emphasis on offline, community-based awareness.

The programme demonstrated minimal and inconsistent adoption of climate-sensitive approaches, despite climate being a recognised cross-cutting theme and donor reporting requirement, likely due to lack of conceptual clarity from the outset about how this would be incorporated into the programme.¹⁰⁴ The donor internally reports on climate change-relevant results from the programme and this was a consistent area in which the programme was not able to provide clear evidence of results. The results framework does not include any climate change indicators. While some operational practices sought to reduce environmental impact¹⁰⁵ and isolated advocacy activities addressed climate issues, climate sensitivity was not meaningfully integrated into the programme's core design, implementation, or partner priorities. Some consortium partners were unaware that this was a commitment or priority within We Lead and acknowledged that the programme did not adequately take it into account. Partners also suggested that integrating a comprehensive climate focus would have required additional resources and expertise into an already complex programme and that the lack of attention to the issue was due to the need to prioritise resources, rather than wilful neglect.

B. Effectiveness

Summary: The programme was found to be particularly successful at strengthening the capacities of the organisations and the individuals rightsholders with whom it engaged (Outcome 1), with both highly appreciating and welcoming the support of the programme. In the case of rightsholders, the programme was said to have had a transformational impact on many of their lives. The programme also implemented a diverse range of awareness-raising campaigns and initiatives (Outcome 2) and across almost all countries there are positive results from this work.

¹⁰² ETE Survey

¹⁰³ ETE Survey

¹⁰⁴ GI1, GI4, GI6; KII5

¹⁰⁵ The programme made efforts to minimise environmental impact by reducing flights and large gatherings, coordinating most activities virtually instead. Restless Development internally tracked carbon emissions for all staff members and during in-person activities, partners limited paper and plastic bottle use. For merchandise like tote bags, the programme supported local, women-led initiatives using eco-friendly materials made from recycled products. Some CoA organisations working on period poverty also supported reusable pads, identified as an activity cross-cutting with climate justice.

However, in several countries the restrictive contexts meant activities needed to shift into being more covert to better protect the CoA organisations' safety. The programme was successful in working with healthcare providers (Outcome 3), although structural issues and staff turnover within health facilities presented a hindrance to effectiveness, and the scaling up of initiatives would have been beneficial to increase results. 'Policy and legal change' was an area with more modest results (Outcome 4), comparative to the other areas of the programme. While some countries, such as Jordan and Kenya, made greater in-roads, other countries faced very challenging national advocacy contexts.

International and sub-national forums often offered more opportunities for advocacy work and were used to good effect. Activities and initiatives focused more on SRH-R for women and girls generally, and the needs of women with disabilities and HIV, while [REDACTED] issues had more mixed results, given that in some countries it was extremely challenging to work on them in an overt way. There were fewer evidenced activities directly targeting women affected by displacement, comparative to the other marginalised communities. CoA organisations often mentioned that the design of the programme was not well suited to the needs of women who are transiting through the country or are suffering from temporary displacement. The lack of service provision or provision of products by the programme (which was not within its scope by design) was a major limitation and was said by several stakeholders to have undermined the legitimacy of the advocacy and awareness-raising activities.

The programme achieved moderate success in establishing transformative practices, with significant innovations in youth governance, intersectional solidarity-building, and organisational capacity strengthening. A major success of the programme was the fostering of intersectional feminist principles through the inclusion of CoA members representing the different rightsholder groups in a single CoA. However, several internal and external factors limited the extent of transformation achieved: internal factors included persistent structural power imbalances, inconsistent application of principles, administrative burdens, time constraints, while external factors included conservative backlashes and the growing anti-rights climate (at global and national levels) making work on SRHR and particularly with [REDACTED] rightsholders more challenging.

On crosscutting issues, while the programme proved effective in mainstreaming gender and youth, climate initiatives were fewer, and it represented the least effective of the cross-cutting themes. Multiple sources indicated that climate justice was challenging for partners to integrate and was not prioritised alongside gender and youth responsiveness. Several rightsholders noted the practical challenges they experienced accessing international forums when coming from marginalised communities or the global South.

I. Outcome 1: Stronger, inclusive youth-led SRH-R CSOs and movements

Supporting young women rightsholders' SRH-R knowledge, critical consciousness, skills, wellbeing and relationships so they could act on SRH-R by engaging in leadership, decision-

making and collective action was the core pillar of the We Lead programme's ToC.¹⁰⁶ The programme's approach to this focused on supporting the capacity of young women rightsholders to act as change agents within their communities and to engage in collective action alongside their peers and through civil society organisations and Coalitions; as well as the capacity of CoA member organisations to engage with SRH-R issues, be more inclusive of rightsholders, and act collectively.

The evaluation incorporated a self-assessment of capacity, based on a methodology developed by We Lead and an external consultant, which utilised a retrospective approach to calculating the baseline measure. This approach was revised by the ETE team and incorporated into the CoA member survey to assess changes in capacity on 20+ indicators from the start of the programme and the end of the programme (see annex 4 for the full list of indicators and scores). Organisations were asked to self-report retrospectively for the start of the programme on a scale of 1-5 (very low or rarely/never to very high or always) and then rate their skill level again for the end of the programme using the same scale. For the rightsholder capacities, these were self-assessed during the sensemaking workshops using a participatory approach on 4 competency areas (see full results below), where rightsholders self-reported their skills retrospectively for the start of the programme using a 5-point scale (from limited to empowered) and then were again asked to rate their skill level now at the end of the programme. The self-assessment approach and retrospective assessment have limitations and introduce risks of bias (see annex 2 for further details) which must be carefully considered when interpreting the findings.

The evaluation finds that the programme has been highly effective at improving the capacities of rightsholders and CoA organisations according to the capacity development methodology applied by this evaluation.¹⁰⁷ For Rightsholders, improvements are found across a number of domains, including the four capacity areas of confidence, political awareness, leadership and SRH-R advocacy. Organisations also reported that the programme has contributed to significant improvements in their skills across the capacity areas of collective action; resilience and adaptability; inclusion and SRH-R realisation.

Institutional strengthening of CoA organisations

The We Lead programme provided institutional strengthening support to the CoA organisations across a range of technical, operational, management and governance areas.¹⁰⁸ Key topics included leadership development, advocacy and policy analysis and influencing, financial management, resource mobilisation, Theory of Change localisation, monitoring and evaluation and Outcome Harvesting approaches, youth-led research methodologies, and safety and security, including threat prevention, monitoring, and response, psychosocial wellbeing, participatory and/or creative methodologies, media campaigning and communication skills. Specialised thematic training was also provided on SOGIESC (Sexual Orientation, Gender Identity/Expression, and Sex Characteristics), feminist facilitation, youth-led methodologies, and SRH-R policy frameworks. Capacity support approaches included training sessions, participatory workshops, peer learning, mentoring and coaching, knowledge and experience sharing between organisations, face-to-face meetings in supportive environments, training of trainers models, and post-LILO training of

¹⁰⁶ Desk review of programme documents

¹⁰⁷ Desk review of programme documents; Rightsholder sensemaking workshops; ETE survey

¹⁰⁸ Desk review of programme documents; ETE survey

facilitators and supervised practices. CoA organisation representatives and rightsholders were also accompanied to international events to support their engagement in these fora.

According to the self-reported capacities and skills levels of the organisations in the ETE survey, the findings indicate that there has been widespread improvements in skill levels since the start of the programme.¹⁰⁹ The survey results indicate that there were significant improvements across all organisational capacity domains reported by organisations in the ETE survey (see table below). The highest level of improvement occurred in organisations' capacity support to rightsholders so that they can demand their rights (with a 48-percentage point improvement in the number of organisations reporting that they now had high or very high skills in this topic since the start of the programme). This was followed by inclusion of rightsholder perspectives in joint SRHR policy or advocacy agendas (which saw an increase by 40 percentage points in the proportion of organisations rating their levels of inclusion as high or very high), as well as financial and administrative management systems (which saw a 41% increase in the proportion of organisations rating the quality of their systems as high or very high). Additionally, now almost all organisations report their skills and capacities as being high or very high for knowledge of SRHR needs of rightsholder groups (97%) and support to rightsholders so they can demand their rights (95%). More modest improvements were found for frequencies that the organisations adjust their strategies (which saw only a 25-percentage point improvement in the proportion of organisations doing this frequently). The proportion of organisations reporting that their organisation often or always promotes a feminist organisational culture also only improved by 27 percentage points over the course of the programme, however, that can be attributed to already a substantial majority (60%) reporting that they already did this at the start of the programme, and therefore there was less room for improvement.

Table 6. Organisational Capacity Assessment Scores - Source: ETE Survey - % Answering High/Very High or Often/Always

		First 12 months of We Lead (January 2021 - December 2021)	Last 12 months (July 2024 - June 2025)	Change (+)
1	How would you rate the quality of your organisation's resource mobilization or sustainability strategy? (e.g., written plan, donor mapping, co-financing strategies, fundraising campaigns, or resource diversification efforts)	34%	70%	35%
2	How would you rate the quality of your organisation's financial and administrative management systems (e.g., presence of a budget, funding plan, documented procedures, sound financial management, and clear financial reports)	47%	89%	41%
3	How would you rate your organisation's use of monitoring, evaluation, and learning to inform decision-making? ...	45%	79%	34%
4	How frequently did/does your organisation's leadership promote a "feminist organisational culture"?	60%	87%	27%
5	How frequently did/does your organisation adjust or change strategies in response to internal and external changes (e.g., political, financial, or social context shifts, or internal organisational learnings)	47%	72%	25%

¹⁰⁹ ETE survey

6	How would you rate the quality of support your organisation provides to young women from rights-holder groups so that they can develop into leadership roles within the organisation (e.g., directors, program managers, coordinators, workshop leaders, facilitators)	55%	88%	33%
7	How would you rate the amount of support your organisation provides to young women from rights-holder groups who are in leadership positions so that they feel supported in their work? (e.g., access to decision-making, mentorship, role clarity, recognition of their contributions, increasing organisational acceptance)	45%	76%	30%
8	How would you rate the quality of your organisation's internal mechanisms and practices for enabling meaningful participation of young women rightsholders in its decision-making and activities (e.g., participatory methods, inclusive policies, representation in strategic spaces)	52%	87%	35%
9	How often did/does your organisation demonstrate its understanding of intersectional gender and inclusion barriers to SRHR for young women rightsholders? (e.g., through strengthening internal expertise, staff training, use of gender and intersectional frameworks in analysis, planning, or implementation)	58%	92%	34%
10	How would you rate your organisation's knowledge on SRHR and the specific needs of at least one of the four rightsholder groups ...	61%	97%	36%
11	How would you rate your organisation's capacity support to rightsholders so that they can demand their rights?	47%	95%	48%
12	How frequently did/does your organisation implement adequate and accessible mechanisms that enable rights-holders to claim their SRHR?	48%	88%	39%
13	How often does your organisation use national laws, international treaties, and State commitments in its activities to hold decision-makers accountable for fulfilling SRHR obligations? (e.g., referencing legal frameworks in advocacy, monitoring implementation of commitments, applying legal pressure or engaging in rights-based dialogue)	47%	78%	31%
14	How frequently did/does your organisation include diverse rightsholder perspectives in its SRHR advocacy agendas and strategies (e.g., gathering input from rights-holders, co creating agendas, articulating their views and priorities in policy influence and campaigns) .	51%	88%	36%
15	How frequently did/does your organisation use research, context analysis, and data to inform its SRHR advocacy strategies and products? (e.g., policy briefs, power mapping, gender and stakeholder analysis, evidence-based campaigns, or position papers)	56%	89%	33%
16	How frequently did/does your organisation develop communication products based on research and evidence ...	47%	74%	28%
17	How would you rate the quality and comprehensiveness of your organisation's safety and security policy (e.g. covers physical, digital, and emotional wellbeing, and is informed by context and risk analysis)	38%	71%	33%
18	How would you rate your organisation's ability to respond effectively to a safety and security emergency and provide appropriate follow-up	36%	72%	36%
19	How frequently did/does your organisation engage, coordinate, and work with other organisations on rights-holders' SRHR and youth leadership	59%	92%	33%
20	How would you rate the level of inclusion by your organisation of rights-holders' priorities in any joint SRHR policy or advocacy agendas and statements ...?	45%	85%	40%

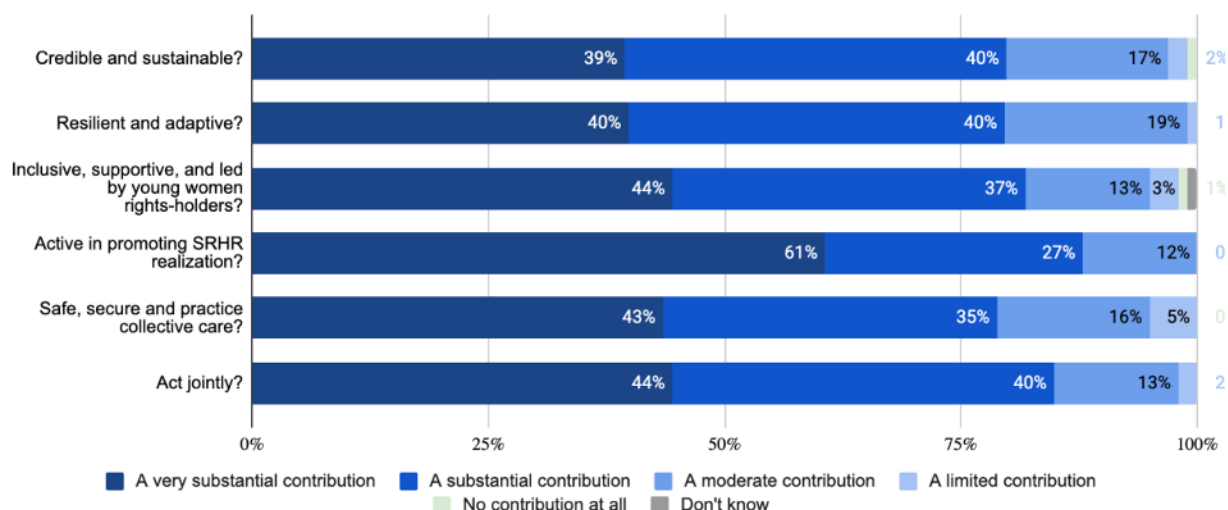
There was some differentiation in improvements in reported capacities between the different countries. In Nigeria, organisations were particularly positive about their changes in skills since the start of the programme, particularly in the skill areas of support to rightsholders so they can achieve their SRHR (+82%), inclusion of rightsholders in joint advocacy agendas (+75%), resource mobilisation strategy (+75%), and financial and administrative systems (+75%). Organisations in Honduras reported less substantial improvements in their capacities and skills for several topics, which can be attributed to already very positive results at the start of the programme leaving less

room for improvement. For example, at the start of the programme 64% rated the quality of their organisational resource mobilisation strategy as either high or very high, and 64% also rated this the same at the end of the programme. Similarly for Guatemala, 90% of organisations said that their organisation always or often promoted a feminist organisational culture, which was the same percentage found for the end of the programme. See the annex for the full country results per capacity indicator.

Furthermore, a majority of organisations attributed their improved skills and capacities to the support provided by We Lead across all the capacity areas which the programme sought to strengthen (see chart 5 below).¹¹⁰ We Lead is considered to have played a substantial or very substantial role in improving a large majority of the organisations' skills and capacities across all domains. Organisations attributed their improvements in capacity on promoting SRH-R realisation particularly to the role that the programme played, with around 60% of organisations surveyed reporting that the programme had made a very substantial contribution to their skills in this area. Furthermore, 50% of the organisations surveyed reported that without We Lead, it is unlikely that their skills would have been strengthened anyway (29% thought that their skills would have been strengthened anyway). Some contribution to improved skills and capacities can likely be attributed to support from other programmes and donors. Around seven in ten survey respondents also indicated that since 2021 their organisation had also received capacity support on topics such as financial management and resource mobilisation, monitoring and evaluation systems, safety, security and safeguarding and digital skills and communications from other sources - UN agencies, international NGOs, other donor funded programmes and/ or foundations. While it was beyond the scope of the evaluation to comparatively evaluate the many other initiatives' contributions to capacity strengthening of the organisations, plausible evidence indicates We Lead's strong contribution. CoA organisations largely considered We Lead's trainings as foundational to their capacity strengthening, while other trainings were described as complementary to We Lead's initiatives. This was further evidenced by testimonies indicating that many participating organisations received their first substantial grants through We Lead, enabling them to learn and practice their financial, administrative and monitoring and evaluation skills, and to develop technical and operational policies and strategies and subsequently secure additional funding from other donors. The support from We Lead is therefore found to have been key to helping support the organisations' resilience and future sustainability.

Chart 5: To what extent has the We Lead programme contributed to strengthening your organisation's capabilities to be: Source: ETE Survey

110 ETE Survey



While We Lead’s support for Coalition Building supported relationships and one-off collaborations between diverse organisations which were highly welcomed, in some countries and for certain types of initiatives, CoA partners worked mostly independently from one another rather than as a coordinated movement.¹¹¹ Internal stakeholders explained *informality* was implicit in the CoA model, that formal partnerships were not envisaged in the design. The CoA model was described by a diverse range of stakeholders (rightsholders, CoA organisations, programme stakeholders) as a ‘breakthrough’ that brought together diverse and previously siloed rightsholder groups and provided opportunities to meet, collaborate, learn from each other and build a common political agenda. Participation in the CoA strengthened solidarity between partners and deepened their understanding of other groups’ needs. This was true for CoA organisations and coalition partners alike, with FEMNET, for example, sharpening its intersectionality programming and growing capacity for working with LGBTIQ+ communities. Positive Vibes’ LILO (Looking In Looking Out) methodologies¹¹² were considered particularly transformative in this respect, as it supported internal reflection and collective healing to build self-confidence, agency, and trust among CoA members. Various CoA representatives reported co-creating joint initiatives with partners on specific issues, usually those with whom they were able to find common ground in terms of values and principles. For example, in Uganda an organisation reported “*During the advocacy for the proposed bylaw in Tororo District to allow at-risk marginalized teenage girls access to contraceptives, [redacted] [engaged] multiple stakeholders including local government officials, health workers, community leaders, civil society organisations and the rightsholders...Through these collaborative forums, partners aligned their strategies, pooled resources and supported each other’s roles effectively. The engagement of community members in these discussions ensured that advocacy efforts remained grounded in real needs and experiences. This model of inclusive, transparent and strategic collaboration not only strengthened the advocacy process but also built trust among stakeholders which was critical in advancing the bylaw proposal.*” CoA organisations

111 ETE survey; comparative analysis of CoA sensemaking workshops; Feedback on draft report; Global Reference Group Meeting

112 LILO Women, LILO Inclusion, LILO Voice, & LILO Identity. Additionally, Positive Vibes also ran LILO Facilitate which is a ‘training of trainers’ curriculum after participants have experienced one of the LILOs. After this a supervised workshop is held where newly trained facilitators and Positive Vibes plays a supporting role. CoAs and CoA organisations then budget for whether to roll out the processes further. Positive Vibes then continues to support through mentoring, refresher training, debriefs, connecting facilitators to each other personally and later through an emerging virtual platform LILO Comms.

particularly valued the opportunity to engage in joint advocacy. The informal CoA model was mostly considered positively by organisations. However, some argued that this was because partner organisations often differed in their ways of working and values, while others noted that the programme's centralised decision-making (see the Coherence section below on this) affected the CoAs' ability to develop as an autonomous network with a shared agenda. Some participants felt they would have benefited from programme guidance or support on developing equitable partnerships and joint working and several reported that they would have welcomed more joint efforts on campaigning work and advocacy.

CoA organisations' enhanced their inclusiveness and responsiveness to the needs of the rightsholder groups which is a key capacity improvement.¹¹³ However applying the lenses of inclusion and intersectionality to practice was a challenging learning process. The programme's training on SOGIE and disability effectively supported CoA partners' understanding of the needs of the rightsholder groups, and how to promote meaningful inclusion in the programme. A number of programmes aimed to promote inclusion by engaging CoA participants and rightsholders in dialogue and planning activities, but without necessarily paying attention to whether the enabling environment, including the attitudes and behaviours of other participants, were safe and conducive to their participation. Formal inclusion thus did not always translate into substantive inclusion, especially in the case of queer and trans women. Ensuring the meaningful inclusion of women with disabilities also proved challenging initially. In response, various country programmes took action to foster more open dialogue about the needs and realities for different groups and establish agreements about inclusive language and practices. Over time, such measures helped to increase empathy, acceptance, and willingness to collaborate, reducing initial barriers and expanding the sense of belonging within the platform. CoA members also developed a checklist to ensure all events and venues were accessible and included sign language interpreters. In response to feedback from the CoAs, the programme also adapted its budget to incorporate necessary support, such as caregivers and interpreters. Programme methodologies were also adapted to be more inclusive. For example, a CoA local organisation in Guatemala reworked the 'LILO Women' methodology specifically for women with disabilities, a change from which the consortium partner Positive Vibes and other consortium members who were involved in these efforts also learned. Country programmes tended to approach their engagement to the rightsholders groups through a diversity perspective, i.e. as separate groups with distinct marginalised characteristics. CoA participants in one country programme recognised that many of their rightsholders faced compounded disadvantage, for example as displaced young women with disabilities living with HIV but felt however the design of the programme and budgetary planning constrained country programmes' ability to respond to their more complex needs.

Rightsholders reported variable progress in integrating diverse young women into their leadership structures.¹¹⁴ At the consortium level, the programme effectively implemented meaningful youth engagement by including young rightsholders on the Steering Committee, giving them a direct voice in highest-level governance. Restless Development provided specific support and coaching to ensure their effective participation, with young representatives reporting that they felt genuinely empowered rather than tokenistically included. The programme's design process included workshops with young people and rightsholders to test ideas and ensure responsiveness to their

¹¹³ ETE survey; comparative analysis of CoA sensemaking workshops

¹¹⁴ Desk review of programme documents; ETE survey; comparative analysis of CoA sensemaking workshops

needs. Progress in some country programmes was slower, and this caused some frustration amongst rightsholders who felt that they were expected to demonstrate the competencies of older, more experienced women, and reported being overlooked for leadership positions in favour of men or cisgender women. Some rightsholders reported being told that they required more capacity development, and others report being given more leadership responsibility but without any support. In Guatemala and Honduras it was reported that when young women were empowered and their leadership capacities were strengthened, this resulted in tension and conflict with adult traditional leaders in their organisations, and in some cases the young women had to leave their organisation.

CoA organisations considered the competencies covered by We Lead’s capacity support to be relevant to their needs and valued the practical and interactive training approaches, however, the training modalities and approaches would have been improved by embedding sustainability.¹¹⁵

However a lack of follow-up and sustained support, content that was often not sufficiently contextualised, and a lack of practical guidance were considered important limitations. CoA organisations reported that trainings were often provided through one-off workshops and isolated training events, and the lack of ongoing mentorship, monitoring, or sustained support significantly limited the progressive strengthening of capacities. Content was considered too broad and generalised. CoA organisations indicated for example that they would have welcomed training on more specialised topics such as UN mechanisms for advocacy engagement, financial literacy and fundraising for grassroots organisations, as well as well-being and trauma management for defenders in high-risk contexts, climate considerations in programming, and M&E systems appropriately matched to organisational needs and contexts. Host organisations felt that trainings did not address their coordination challenges, with limited specialised support for advanced-level needs in fundraising, governance, and strategic leadership. Many survey respondents also indicated that some trainings lacked sufficient depth and did not provide the guidance and tools that would enable practical application in real-life situations. In some cases, training content was considered to not adequately respond to local realities and the practical challenges faced by different marginalised groups - especially displaced, [REDACTED] - and organisations. In some cases this extended to a lack of consideration of access and participation barriers - including geographical, technological, and economic limitations, and age restrictions and language barriers - which prevented some organisations from fully engaging with training opportunities. Many survey respondents also indicated that trainings did not provide the guidance and tools that would enable practical application in real-life situations.

The training activities created a significant time burden for CoA staff which proved challenging for participants to manage along with busy workloads.¹¹⁶ Multiple regional stakeholders noted that 2022 was characterised by an overwhelming number of trainings that left participants with little time for putting the skills into action, and for other work. Earlier planned trainings were delayed due to the COVID-19 pandemic, resulting in trainings being pushed into 2022. Several CoA participants highlighted the issue of heavy workloads, particularly for small organisations, and having to accommodate the training and administration demands of We Lead and the CoA alongside their other work (see box 3 for more on this). One stakeholder explained, organisations *"had a lot of pressure because while training is great, it's also tricky, because now they do not have*

¹¹⁵ ETE survey

¹¹⁶ Comparative assessment CoA sensemaking workshops; ETE survey; GI3; FGD2

time to work." This suggests that the programme could have spaced trainings more strategically across the program lifecycle.

Capacity strengthening of rightsholders

The programme supported the strengthening of rightsholders' capacities through integrated activities focused on psychosocial wellbeing and resilience, advocacy and leadership development, SRH-R knowledge building, research and data collection skills, and safety and security training.¹¹⁷ Core psychosocial support included the LILO methodologies developed by PV which were implemented in most countries to build self-esteem, personal agency, and long-term resilience, supplemented by individual counselling, group therapy, self-care workshops, and healing through creative arts. Advocacy and leadership training was also a key element, with rightsholders receiving training on national, regional, and international SRH-R policies and laws, lobby and advocacy skills, evidence-based advocacy techniques, opposition monitoring and mitigation, media engagement, and digital communication campaigns. The trainings were intended to enable rightsholders to assume influential leadership positions, participate in policy spaces, engage with international forums, and lead successful advocacy campaigns. Youth-led research and data collection training equipped rightsholders to generate evidence for advocacy¹¹⁸ positioning them at the programme's centre, while "training of trainers" models (no specific details provided) enabled peer education multiplication.

Rightsholders reported significant improvements across all four competency areas (see chart 6 below), with the largest improvements reported, on average, in relation to self-confidence and resilience, followed by effectiveness in SRH-R advocacy, thought leadership, and finally political consciousness.¹¹⁹ With a few exceptions, reported improvements tended to range from around 2-3 points (on a scale of 1-5, where 1 is having no confidence or understanding and 5 is being very confident/leading others) across all countries. On the whole, the largest improvements were seen in Nigeria and Uganda and the smallest improvements in Jordan and Lebanon. It is worth noting that rightsholders in Jordan and Lebanon tended to see themselves as starting from a stronger base, hence there was naturally less room for improvement.

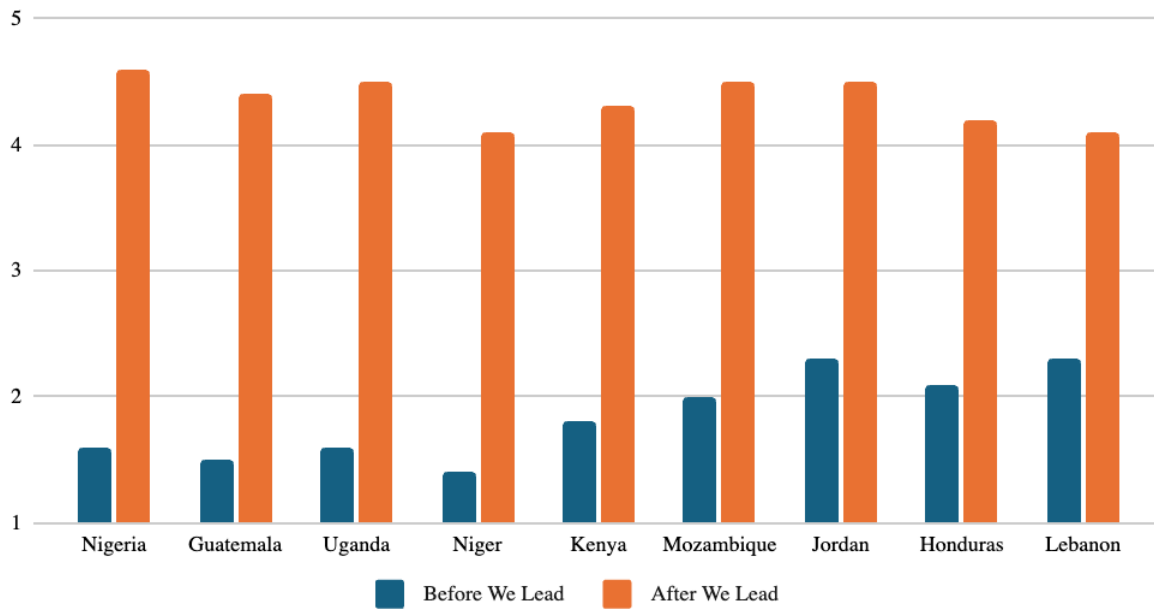
Chart 6: Rightsholder capacity assessment scores (sense-making workshops) - presented in order of largest to smallest degree of improvement between "before" and "after" ratings Source: Rightsholder Sensemaking Workshops

117 Desk review of programme documents; ETE Survey

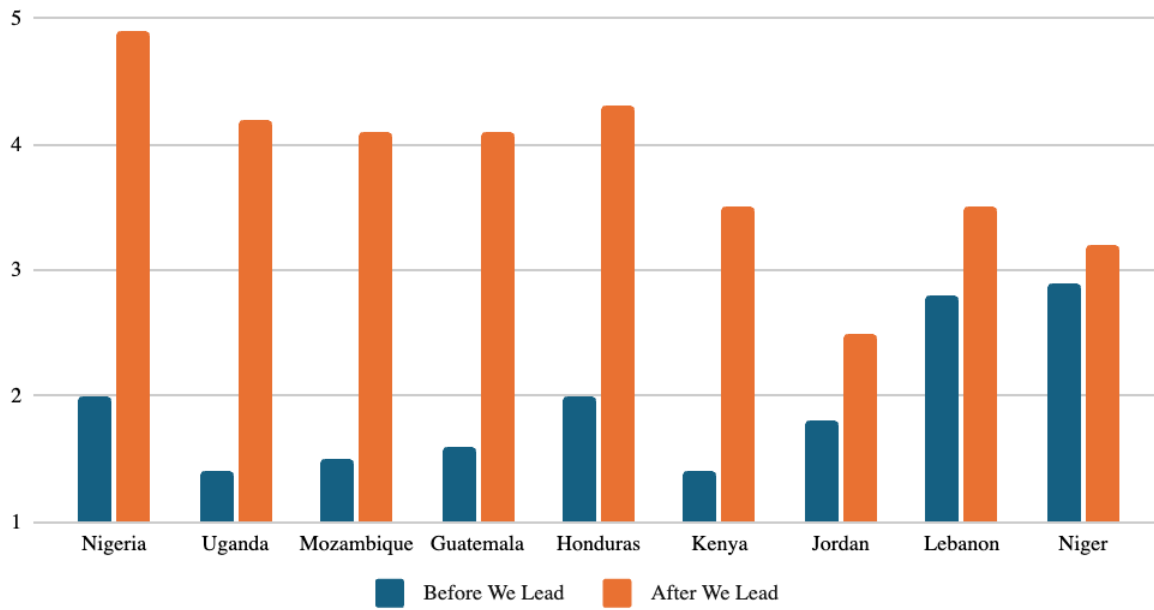
118 These initiatives even enabled organisations such as IncideJoven and the Migration team from Honduras to participate in international spaces, such as in Abrelatam-Brazil (Open data international congress), to present their findings.

119 Rightsholder capacity assessment scores - Sensemaking workshops

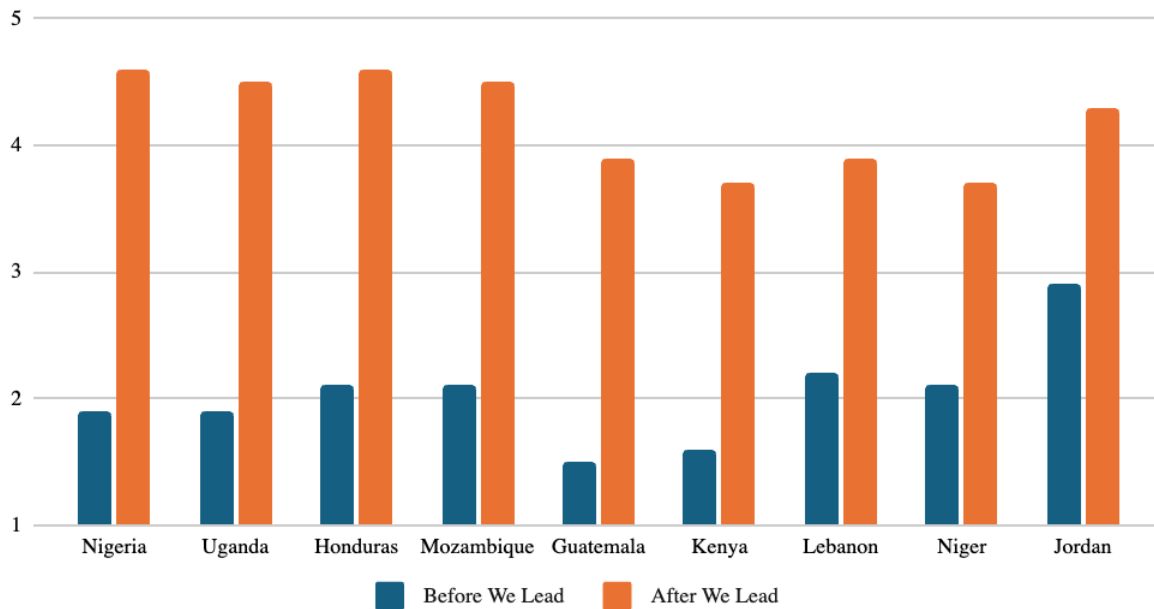
Competency 1: Being Self-confident & Resilient



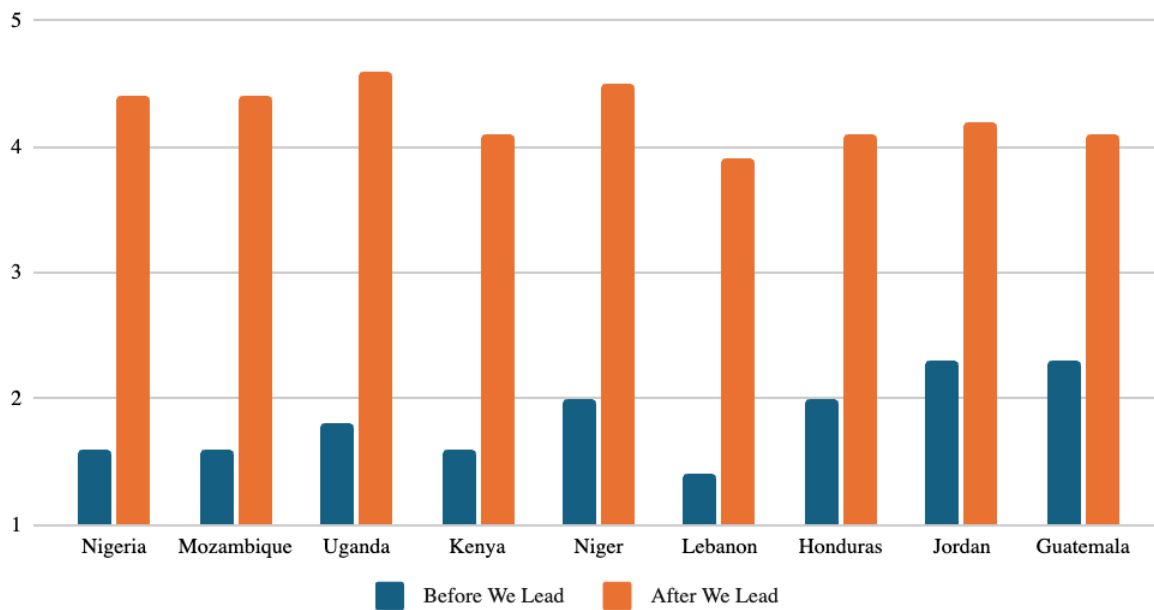
Competency 2: Being Politically Conscious



Competency 3: Becoming Strategic & Thought Leader



Competency 4: Being Effective in SRHR Advocacy



Rightsholders agreed that they had gained knowledge about SRH-R issues such as menstruation, family planning, safe abortion, gender-based violence and sexuality, and information about their

rights.¹²⁰ A rightsholder living with HIV in Uganda noted: *“I did not understand what SRH-R was, what it meant for a person. I had no idea, no clue. I would hear about it, but it never really made sense to me and I had no confidence to talk about it. But now I can say there are parts of it that I'm really good at, like HIV/ AIDS, STDs and STIs and menstrual health, and others where I'm still learning.”* Rightsholders groups spoke about their initial, often deep, discomfort at learning about sexuality and sexual health, which gave way to an increasing sense of bodily autonomy. Young women living with disabilities, for example, whose sexuality is often denied, discovered their right to enjoy it. Rightsholders also learned about their legal rights, including the right to exercise autonomy and make their own reproductive choices.¹²¹ Rightsholders in Guatemala highlighted that their earlier lack of confidence was rooted in the misconception that they didn't have rights and rightsholder participants across the different countries noted the programme has supported them to understand their constitutional rights, the laws that affect them, and GBV frameworks. One rightsholder living with a disability in Guatemala said: *“At 24 years old, I learned that having my DPI (Documento Personal de Identificación, national ID card) is a right, and they helped me get it here in la Colectiva de Mujeres con Capacidad de Soñar a Colores with the necessary support.”* One rightsholder in Nigeria said: *“I was taught through the programme that even as a deaf woman, I have the right to choose how many children I want to have.”* Having more knowledge and information was key to strengthening rightsholders' confidence. In Guatemala, for example, Rightsholder participants noted previously feeling *“anxious”* and *“embarrassed”* about not knowing enough.

Rightsholders valued learning about concepts such as feminism, diversity, inclusion and intersectionality.¹²² Meeting other rightsholders, such as women living with disabilities, trans people, and women from different income groups and hearing about their lives supported their learning. Rightsholders in Kenya highlighted how the concept of intersectionality helped them to understand how multiple identities (e.g., disability, gender, class) intersect to affect access to SRH services and health outcomes, and that this framework became central to their programme. They valued the intersectionality sessions, which they felt brought together groups that don't usually meet and enabled meaningful discussion and collaboration.

We Lead activities also offered RHs the opportunity to learn and, critically, practice new skills.¹²³ RHs in Guatemala reported how they were able to consolidate their training on peer education by observing experienced facilitators in We Lead meetings and eventually become experts themselves: *“today we are leaders in accessibility issues”*. Rightsholders in Nigeria also highlighted the importance of being given structured opportunities to lead peer sessions, and participate in fieldwork, and co-facilitate events and learning exchanges. They also highlighted that learning counselling skills helped them with their outreach work: *“How do you approach someone? How do you make them open up to you? Before you go to your community, you need to be able to understand how the people think before you bring in your information so that it doesn't clash with their norms and cultures and the things they know to be true.”* Rightsholders in Kenya talked about learning how to plan dialogues and frame issues strategically, and those in Lebanon and

120 Comparative analysis of rightsholder sensemaking workshops

121 Comparative analysis of rightsholder sensemaking workshops

122 Comparative analysis of rightsholder sensemaking workshops

123 Comparative analysis of rightsholder sensemaking workshops

Mozambique reported learning skills in outreach, community mobilisation, proposal writing and research.

Participation in collective action was considered a key learning area, and the experience of being in peer-led spaces strengthened a sense of self-efficacy.¹²⁴ Rightsholder participants in Guatemala, some of whom had prior experience of more individual activism, spoke of the sense of strength and safety in working and marching with others. Rightsholder participants in Guatemala, Kenya and Nigeria also spoke about the importance of being in peer-led spaces, and how the opportunity for peer learning and the offer of solidarity encouraged confidence and helped participants to trust themselves and take risks. The sense of collective power was particularly palpable when the collective was able to take concrete action, for example in Nigeria where the collective was able to secure the arrest of the perpetrator of sexual violence against one of their members living with a disability, thus helping to “*reclaim their dignity*”.

Being able to meet other women and talk openly about their lives and experiences in a safe and inclusive space supported participants to build self-acceptance, confidence and solidarity.¹²⁵ In Guatemala, women living with disabilities were able to talk about their lives, their sexuality and their experience of the health system. Young women living with HIV, many of whom had become teen mothers and faced isolation and stigma were reported to be “thriving” after joining the programme as part of a supportive community. A rightsholder in Nigeria said; “*It’s a space where I don’t have to explain myself. People here understand, and that makes all the difference.*” Sharing peer learning and providing coaching and mentorship to one another also strengthened rightsholders’ skills in collective action.

Rightsholders provided a range of examples that illustrate a growing sense of self-awareness, confidence and self-efficacy; however this was still constrained when navigating hostile or discriminatory public or policy spaces.¹²⁶ In Honduras, many women identified progress in terms of self-acceptance, forgiveness of past mistakes, recognition of their individual worth, and reconciliation with their personal history. One rightsholder with a hearing impairment said: “*I learned a lot through sign language interpretation. It awakened my mind, and I have been making progress in my expression and in talking about my needs. Now I can express how I feel*”.¹²⁷ Participants across the countries reported feeling more able to express their needs and opinions and programme staff observed that women who had previously been silent in their communities, families, and public spaces began participating in awareness and advocacy campaigns and claiming space in decision-making forums. Rightsholders in Kenya and Mozambique noted that they had more confidence in engaging with health providers, and in speaking to their families about sexuality issues respectively. However, several rightsholders from across the different programme countries pointed out that they still felt anxious in public spaces, and less equipped to navigate political processes and spaces compared to the other skill areas.

Rightsholders demonstrated increased political awareness, and understanding of how inequalities and power dynamics shape their lives.¹²⁸ Rightsholders in Guatemala and Kenya said they were

124 Comparative analysis of rightsholder sensemaking workshops

125 Comparative analysis of rightsholder sensemaking workshops

126 Comparative analysis of rightsholder sensemaking workshops

127 Guatemala rightsholders workshop

128 Comparative analysis of rightsholder sensemaking workshops

better able to recognise the linkages between politics and everyday life, understand local power dynamics and risks, and respond to abuse of power: *“Now I know what a bully looks like in an organisation”*.¹²⁹ Participants in Honduras described their transition to political action, reflecting an awakening of consciousness that translated into concrete practices: speaking about SRH-R as a right, demanding representation on boards, challenging exclusionary feminist discourses, and using the vote as a tool for political pressure. Still, various rightsholders from across the various programme countries also indicated that broader political and policy processes are complex and challenging to comprehend and navigate.

Rightsholders participants offered a range of examples of the ways in which they are exercising leadership. This included speaking up within the family or community; talking to community leaders and local government officials; acting as a role model for others in the community, and providing advice and support; facilitating community dialogues; and initiating community projects.¹³⁰

Rightsholder participants in Nigeria, Kenya and Guatemala highlighted the importance of leadership training and public speaking opportunities in supporting them to build skills in empathy, communication and facilitation and enabling them take more strategic approaches, become more solutions-focused, and include diverse voices. In Kenya, young women rightsholders were nominated as community health promoters and supported to present memoranda to national assemblies and budget hearings. One young woman rightsholder was appointed to the Nairobi KEMRI Community Advisory Group, placing her at the forefront of influencing national SRH-R policies. A regional stakeholder described how a young Kenyan rightsholder living with disabilities has already established her own organisation and secured approximately 3 million Kenyan shillings in funding. They echoed several Rightsholder cohorts from several country programmes in saying: *“We are no longer just participants; we are now thought leaders who can bring others together and make our voices count.”*¹³¹ In Jordan, rightsholders who were initially the target of awareness-raising exercises then became more involved in policy-oriented work themselves suggesting that the sequencing of outcomes was sound. There were some rightsholder participants from across the country who highlighted that while their confidence had grown, they still found it challenging to organise and articulate their thoughts and express them convincingly, particularly in public spaces.

Rightsholders overall considered advocacy to be the most challenging area, largely due to the restrictive social and policy environments.¹³² Several rightsholders highlighted that they found speaking in public and/ or engaging with government officials and institutions difficult, particularly when faced with hostile or complex questions. Several rightsholders highlighted the difficulties of speaking in community or policy spaces where young women are expected to remain silent, and rightsholders in Nigeria noted that engaging in spaces where young women’s participation remained stigmatised made advocacy emotionally and physically demanding. These challenges were further compounded by the risks of becoming highly visible within small communities, and particularly in association with the SRH-R agenda. A rightsholder in Guatemala said: *“I don’t really like being in the public eye or being singled out because in small towns, everyone knows everyone.”* Rightsholders in Mozambique who had experienced resistance from local community

129 Kenya rightsholders workshop

130 Comparative analysis of rightsholder sensemaking workshops; FGD3

131 Nigeria rightsholders workshop

132 Comparative analysis of rightsholder sensemaking workshops

leaders in relation to We Lead activities described being left feeling *“intimidated and afraid”* now that the programme has ended. Rightsholders in Nigeria considered advocacy to be their most strengthened capacity and reported having stronger skills to speak up for themselves, challenge misconceptions, and engage in dialogue with duty bearers. Even so rightsholders in both Kenya and Nigeria argued that deeper political engagement and skills in engaging policymakers effectively remained a capacity gap.

II. Outcome 2: Public support for rightsholders’ SRH-R

The programme delivered a range of public awareness activities on SRH-R using diverse and innovative communication approaches tailored to different contexts and audiences.¹³³ The campaigns addressed a range of SRH-R themes, including menstrual health, family planning, violence against women and girls, discriminatory laws and policies and legal rights and protections. The content and messaging, which was adapted for the programme countries’ restrictive environments, included a focus on rights-based story-telling and personal narratives through rightsholder produced video content, the integration of personal testimony and creative writing projects. The strategies included:

- **Community dialogues and events** often organised and facilitated by rightsholders, such as information-sharing kiosks, fairs and public forums, Pride parades, safe spaces for marginalised groups, and community events in schools.
- **Digital advocacy and multi-platform social media campaigns**, combined with influencer training, peer-led digital advocacy, and rights-based storytelling.¹³⁴
- **Arts- and culture-based advocacy** including public art installations, murals and sculptures; Theatre of the Oppressed and community-based theatre performances; and comics, zines, and visual art.
- **Community radio and audio programming**, including podcasts, radio programming in local languages, competitions for young artists and poets, and radio-facilitated community dialogues.
- **Media engagement and training** in order to support responsible and inclusive SRH-R reporting, including engaging media practitioners, supporting award-winning investigative journalism, and conducting regional media training for rightsholder-led engagement.

With the exception of the campaigns undertaken with the support of M&C Saatchi, the lack of rigorous quantitative data on the public awareness activities means it is not possible to systematically assess their effectiveness in contributing to a shift in public perceptions.¹³⁵ A comprehensive cross-country public opinion survey was not possible within the scope of this evaluation, nor would this have likely yielded data on the changes resulting from the programme’s often very localised activities without clear We Lead branding in order to avoid backlash and

133 Desk review of programme documents; ETE survey

134 In Nigeria, a youth-led, peer-driven approach was used to train 13 young social media influencers in Lagos who went on to implement three targeted campaigns across Twitter (x), Instagram, and Facebook on FGM, GBV, and family planning, reaching thousands of young people online, and host interactive WhatsApp sessions with adolescent girls and young women on family planning.

135 Desk review of programme documents; Afrobarometer; Gallup Global Survey. N.B. In April 2022, Honduras and Guatemala conducted a public opinion survey on women’s sexual and reproductive rights, with national samples and carried out by external researchers. The idea was that this would be the “exit survey,” and after the campaigns, a final survey could be conducted to compare results and assess the impact. Unfortunately, this was not possible due to the high cost of the studies.

improve trust in messaging. There is also a lack of secondary public opinion survey tracking data available for all the programme countries that could reflect whether there have been wide-scale changes in attitudes towards the SRH-R needs of young women rightsholders. However, what secondary data is available indicates that there was no wide scale improvement in attitudes towards LBTQI+ communities over the course of the programme, and strong social stigmas are likely to remain in most of the programme countries. These are likely due to structural and global counter-currents operating beyond programme influence. Data available from Afrobarometer for Uganda, Kenya, Nigeria, and Mozambique however, shows there has been no improvement in attitudes towards 'LGBTQI+ people' between 2014 and now.¹³⁶ On the issue of 'LGBTQI+ rights' particularly there has been a widely recognised global backsliding in views, demonstrating the continued need for awareness raising and communications from progressive and inclusive organisations at all levels - international, national, and local grassroots. Global surveys indicate that after several decades of continual improvements in attitudes to 'LGBTQI+ couples', between 2022 and 2025 the proportion of the global population who consider this acceptable slid backwards, reducing from 71% to 64%.¹³⁷ Given the lack of data, this evaluation relies on the testimonies of programme stakeholders and particularly rightsholders, who were involved in delivering as well as benefiting from the campaigns to assess effectiveness.

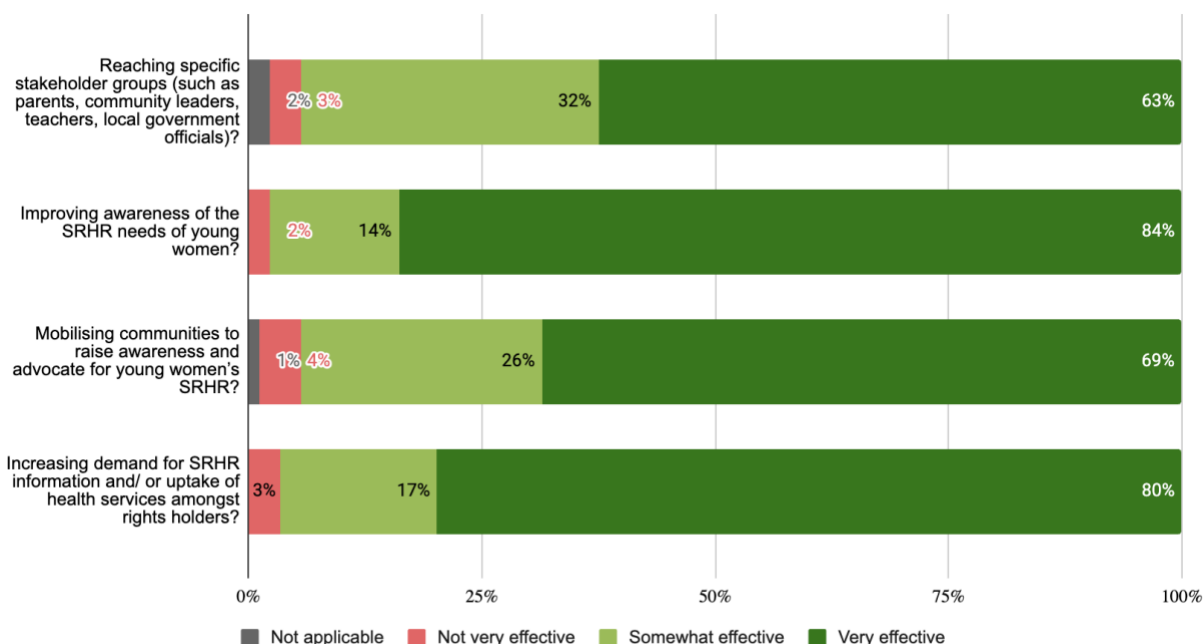
Organisations who had undertaken campaigns as part of We Lead tended to be most positive about the effectiveness of their campaigns at raising awareness of the SRH-R needs of young women (see chart 7 below),¹³⁸ followed by high levels of perceived effectiveness of their campaigns in increasing demand for information. Reaching specific stakeholder groups, while still being seen as highly effective by a majority of the campaigning organisations, was the least successful aspect of the campaigns. Two thirds (67%) of the organisations who undertook public awareness raising activities as part of this programme report that without the We Lead programme, the change in attitudes and support for SRHR that they noted resulting from their activities was unlikely to have occurred anyway. A quarter of the organisations reported that the changes would likely have occurred anyways.

Chart 7: How effective were the We Lead communication campaigns implemented by your organisation at... Source: ETE Survey

136 Afrobarometer R 2014/2015 - R10 2024/2025 "For each of the following types of people, please tell me whether you would like having people from this group as neighbours, dislike it, or not care: Homosexuals?"

137 Gallup Global Survey 2025 <https://news.gallup.com/poll/1651/gay-lesbian-rights.aspx>

138 ETE Survey



Programme stakeholders and rightsholders reported that communities' initial hesitation in discussing issues of sexuality, sexual health and SRH-R gave way to increasing acceptance and interest and growing demand for more information.¹³⁹ Community dialogues in Guatemala and Kenya were eventually successful in breaking taboos and tackling stigma around SRH-R issues. In Jordan, the conflation of sexual health awareness with promoting intimacy outside marriage created initial resistance towards awareness-raising efforts (given strong social and religious taboos and perceptions of immorality) with male heads of household discouraging women from attending trainings, citing fears of promiscuity or erosion of cultural norms. Over time, however, community participation increased, with rightsholders and service providers acknowledging greater openness. In Uganda, several schools reached out to a CoA partner which organised debates on SRH-R and HIV/AIDS in schools. In Guatemala, participants' wider families, mothers, sisters asked to be invited to future awareness sessions, and indigenous and/or rural women who did not understand Spanish very well, also arrived to attend the sessions. Rightsholders in Lebanon reported that girls under the age of 18 asked to attend their sessions, and in Nigeria additional sessions had to be organised to accommodate all those who wanted to take part.

Programme stakeholders at the international level as well as rightsholders, provided anecdotal evidence of a range of changes in attitudes and behaviours that resulted from awareness raising activities.¹⁴⁰ Rightsholders in Guatemala, Lebanon and Nigeria highlighted that due to the awareness raising work, communities were able to confront myths and misconceptions about SRH-R, tackle stereotypes about rightsholder groups, and build knowledge and confidence to demand quality services. In Guatemala, the programme used "Las Super Lémuras" comics to reach a diverse audience (and some organisations have asked for more copies of the comics to be sent to them¹⁴¹).

¹³⁹ KII4; Comparative analysis of rightsholder sensemaking workshops

¹⁴⁰ GI2; GI6 and GI1; Comparative analysis rightsholder sensemaking workshops

¹⁴¹ The Comprehensive Rehabilitation Centre (CRI) of the Benemerito Committee for the Blind and Deaf of Guatemala and Casa Joven

These efforts successfully broke down myths and taboos around sexuality, with many participants gaining the confidence to speak openly about their health and experiences.¹⁴² In Lebanon, partners reported a rise in enquiries after awareness interventions such as the SRH-R curriculum piloted in Akkar, public discussions in Baalback and Marj, and the [REDACTED] menstrual justice exhibition. These interventions were critical in normalising conversations on taboo topics like menstruation, gender, and sexuality.¹⁴³ Rightsholders in Nigeria said their awareness sessions on family planning and maternal health helped women make informed decisions about birth spacing and childcare and improved their ability to maintain hygiene. Menstrual hygiene education for adolescent girls in displacement camps helped them to maintain safe and healthy practices. Roleplay-based learnings helped embed key messages around SRH-R, especially GBV and menstrual health and awareness sessions on SRH-R and SGBV, combined with the establishment of helplines, was reported to have led or led to behavioural change among male spouses, improved safety in camps and reductions in the levels of domestic violence.

Several health providers confirmed the important role We Lead activities played in raising awareness about services, supporting their engagement with communities, and building trust and safety.¹⁴⁴ We Lead's community engagement activities were able to direct young people to clinics offering SRH services, whose staff they had trained to provide inclusive and respectful care. Engagement with health providers through the radio shows and community dialogue events and provided SRH information, and referrals from peer educators and other satisfied clients, created a sense of safety and trust for rightsholder groups to access services. One rightsholder in Nigeria said: *"When you see the girls begin to ask the right questions and visit the clinics without fear, you know the effort is worth it."* Such indications provide evidence that the programme was able to support change in attitudes resulting in changed behaviours and increased demand. Enabling dialogue between rightsholders and health providers helped create understanding of the lived experience of both groups (as healthcare providers are often also subject to poor working conditions and discrimination with the health system) and helped address biases on both sides. Several rightsholders highlighted the importance of being able to establish relationships with health providers as a key outcome of programme activities.

Supporting peer-led community dialogue and outreach, building community buy-in and using interactive methods were considered the key factors driving progress in building SRH-R awareness.¹⁴⁵ Community level engagement was most successful where the We Lead Programme was intentional about seeking buy-in and framing SRH-R messages by involving community keypersons like centre heads, teachers, and health service providers, and implementing an in-person outreach strategy that went to rightsholders where they are. In Jordan, the programme's strategy focused on reaching youth in educational settings to facilitate peer-to-peer knowledge transfer, including student-led youth networks at universities. Similarly, in Lebanon, public-facing work resonated most where it was locally anchored. Work on menstruation visibility included [REDACTED] and [REDACTED] publication of "No Time to Bleed", the first participatory research process linking period poverty to the Kafala system in Lebanon led by migrant domestic workers themselves. Peer champions training in Uganda, for example,

142 Guatemala FG RH1, Guatemala FG RH2

143 Lebanon FG4

144 Comparative analysis - Healthcare service provider KIIs; Rightsholder sensemaking workshops

145 Desk review of programme documents; ETE Survey; Comparative analysis - CoA sensemaking workshops; GI2; KII2 and KII4

empowered community members to serve as trusted advocates, creating non-discriminatory referral networks that also ensured sustainability. Also in Uganda, the strategy of targeting influential male community gatekeepers - including priests, sheikhs, traditional leaders, and religious elders - to help them understand concepts of SRH-R, bodily autonomy, and reproductive rights enabled direct dialogue between male gatekeepers and the female rightsholders. The Values Clarification and Attitude transformation meetings were noted as having been successful at supporting changes in attitudes among religious leaders. In Niger, sex workers were trained and then acted as facilitators and educators within their communities on the use of health centres (systematisation of testing, access to and use of condoms, taking treatment, etc.). In Kenya and Nigeria, organisations also reported working with religious leaders to open dialogue. As reported by a Kenyan organisation *“Another success was the community outreach in Kalobeyei Resettlement Camp, which brought together 60 stakeholders—religious, neighbourhood, and youth leaders—for discussions on SRH-R. The approach of securing MOUs with community champions ensured sustainability and ownership beyond the event.”* Rightsholders in some countries suggested that their use of interactive methods, such as skits, community theatre, participatory workshops were also key to building community interest and trust. As reported by one Rightsholder: *“We made extensive use of art and graphics, using slides or videos to help them see clearly, as well as group work, drawing and role-playing, because these are other ways of learning, rather than just writing everything down in a notebook.”*¹⁴⁶

Two campaigns - one in Nigeria and one in Kenya - developed in partnership with M&C Saatchi and local communications agencies also targeted men and were on the issue of gender-based violence (GBV).¹⁴⁷ This topic was chosen based on input from the CoAs and where a ‘movable middle’ could be identified - people who could be swayed in their views by an effective campaign. They were not branded as ‘We Lead’ campaigns, which would either not be trusted by the male audiences (due to the clear feminist principles), or would be seen as foreign-influenced. Instead in Nigeria the campaign was shared by two male influencers through their own social media accounts. #MakeWeHalla in Nigeria aimed to educate (male) bystanders of their role in preventing GBV when they see or hear about it. A post-campaign survey found two thirds of respondents had heard about it and there was a 14-percentage point rise in the proportion of people who said they would disapprove if they witnessed GBV. In Kenya, a campaign was developed to combat rising femicide numbers. A Men’s Conference was held, and during the recorded discussion the male participants talked about the impacts of male violence. The call to action was *Safisha Rada* (“do right, man”). The development of the campaign idea was in collaboration with Isaya Evans - a director who had recently lost a friend to femicide. The video recording of the Men’s Conference went out on radio, TV, digital, print and all major Kenyan outlets, was amplified with the support of influencers, and achieved a 48.8m reach. These campaign monitoring methods are examples of best practice which if rolled out more widely across the entire programme would have offered opportunities for better tracking of campaign effectiveness. Both campaigns demonstrate the usefulness of targeting men as part of a women-focused programme, in order to achieve improvements on women’s SRH-R needs.

146 Guatemala rightsholder sensemaking workshop

147 Programme monitoring data; KII6; Post campaign reports (2)

Digital and social media campaigns demonstrated high effectiveness when peer-driven, contextually relevant, and based on rightsholders' lived experience.¹⁴⁸ In Kenya, social media and online campaigns were designed to target youth audiences on platforms like TikTok and Twitter. Radio dramas and community theatre were tailored to reach wider community members, including parents, local leaders, and health providers, in both urban and rural settings. Audiences responded most positively when they heard directly from young women, with one participant remarking that *"it carried more weight when rightsholders themselves spoke about their challenges"*. By amplifying lived experiences, the programme humanised abstract policy debates and challenged stigmatising stereotypes. Nigeria's social media influencer training for 13 young advocates leading campaigns on FGM, GBV, and family planning was also considered successful because it was *"youth-led, peer-driven, and highly engaging,"* ensuring accurate SRH-R information was communicated in relatable ways that resonated with target audiences. Kenya's Facebook and Instagram campaigns proved effective even without sponsorship because posts engaged bigger audiences compared to other platforms, demonstrating the power of strategic platform selection. Some country programmes targeted digital platforms but noted that their efforts had limited reach and were affected by: accessibility barriers; technological constraints which limited their ability to reach the intended audiences; audience characteristics on certain platforms not being aligned with the targets of the campaigns. These campaigns proved least effective.

Radio programming emerged as consistently successful across multiple countries given its affordability, and wide audience reach, including in hard-to-reach rural areas.¹⁴⁹ Niger's interactive radio programmes on the national channel (RTN) and private media (AMFANI, Sarauniya, etc.) were considered to be particularly effective for fostering open dialogue with locally adapted content, while Guatemala's "Transguerridas" podcast by [REDACTED] succeeded by giving [REDACTED] women a direct voice to tell their stories in an accessible contemporary format that functioned as both a communication and healing space. The programme in Jordan ran radio broadcasts followed by listening sessions and facilitated discussions, which created opportunities for audience engagement across multiple platforms. However, such indirect engagement methods struggled with impact measurement challenges, as organisations in both Kenya and Mozambique reported, as they lack clear mechanisms for tracking behavioural change or audience response. Such methods would also require sufficient budget and clarity on target audiences to be useful measures of success.

Programme stakeholders implemented a range of strategies to manage resistance and backlash, given the highly restrictive social and policy contexts in many of the programme countries.¹⁵⁰ The programme's broader public awareness efforts were significantly constrained by hostile political environments, rising anti-rights movements, and the inherent challenges of attempting to shift deeply entrenched social and cultural norms within a five-year timeframe.¹⁵¹ Various CoA organisations noted the risks involved in even publicising the We Lead name, given its association with [REDACTED] issues and foreign donors. In Honduras, for example, to avoid conflicts with mothers, fathers, and caregivers, prior consent was requested through a notice informing that sexual education on sexually transmitted infections and contraceptive methods would be provided. Often,

148 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies; KII4; GI2; KII4

149 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

150 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

151 GI1; GI1; GI5; FGD2; FGD3; KII3; KII4

the introduction of these topics was done subtly, incorporating themes of self-esteem and other complementary content to ease the entry into the subject. In Lebanon, teachers first met with parents to explain the proposed curriculum and secure approval, and adjusted terminology during sessions to ensure it matched families' and students' understanding and comfort levels. Despite the measures taken, some CoAs did experience backlash and security threats, making it necessary to undertake activities even more covertly. In Kenya, some audiences perceived discussions of contraception or sexuality as encouraging promiscuity. Content across several countries addressing the rights of LGBTI persons attracted hostility both online and offline. In Guatemala, the campaign "Pongámosle Nombre" ("Let's Name It") led to attacks on social media. To mitigate this, safety protocols, psychosocial support, and mentorship were introduced, and Hivos noted that in all cases of attacks, a person designated within the programme provided direct and confidential support. Nevertheless, some participants felt that We Lead had not initially provided sufficient support for those involved in the campaign, beyond training sessions on digital security. In Nigeria, one campaign to increase public awareness of SRH-R led to targeted harassment and threats toward CoA members and the host organisation itself in one of the states.

V. III. Outcome 3: Accessible SRH-R information and services

The CoA organisations worked with a range of stakeholders involved in the delivery of health services, utilising a variety of context specific approaches for the purpose of improving access for young women and girls.¹⁵² The key activities in this workstream were the provision of capacity support, including Value Clarification and Attitude Transformation (VCAT) training, partnerships via Memorandums of Understanding with healthcare facilities so that rightsholder concerns could be shared with providers, and community-led monitoring.

Trainings emphasised rights-based and youth-friendly service delivery, equipping providers with skills for non-judgmental SRH-R care, youth-friendly service environment development, AIDS competencies, and inclusive health service delivery.¹⁵³ Population-specific provider training addressed the unique needs of marginalised groups through sensitisation on intersex persons' SRH-R needs, deaf women's healthcare accessibility requirements, transgender care guidelines including psychological care, and disability-specific needs training for young women and girls living with disabilities. This was intended to ensure providers could deliver appropriate, dignified care to all rightsholders regardless of identity or circumstance. Developing institutional partnerships and formal agreements, including Memorandums of Understanding with medical centres and hospitals, and committees aimed to facilitate dialogue and action on rightsholders needs. Additional activities included population-specific research, and data-driven advocacy for targeted interventions, peer buddy programs within health facilities, and creating drop-in centers for discrimination-free access, with some contexts requiring emergency response and crisis adaptation of health services for conflict-affected and displaced populations.

The evaluation's qualitative evidence indicates that programme activities are considered to have contributed to improvements in health workers' attitudes towards young women and rightsholder groups, improvements in services, increases in client uptake of services and in some cases changes in health outcomes.¹⁵⁴ The survey results (see chart 8 below) show that CoA organisations

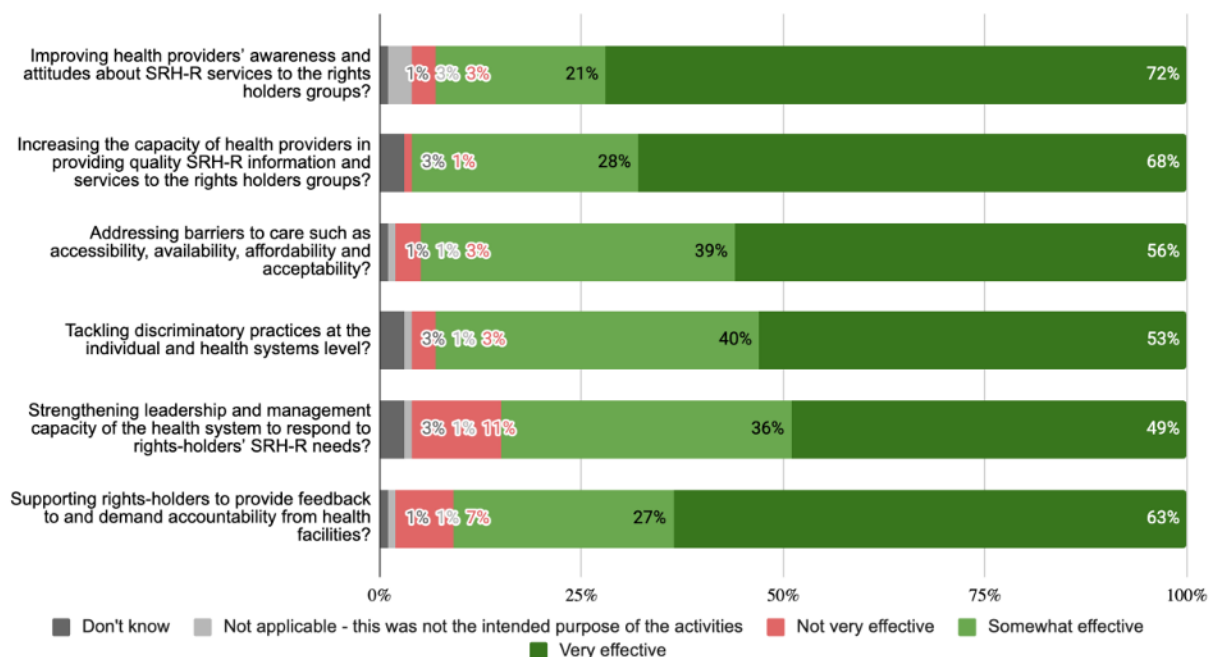
¹⁵² Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

¹⁵³ Desk review of programme documents

¹⁵⁴ Comparative analysis healthcare service provider KIIs; KII4; GI2; GI4; GI5; GI6

are most positive about the effectiveness of their work with health care providers in terms of “improving awareness” about the rightholders’ SRH-R service needs, followed by “improving healthcare providers’ capacity to provide quality information”, as well as “supporting rightholders in demanding accountability from health facilities”. A high majority (69%) of organisations that undertook activities with healthcare providers reported in the survey that the improvements in healthcare delivery for rightholders are unlikely to have occurred without the support of the We Lead programme. Just 23% thought the changes would have occurred without the support of We Lead. Healthcare providers and rightholders interviewed also indicated that programme activities had contributed to improvements in health workers’ attitudes towards young women and rightholder groups, improvements in services, increases in client uptake of services and in some cases changes in health outcomes. The programme did not consistently collect comparable cross-country monitoring data or health facility data which limits the evaluation’s ability to draw objective conclusions about the effectiveness of the activities on improved health service provision.

Chart 8: How effective were the We Lead communication campaigns implemented by your organisation at... Source: ETE Survey



Health providers, rightholders and CoA representatives across almost all the countries confirmed that the programme’s dialogue and training activities supported a shift in their attitudes, particularly towards people living with disabilities, [REDACTED] groups, and on engaging with young women on SRH-R.¹⁵⁵ The programme’s training sessions, and particularly the VCAT trainings enabled providers to understand how discriminatory practices and attitudes manifest in the health system, and provided them with the knowledge and skills to provide culturally competent care. Health providers noted that participating in the programme’s provider-community engagement activities, [REDACTED] dialogues, continuous medical education forums, and multi-stakeholder advocacy

¹⁵⁵ Comparative analysis - healthcare service provider KIs, rightholder and CoA sensemaking workshops

committees, and being in the same space as rightsholder groups and listening to their perspectives and stories enabled them to understand different groups' needs and lived experience, including their experience of discrimination within the health system. Another noted that the programme provided a safe space within which to learn about and discuss gender identity issues without the fear of being criticised. A provider from Nigeria noted that the interactive approach of the training sessions, which included role-playing exercises, helped her to understand the challenges faced by marginalised groups. Health providers also noted that the training supported them to learn how to handle young rightsholder clients better, ask questions respectfully, and be more careful about language. The programme's support for community-led monitoring and accountability systems - such as Positive Vibes' Ma'Box (Virtual Suggestion Box) and Setting the Levels (STL) dialogue Process - and scorecards, supported rightsholders to assess the quality of services and provide direct feedback, to make material changes at facility level, and to provide evidence for advocacy efforts at higher levels. However, in Kenya and Nigeria, frequent staff transfers undermined continuity with newly posted provider staff often lacking training, raising concerns that gains might erode without consistent follow-up. These mechanisms also operated at facility or local level and did not ensure system-wide changes.

Rightsholders highlighted the role of the programme in supporting supportive relationships between rightsholders and healthcare providers.¹⁵⁶ Various rightsholders highlighted that the improvements in their own knowledge and confidence and changes in health provider attitudes meant they were able to be much more open with providers, with some even saying they “were like friends”. Several health workers also suggested that the programme's training and their interactions with rightsholders had made them personally committed to working and advocating for their needs. In Central America, regional stakeholders noted that Positive Vibes' health systems monitoring work in local health facilities helped promote a change whereby “*care providers see the programme in a different way, more like an ally to work with the young women to speak about their rights.*”¹⁵⁷

Some country programmes were effective at establishing referral systems within the health system and broader networks while others faced structural challenges and the programme's limited coverage meant that inclusive care could not be assured throughout the referral pathway.¹⁵⁸ The programme supported the development of a range of service delivery protocols, mapping of care pathways and referral guidelines, alongside guidance on follow-up. Health providers appreciated the programme's guidance on making referrals and reported better coordination with service providers and rights organisations that could support on specific issues. In Nigeria, providers said they have been supported to develop links with specialist providers for complex cases. In Guatemala and Kenya health providers noted that they were able to send young people to CSOs for HIV support, counselling for people living with disabilities, and legal support. Community based referral systems were also established, and this seems to have been particularly important in relation to linking pregnant women with midwives and encouraging uptake of antenatal care services. Rightsholders were also particularly well placed for example, to refer young women to providers for safe abortion services. In Jordan, it was observed that a formalised and inclusive referral system remains lacking, while in Mozambique, the absence of formal referral tools within

¹⁵⁶ Comparative analysis rightsholder sensemaking workshops; Focus Group

¹⁵⁷ Focus Group

¹⁵⁸ Desk review of programme documents; ETE Survey; Comparative analysis - healthcare service provider KIs, rightsholder and CoA sensemaking workshops

rightsholder-led processes constrained the ability of the programmer to systematically track referrals, conduct meaningful follow-up, and ensure continuity of care. As a result, referral evidence often relied on estimates and personal testimonials rather than verifiable documentation. In Lebanon, front-line workers described the strain of referral where they knew the available services were inaccessible either due to inaccessible infrastructure or prohibitive travel costs: “*They [rightsholders] would always ask us where they can receive basic services, but we know they can’t access the centres we are directing them to.*” Overworked and/or poorly trained health workers, stockouts, lack of privacy and fears of discriminatory behaviours were further considerations when making referrals, and these factors often limited the practical value of signposting in many cases, leading to referral fatigue among frontline workers.

Health providers highlighted improvements in their technical skills, SRH-R knowledge, knowledge on the needs of rightholders, ability to deliver quality services and care, and improved their facilities as a result.¹⁵⁹ Health providers reported that the training had improved their knowledge of young women’s and adolescent girls’ SRH-R needs. Some health workers reported cascading the training to their colleagues at health facilities, such as nurses and reception staff. Several health workers reported that their facilities now provide improved reception, reduced waiting times and in some cases better infrastructure, for example rooms with private entrances for youth. In Mozambique, one CoA organisation (██████████) led revitalisation of school health corners in Guijá and Moamba districts that had been inactive, enhancing SRH-R information and service access for 526 students while strengthening referral pathways to nearby youth-friendly health services.

The establishment of partnerships between health facilities and CoA organisations also supported service delivery improvements, particularly in terms of non-discriminatory care.¹⁶⁰ The Kenya programme’s support for strategic partnerships between the (██████████) and health facilities contributed to making services more youth-friendly, accessible, and responsive. The development of a partnership between a CoA organisation and the county health committee on the status of youth-friendly centres led to county health officials visiting the centres to verify the issues and eventually making a budget allocation for staffing and service provision, an excellent example of institutionalisation of service delivery improvements.

The combination of awareness raising on SRH-R issues, supporting community-provider engagement and strengthening service delivery contributed to changes in health-seeking behaviour.¹⁶¹ Health providers across the country programmes reported an increase in uptake of HIV testing, STI testing, family planning, ANC care, and also immunisation. They reported that youth clients were more open and expressive during consultations, able to ask more questions about SRH health and planning, could request condoms and contraceptives, and even speak about sexuality issues. For those who were more hesitant, health providers were able to use their new skills to engage sensitively. Health providers in Kenya reported that communities often requested contacts and directions to facilities after community events, and also that higher levels of uptake followed the broadcast of We Lead supported radio programmes. One health provider recalled that after her participation in a radio programme, a 19-year-old with HIV, who had been out of care for 5 years, sought her out, resumed treatment and is now virally suppressed. A health provider in Niger highlighted the role of peer educators and satisfied patients in encouraging communities to

159 Comparative analysis - healthcare service provider KIIs

160 Comparative analysis - healthcare service provider KIIs, rightsholder and CoA sensemaking workshops; FGD1; KII4; GI2; GI6

161 Comparative analysis - healthcare service provider KIIs

attend health facilities: *“The outreach provided by peer educators was crucial in reaching vulnerable youth. Their community involvement was decisive for the acceptance of the programme. Their close and trusting relationship with the beneficiaries facilitated behaviour change and better adherence to health campaigns”*. A county official and health provider in Kenya noted that We Lead activities have supported increased client flow to facilities in his catchment area, reduced rates of teenage pregnancies, and improved accompaniment on SGBV cases. A health provider in Uganda noted that an indicator of the trust that has been built is that young people, including girls as young as 14, are staying within the health system, for example accessing family planning services, not discontinuing and making repeat visits. Another pointed to the increased number of young people living with HIV who were previously unsuppressed and are now virologically suppressed. A health provider in Uganda noted that the number of deliveries at her facility has increased, and they have not recorded any maternal deaths in the recent period.

Given that the programme was working within under-resourced health systems, health services were often not able to respond to the increased demand.¹⁶² Some country programmes responded actively to health systems’ lack of resources, providing health kits to adolescent girls, health providers in Niger noting, for example, that the programme had responded to stockouts left by the state’s AIDS programme by providing health centres with medications for STIs and HIV. The health workers in question considered the programme’s medication coverage for PLWHIV as one of its key successes. CoAs in several country programmes raised the challenge of identifying health workers who would work with them. In Kenya, for example, rightsholders highlighted that while trained service providers tried to offer respectful care, health infrastructure remained a barrier, as facilities were not able to provide ramps or adapted couches. The survey results show that CoA representatives considered the programme to have been relatively less effective at strengthening leadership and management of health systems (see chart 8 above). As such, factors outside the control of the programme such as inaccessible health facilities, lack of sign-language interpretation in facilities, lack of privacy and confidentiality, and lack of commodities and medicines and staff turnover meant the health system’s ability to respond was limited. In addition, conflict and insecurity, political events and the passing of discriminatory legislation meant that several programmes created a hostile environment for this area of work and meant country programmes had to roll back planned activities.

IV. Outcome 4: Laws and policies respect and protect young women’s SRH-R

The programme undertook policy and advocacy work on various SRH-R policy areas at the international, regional, national and local levels, with varying levels of success.¹⁶³ Its approach was to combine support for progressive SRH-R reforms while mounting defensive campaigns against regressive threats including conservative “family protection” laws, [REDACTED] legislation, and reproductive rights restrictions. Advocacy around legal protection and identity recognition addressed both violence prevention (through domestic violence law expansion, femicide prevention, and early marriage laws) and affirmative rights recognition (transgender and intersex legal frameworks, gender identity laws, anti-discrimination protections, and disability rights including forced sterilisation prevention), recognizing that meaningful SRH-R access requires both

¹⁶² Desk review of programme documents; secondary data analysis; ETE Survey; Comparative analysis - healthcare service provider KIIs, rightsholder and CoA sensemaking workshops

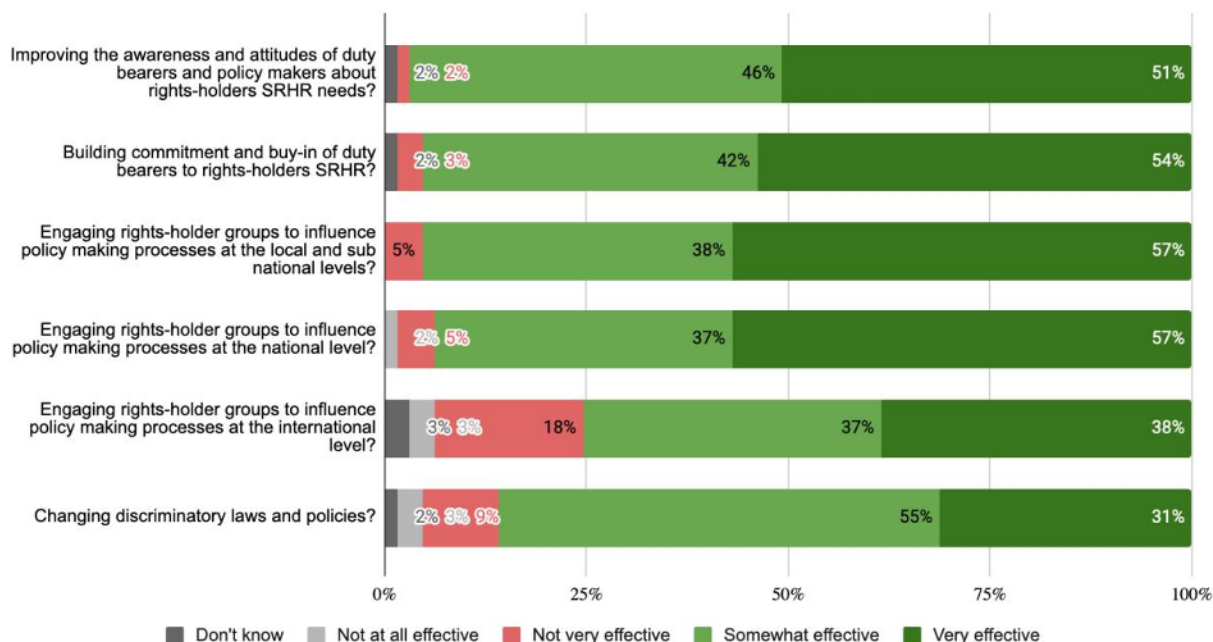
¹⁶³ Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

protection from harm and legal validation of marginalised identities and bodily autonomy. Some country programmes focussed on promoting implementation and dissemination of existing laws and policies, such as the law prohibiting discrimination based on sexual orientation, or the recently enacted Law on Persons with Disabilities in Mozambique. Similarly in Niger, CoA organisations focused more on implementing planned but as yet unaddressed areas of action or raising awareness among decision-makers of their duties in the face of insufficiently protected rights. In rare cases, the programme also supported litigation efforts - in Kenya, for example, We Lead partners such as [REDACTED] and Kenya Human Rights Commission (KHRC) secured recognition of transgender rights in 2024, including a precedent-setting court ruling that protected a transgender woman from incarceration in a male prison and affirmed the need for legal gender recognition. While the effectiveness of advocacy efforts was found to be somewhat mixed across the different countries (examined below in further detail), nevertheless, almost two thirds (63%) of organisations that undertook policy and advocacy work reported that without the We Lead programme, this level of legal or policy change is unlikely to have occurred.

The survey findings indicate that engaging rightsholders to influence policy making both at the local as well as national levels was seen as the most effective element of CoA organisation's policy and advocacy work.¹⁶⁴ Just over half of organisations thought their advocacy work had been very effective at achieving this. Engaging rightsholders to influence policymaking at the international levels however, as considered to have not been as successful while changing discriminatory laws and practices was overall considered to have been one of the weakest aspects of CoA organisation's advocacy work.

Chart 9: How effective were the We Lead activities implemented by your organisation at... Source: ETE Survey

164 ETE Survey



There are several examples of CoAs undertaking evidence-based and coordinated advocacy actions against regressive policies, and in favour of progressive reforms (see Annex 8 for a summary list of advocacy activities and issues mentioned in the ETE survey).¹⁶⁵ Advocacy activities in Guatemala, for example, included countering regressive legislation and agendas through public street mobilisations against the Law for the Protection of Life and the Family, legal response strategies including preparation of unconstitutionality actions against anti-rights policies and communications to the UN Working Group on Discrimination against Women and Girls reporting regressive government decisions, and actions to block a proposed law seeking to pathologise trans people (Law Initiative 5940). In Honduras, the CoA successfully lobbied for the Emergency Contraceptive Pill (ECP) through a strategic alliance with Grupo Estratégico-PAE, leading to the repeal of a ministerial agreement that had prohibited the ECP in 2023. Also in Honduras, a CoA investigated and prepared legal cases against healthcare facilities for the forced sterilisation of women with HIV. This work highlighted how healthcare workers used psychological violence and abusive language towards pregnant women living with HIV. In Nigeria, the programme successfully mobilised against the repeal of the Violence Against Persons (Prohibition) Act 2015 through the "Amend not Repeal" campaign. In Kenya, rightsholders contributed to national policy dialogues on the Reproductive Health Policy, Persons with Disability Act, and Intersex Persons Bill, and presented testimonies to the Presidential Taskforce on Femicide. At the local level, CoA member [REDACTED] organised consultative forums, co-created disability-friendly service checklists, and presented memoranda that directly informed the draft Kilifi County Persons with Disability Act, ensuring lived experiences shaped the final provisions. In Uganda the We Lead programme supported Kamuli district to pass an ordinance on ending teenage marriage and early pregnancy.

¹⁶⁵ Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

The programme also contributed to incremental policy and institutional outcomes, especially at the sub-national level.¹⁶⁶ In Mombasa, Kenya, menstrual health and youth-friendly services were integrated into county planning documents, with dedicated budget lines (an indication of potential sustainability), following community dialogues led by Stretchers Youth Organisation and the participation of young women in public forums that influenced allocations. In Siaya County, [REDACTED], with support from FEMNET, pushed for the adoption and enactment of RHMCAH policy, a comprehensive adolescent and HIV/SRH-R plan, by providing technical input and mobilising youth voices during policy consultations. They also used HSMA data to advocate for better services and impact policy and institutional practices at district level. In Niger, roundtable discussions and advocacy sessions with regional health authorities in Maradi addressing SRH-R kit shortages resulted in more consistent supply at the mother-child health centre, while advocacy at Maradi town hall led to the appointment of a female nurse at Garin Kaka refugee camp health centre. In Jordan, revisions on mandatory hysterectomy protocols and medical guidelines for health personnel working with PWDs were pivotal achievements. The programme also put forward proposals for a centre for sign language interpretation in health centres, which was recently approved by the Ministry of Health. In Nigeria, policy-level changes included the Federal Ministry of Health's appointment of a Disability Desk Officer in response to advocacy from the Advocacy for Women with Disabilities Initiative. The Federal Capital Territory Hospital Management Board Director General committed in 2025 to make all general hospitals inclusive and accessible to women with disabilities, including purchasing adjustable beds, installing accessible toilets, and integrating sign language interpreters for inclusion in the 2026 public health budget. We Lead also partnered with the Ministry of Health to develop Adamawa State's first SRH-R roadmap in June 2023, outlining clear CSO roles in SRH-R programming. Several Federal Ministry of Health and Social Welfare departments agreed to collaborate with Intersex Nigeria on developing an advocacy brief for a National Intersex Health Guideline embedded in the National Health Policy.

A key success factor was the ability of the programme to align advocacy interventions with, or integrate them into, existing policy structures and processes (systems approach).¹⁶⁷ There were numerous examples of CoAs across countries engaging in formal policy spaces to achieve this. In Jordan, the programme engaged with the government through CoAs member [REDACTED] on HIV/AIDS, STI testing and information, and [REDACTED] and its sign language interpretation in health service delivery. The CoA found that the programme aligned with the launch of a national SRH-R strategy, which provided space to work on an otherwise taboo subject. The programme in Jordan also engaged in advisory committees, including the National AIDS Coordinating Committee, which was formally recognised within governmental SRH-R structures, acting as a key driver for continuity, enabling stakeholders to build a community of practice around SRH-R. In Nigeria, CoA member [REDACTED] granted official membership within the National Assembly's House Committee on Disabilities in December 2023, enabling direct participation in legislative discussions on disability rights and policies. In Honduras, CoA organisations were incorporated into institutional consultation and coordination spaces, contributing to the development of regulatory frameworks and inter-institutional coordination mechanisms. In Mozambique, the programme conducted four high-level policy dialogue engagements in 2024 including public debates and roundtables designed to challenge discrimination and change perceptions, and the development of one local advocacy document. In

¹⁶⁶ Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

¹⁶⁷ Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

Uganda, CoA members hosted a national dialogue to assess gaps in SRH-R, HIV, and legal healthcare access for adolescent girls and young women, convening policymakers, government actors, CSOs, media, and rightsholders.

On the other hand, several countries undertook limited direct policy advocacy work due to highly restrictive political environments.¹⁶⁸ Legal criminalisation and political repression created the most significant barriers, with Uganda's Anti-Homosexuality Act directly prohibiting public/promotion of rights of LBQ women and creating legal exposure risks that made policy visibility dangerous for both organisations and rightsholders, while Niger faced legal prohibition of LBTIQ work as well as new restrictive laws prohibiting SRH-R awareness-raising in schools, forcing organisations to condemn these laws rather than engage in formal advocacy. Government instability and crisis contexts rendered policy engagement futile or impossible, particularly in Lebanon where there was no government for most of the programme and escalating conflict from October 2023 onward eliminated enabling conditions for institutional advocacy.

In response, many CoA organisations focussed on relationship building to foster longer term cooperation.¹⁶⁹ In Guatemala, CoA members engaged with individuals within the country's government, not necessarily to bring about immediate policy changes, but rather to forge alliances and, in some cases, to initiate longer term advocacy work towards policy change or strengthen and continue the efforts already underway. The programme also made attempts to build alliances with Community Development Councils and municipal governments and establish relationships with the Youth Commission of Congress for fiscal oversight. Others focussed on developing evidence-based policy outputs to build the case for reform. In Jordan, the programme developed a range of collaborative outputs on mandatory hysterectomies for persons with disabilities, sign language, maternal, child, and family planning services, and the rights of those living with HIV/AIDS. Work in Lebanon concentrated on generating evidence, shifting narratives, and carrying out advocacy at the local level, rather than direct engagement with policy-makers. Marsa in Lebanon built crucial relationships with the Ministry of Public Health's National AIDS Program, which both improved HIV services and provided protection during attacks as well as providing a list of midwives across Lebanon as part of the emergency response during the war.

Given the restrictive environments in many We Lead countries, the programme placed significant emphasis on international advocacy,¹⁷⁰ leveraging Universal Periodic Review (UPR) processes, UN treaty body shadow reporting, African Union and OAS engagement, and international conference platforms when national spaces proved restrictive. Rightsholders across most We Lead countries participated in key international events including the Commission on Population and Development, Women Deliver Conference, Commission on the Status of Women (CSW68), the AWID Forum, and the ICASA conference. Engagement in the UPR process saw mixed success. Recommendations on SRH-R were accepted by Guatemala and Honduras, for example, but engagement around the UPR failed to achieve the acceptance of SRH-R recommendations in Mozambique and Uganda. Guatemala provided alternative reports on young women's SRH-R, contributed to CEDAW list of issues and CDESC alternative reports. In Honduras, We Lead members submitted two complaints to the Inter-American Commission on Human Rights (IACHR) regarding cases of forced sterilisation

168 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

169 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

170 Desk review of programme documents; ETE Survey; Comparative assessment of country case studies

of women with HIV and participated in a hearing before the IACHR on the situation of sexual and reproductive rights of people with disabilities. The "No Visa, No Voice" campaign successfully mainstreamed visa inequality discussions. Rightsholders joined global working groups and youth-led Coalitions, with some independently organizing side events.

The ability of the programme to support rightsholders participation and access in international events was made more difficult by practical challenges related to visas as well as English language requirements.¹⁷¹ Rightsholders faced significant barriers accessing global conferences, stemming partly from structural constraints (visa restrictions) but also from insufficient proactive design choices. English-language dominance in these spaces was not adequately accounted for in the Programme design. While programme stakeholders attempted to mitigate language barriers through hired and informal translation, this proved burdensome for informal translators and the interpretation budget was acknowledged by some programme stakeholders to have been inadequate. Though the evaluation team recognises the programme faced difficult trade-offs given high interpretation costs, English-language dominance was a known factor that warranted fuller consideration during design. An English requirement for rightsholders to become Steering Committee members was a further example of exclusion based on language compounded this issue. As one internal programme stakeholder observed, rightsholders fluent in English often represent more privileged voices within their communities, meaning *“the most excluded voices do not have real possibility to be present in this decision-making body, even when they could have leadership capacities and a lot to say. But making it available for them would imply to have interpretation which is expensive.”*

On the whole, movement-building approaches proved more successful than high-level decision-maker engagement. National-level structural and long-term policy change efforts consistently proved least effective due to protracted timelines, bureaucratic complexity, and institutional inertia that exhausted organisational resources without producing tangible results. A lack of consistent follow-up and continuity undermined even initial advocacy wins, with momentum dissipating over time due to frequent government staff turnover and absence of mechanisms to maintain pressure on commitments made during advocacy engagements. Institutional and legal barriers created fundamental constraints that rendered certain advocacy strategies futile. For example, holding policymakers accountable using international legal frameworks proved challenging when discriminatory domestic laws provided cover for inaction.

As noted earlier, the programme demonstrated minimal and inconsistent adoption of climate-sensitive approaches, despite climate being a recognised cross-cutting theme and donor reporting requirement.¹⁷² The approach remained largely superficial, driven more by donor reporting requirements than genuine commitment to climate-responsive programming. Examples of climate relevant activities include a Leadership Lab by Restless Development focused on empowering youth for climate justice in collaboration with Democracy Moves. In one notable instance, a transgender rightsholder from Honduras was supported to attend an Organisation of American States assembly in Brazil to speak about climate change impacts on trans people and their

¹⁷¹ Comparative analysis of rightsholder sensemaking workshop; GI3; Input made in a comment on the draft report by internal (programme) stakeholder

¹⁷² GI1, GI4, GI6; KII5

communities. Partners recognised that displacement work could have been an entry point for climate focus, particularly concerning economic migrants affected by climate change.

V. Factors That Enabled and Hindered Organisations in Achieving Results¹⁷³

The evaluation has identified a wide range of factors both internal and external to the programme which either helped or hindered the achievement of planned or expected results. These are summarised here:

¹⁷³ ETE Survey

Factor Type	Enabling Factors	Hindering Factors
Internal Factors		
<i>Organisational Capacity</i>	• Strong leadership exemplifying Leading from the South and a commitment to youth-based approaches • Committed staff • Skilled teams with SRH-R expertise • Effective organisational systems (M&E, finance, human resources) • Clear vision and mission alignment • Flexible and adaptive approaches • Good internal coordination and teamwork	• Limited human and financial resources (within CoA organisations) • Staff transitions and turnover • High workload and overextension • Limited operational capacity for expanded activities • Inadequate technical equipment • Time constraints
<i>Community Engagement</i>	• Strong community networks and trust • Rightsholder-led approaches • Participatory methodologies • Established relationships with stakeholders • Creative, youth-friendly communication approaches • Evidence-based documentation and advocacy	• Limited staffing for consistent community engagement • Challenges in reaching remote populations • Difficulty sustaining peer champion engagement¹⁷⁴ • Limited follow-up capacity
<i>Strategic Approach</i>	• Strategic partnerships and networking • Intersectional and inclusive approaches • Robust capacity strengthening programs • Innovative culture and adaptability • Use of evidence and data • Multi-disciplinary teams	• Netherlands MFA perceived to be risk-averse • Inadequate planning for sustainability • Limited integration of climate considerations • Insufficient monitoring systems • Lack of long-term institutional relationships
External Factors		
<i>Political Environment</i>	• Supportive policy environment • Government openness and receptivity • Enabling legal frameworks • Political allies and champions • Favourable national strategies • Growing public discourse on SRH-R	• Political instability and changes • Discriminatory laws (e.g., Anti-Homosexuality Act) • Donor Aid cuts • Anti-migration policies for Latin America • Conservative political contexts • Shrinking civil society space • Policy and systemic barriers • Institutional resistance
<i>Social Context</i>	• Community willingness and acceptance • Growing awareness and openness • Supportive Coalitions and networks • Media support and coverage • Cultural shifts among young people • Recognition of rightsholder leadership	• Societal and cultural stigma and discrimination • Cultural and religious resistance • Conservative attitudes and norms • Deep-rooted misconceptions • Structural violence against marginalised groups • Taboos around SRH-R topics
<i>Operational Environment</i>	• Strategic alliances with other organisations • Donor support and flexibility • Technical assistance and capacity strengthening • Access to institutional spaces • Supportive partnerships (government, CSOs) • International advocacy opportunities	• Funding delays and unpredictable disbursements • Budget cuts and constraints • Bureaucracy in government agencies • Frequent staff changes in institutions • Security challenges and instability • Infrastructure limitations

<i>Crisis Contexts</i>	• Organisational resilience and adaptability • Flexible program approaches • Emergency response capabilities • Strong team commitment despite challenges	• Gaza genocide and strikes by Israel on Lebanon • Coup in Niger • Post-election conflicts • COVID-19 pandemic disruptions • Economic and political crises • Insecurity and safety concerns • Natural disasters and environmental barriers
<i>Systemic Challenges</i>	• Judicial system engagement (where successful) • International human rights mechanisms • Regional networks and platforms • Academic and research partnerships	• Judicial backlogs and delays • Slow responsiveness of duty bearers • Weak enforcement of laws and policies • Limited access to decision-makers • Geopolitical instability

VI. Unintended results¹⁷⁵

Based on the responses to the survey, the main unintended results from the We Lead Programme:

Positive Unintended Results

- **Institutional Recognition and Support:** One organisation [REDACTED] was given office space at district offices due to their We Lead work.
- **Inclusion of Traditional Leaders in activities:** Traditional leaders in Uganda became informal advocates against discriminatory language toward people with disabilities and provided radio airtime.
- **Service Innovation and Expansion:** [REDACTED] organisations established drop-in centres safe spaces for SRH-R services, which wasn't part of the original model but addressed discrimination in mainstream services. Also, following advocacy, improved centres attracted wider groups of adolescents, increasing demand beyond planned scope.
- **Additional Skills and Capacity Development:** Sign language adoption: Organisations like the Association of Social Workers took up sign language skills. Theatre teams: Some organisations developed qualified theatre teams for interactive public health plays.
- **Empowerment:** Rightsholders reported spill-over effects of their strengthened skills and capacities, in terms of their improved confidence, into their daily lives (rather than only improving their SRH-R empowerment). Organisations have supported advocacy and campaigns on a wider range of themes which are not strictly SRH-R but are relevant to feminist issues, equal rights, and rights of marginalised communities.

Negative Unintended Results

- **Backlash and Resistance Experienced by CoA Organisations:** Increased visibility led to negative reactions from conservative actors, including online harassment of young women

¹⁷⁴ As an organisation in Uganda mentioned, that while, the peer champions were considered a very positive element of their work "Capacity-building initiatives like training for peer champions, health providers, and community leaders are crucial, but their long-term impact can be undermined without ongoing support and follow-up. In future programmes, it's essential to incorporate strategies that ensure the sustainability of the skills, knowledge, and networks built during the programme."

ETE survey

¹⁷⁵ ETE Survey

leaders. Digital violence and transphobic attacks following certain We Lead outreach activities (which made some individuals/organisations more visible) affected communications teams emotionally. Unfavorable reactions in some communities when SRH-R work by We Lead organisations challenged entrenched social norms.

- **Resource and Capacity Strains:** High demand and community enthusiasm sometimes led to staff overload and resource strain beyond planned capacity. Unexpected funding reductions forced activity cancellations and scope reductions. Crisis contexts (like war in Lebanon) shifted governmental focus from planned issues.

C. Coherence

Summary: The programme showed clear strengths in coherence through its co-created design, complementary consortium expertise, and consistent efforts to centre rightsholders. Consortium partners generally recognised the value of combining diverse strengths, and in many regions this translated into effective joint planning, coordinated trainings, and shared advocacy work. The decentralised management structure and inclusion of rightsholders in governance structures added to internal coherence and put ‘Leading from the South’ principle into action, while methodologies like LILO and youth-led approaches helped create a shared foundation across contexts. Where communication was timely and roles were well understood, partners and CoAs worked together smoothly and avoided duplication.

At the same time, coherence was weakened by several structural and operational shortcomings. Differences in organisational models—particularly between grant-making and implementing partners—created frustrations around roles, duplicated reporting, and uneven participation in consortium processes. Communication was sometimes perceived as hierarchical and delayed, limiting timely coordination. Some partners faced capacity constraints or staff turnover that disrupted alignment, and global-level decision-making was not always well connected to local realities. Coordination with national and international SRHR actors was inconsistent, with strong examples in some countries but limited systematic engagement in others. These issues did not undermine coherence entirely but did limit its consistency across the programme.¹⁷⁶

I. Coordinated and Co-Created Design

The Programme’s organisational design and operating model between the consortium partners was intentionally built upon lessons and successes of previous programmes like "Right Here Right Now" and the MFA-funded "Voice Fund," borrowing concepts like mindful inclusion, localisation, and placing rightsholders at the centre of decision-making.¹⁷⁷ This represented a form of synergy, building on established good practice rather than starting from scratch.

¹⁷⁶ While efficiency was outside the scope of this evaluation, several efficiency issues were reported to the evaluation team during the course of the data collection (during CoA sensemaking workshops, country level KIs as well as international and global interviews). We include in the annex a suggested list of research questions to be explored during an efficiency evaluation and recommend that Hivos/Netherlands MFA commissions such a study.

¹⁷⁷ Inception meetings; Desk review of programme documents; GI1

The programme was intentionally designed through a co-creation process to bring together consortium partners with distinct strengths to address SRH-R gaps that had been identified in part through previous programming.¹⁷⁸ The concept was to create a menu of capacity strengthening options from which CoAs could choose, leveraging each consortium member's specific expertise. The consortium partners brought diverse perspectives, experiences and expertise to We Lead and were well placed to deliver on different aspects of the programme, however how effectiveness those various elements were leveraged varied considerably. While some partners demonstrated strong alignment and productive collaboration, others faced challenges with role clarity and operational integration that affected their contribution to joint activities.

Individually the consortium partners' areas of expertise were largely well defined in the programme design and the required expertise was represented sufficiently within the consortium:¹⁷⁹

- **Restless Development** specialised in youth leadership, and their contribution centred on youth-led methodologies including youth-led research, meaningful youth engagement, and youth-led accountability frameworks. Other consortium member representatives described how Restless supported over 100 rightsholders to engage in more than 10 regional and global advocacy spaces, with tangible outcomes including Kenya rightsholders independently organizing CSW side events and Uganda organisations securing representation in the UN Youth Office. Their collaborative approach worked particularly well in joint activities like feminist bootcamps, where they co-facilitated with other partners and divided responsibilities based on complementary strengths.
- **Positive Vibes** brought a deep understanding of [REDACTED] perspectives and innovative personalisation methodologies and health systems monitoring approaches. Their LILO (Looking In Looking Out) methodologies became foundational for the programme, not just strengthening individual capacity but creating the relational infrastructure that enabled CoAs to function cohesively. LILO was mentioned time and again as having helped diverse organisations overcome initial wariness by providing structured spaces for mutual understanding. Positive Vibe's health systems monitoring work proved highly effective where context allowed, with organisations in Guatemala, Kenya, Mozambique, and Nigeria integrating these approaches into their ongoing work. The organisation also showed adaptability, developing new methodologies like narrative creation for displaced persons (*Seen&Heard*) in response to identified gaps.
- **Marsa** brought a unique profile as both a rightsholder-led organisation and service provider, which proved transformational for their own organisational development. Their expertise in healthcare provider training proved particularly valuable, with their annual workshops growing from 20 to 45 participants and generating waiting lists. Marsa trained over 100 healthcare providers across Lebanon and Jordan, building crucial strategic relationships with entities like the Lebanese Syndicate of Midwives and the National AIDS Program at the Ministry of Public Health. The latter institutional positioning provided important protective cover during periods of backlash. Their dual role as consortium partner and local organisation meant they could model the kind of growth the program aimed to enable in CoAs, though this created complex power dynamics that required careful navigation.

178 Comparative analysis CoA sensemaking workshops; FGD1; GI1; GI5

179 Desk review of programme documents; GI1-6; KI4; FGD1-3

- **FEMNET** brought valuable expertise in Pan-African feminist advocacy, long experience of implementing SRH-R work (including SIDA-funded work on bodily autonomy) and long-standing relationships across the continent that positioned them well to support rightsholders in regional and continental advocacy spaces. During We Lead, FEMNET provided capacity strengthening in advocacy, facilitated policy dialogues at grassroots and national levels, and supported rightsholders to participate in spaces like CSW, African Union meetings, and the development of the African SRH-R Charter. They were also instrumental in supporting the passage of an SRH-R act in a Kenyan county and advancing bills in other regions. FEMNET representatives also highlighted their contribution to intersectional programming, noting that We Lead helped them *"sharpen our intersectionality programming"* and expand their experience with [REDACTED] communities, making them *"more attractive to that community because that community has often felt excluded from the women's movement."*¹⁸⁰
- **FCAM's** distinct role in We Lead was leveraging its experience (since 2004) as a grant-making organisation (a foundation) that funds small and mid-sized organisations focused on SRH-R and LGBTQI policy and advocacy in Central America. It was distinct from other consortium partners as focussing solely on grant-making rather than directly implementing programmes.

While the consortium model brought together diverse expertise and was generally valued by partners, We Lead's ability to leverage partners' expertise was constrained by several factors.¹⁸¹

Donor restrictions on service delivery meant partners could not operationalise their full expertise, particularly affecting organisations like Marsa whose service provision was central to their model. Initial staffing plans sometimes proved unrealistic, such as expecting the global safety and security officer to split time evenly between We Lead and another programme, though this was later adjusted to full-time allocation. Furthermore, coherence was undermined by structural tensions between different organisational models, capacity constraints, and communication gaps.¹⁸² See 'Consortium Challenges' section below.

II. Local Ownership and Leading from the South

The programme demonstrated strong commitment to local ownership through several mechanisms.¹⁸³ The Theory of Change localisation process allowed CoAs to annually adapt the global ToC through context analysis, ensuring interventions remained relevant to local realities and priorities. The CoA model created genuine spaces for local organisations and rightsholders to plan and implement their own agendas. Rightsholders successfully adapted methodologies, such as a CoA in Guatemala reworking the PV-created 'LILO Women' methodology for women with disabilities, which was then adopted by consortium partners. However, local ownership faced significant constraints. In Central America, tensions arose when CoA collective work plans were perceived as trying to *"dictate or delimit"* individual organisational plans that had already been developed and funded. Global-level decisions constrained local autonomy, including restrictions on rightsholder definitions for reporting purposes and the donor's prohibition on health service delivery, which undermined local advocacy legitimacy. Some organisations in Central America reported facing burdensome *"double monitoring"* requirements, reporting to both direct funders

¹⁸⁰ Group Interview

¹⁸¹ KII4; FGD1; Validation Workshop

¹⁸² FGD Technical leads; GI2; FGD Hivos; FGD PV; KII NM; GI2.

¹⁸³ Desk review of programme documents; FGD1; GI1; GI3; GI4

and country teams, due to a consortium partner having their own reporting system running alongside the We Lead reporting system. This was later rectified but was a burden for small organisations for the first years of the Programme.

The programme made strong efforts to shift power dynamics through its decentralised management structure, with most staff based in implementation countries rather than the Netherlands, described as a "pioneering step" critical for local responsiveness.¹⁸⁴ Notably, We Lead was coordinated and managed from Hivos' Kenya office, and not centrally from the Hague, which gives a strong indication of the Programme's will to decentralise power to the Global South. The consortium being made up of mostly Global South-based organisations (Marsa, FCAM, PV and FEMNET) is a further indicator of intentional power-shifting. Of particular significance was the inclusion of a rightsholder-led organisation (Marsa) as a consortium partner, which was mentioned and appreciated by several stakeholders¹⁸⁵: *"the most important thing that this programme allowed is for a rightsholder-led organisation to be part of the consortium And I think this is something that made this program very different from other programmes [...] to really have rightsholders and young people hold that leadership space so that we are able to implement in the way that we imagine the work."*¹⁸⁶

Rightsholder representatives were also formally included on the Steering Committee, giving them direct governance voices.¹⁸⁷ Restless Development provided targeted support and coaching in this role, ensuring the young rightsholders could meaningfully participate and feel empowered within the governance body, an outcome which several interviewees confirmed.¹⁸⁸

Despite these significant efforts to ensure rightsholder representation in decision-making structures, persistent global-local disconnects undermined 'Leading from the South' principles.¹⁸⁹ Working group structures and international advocacy requirements often did not fully plan for practical constraints around language, visas, and security that made participation difficult for actual rightsholders. An example mentioned by several interviewees was that international advocacy events' sometimes required English language skills and that lack of access to visas effectively excluded local rightsholders, with country staff attending instead. Structural power imbalances remained, despite genuine efforts to decentralise decision-making and power.

Several CoA participants raised hierarchical decision-making, slow top-down communications, and a perceived lack of transparency as issues that undermined local ownership and also the CoAs' potential.¹⁹⁰ CoA participants emphasised that while they highly valued the opportunity to work collectively with other CoA organisations, they felt they were not free to make key decisions and this undermined their ability to develop joint work. Communication between consortium partners, national, and local levels was sometimes slow and hierarchical. Information cascaded down too late, creating rushed timelines. *"Communication was slow. Sometimes you'd be told to give outputs*

184 Desk review of programme documents; FGD1; KII2; KII4

185 KII4; GI1; GI4

186 KII4

187 KII2; KII4

188 GI6; KII1; KII2

189 FGD1; GI3; KII1

190 Comparative analysis CoA Sensemaking workshops; ETE Survey; KII1; KII2; GI4; GI3; FGD3

*with only one day because instructions had been delayed from above.*¹⁹¹ Participants spoke of having to wait for approvals, in one case having to settle for fewer information materials than planned because the approvals would have taken too long. Others spoke of not having clarity on who would attend international events, with selected individuals ‘handpicked’, while others spoke of a lack of communication and transparency on challenges raised, feedback, late payments. Several CoA participants emphasised that they felt they have not been heard: *“They listened to us, but they didn’t resolve anything”*.

III. Consortium- Level Coordination and Partnerships

The consortium operated with the principles of co-creation and collaboration at its core.¹⁹² Smaller consortium partners felt they had equal voice and space within governance structures, never feeling inferior to larger international partners. The programme made efforts to respect organisational autonomy, for example accommodating FCAM to maintain its core nature and grant-making approach despite tensions.

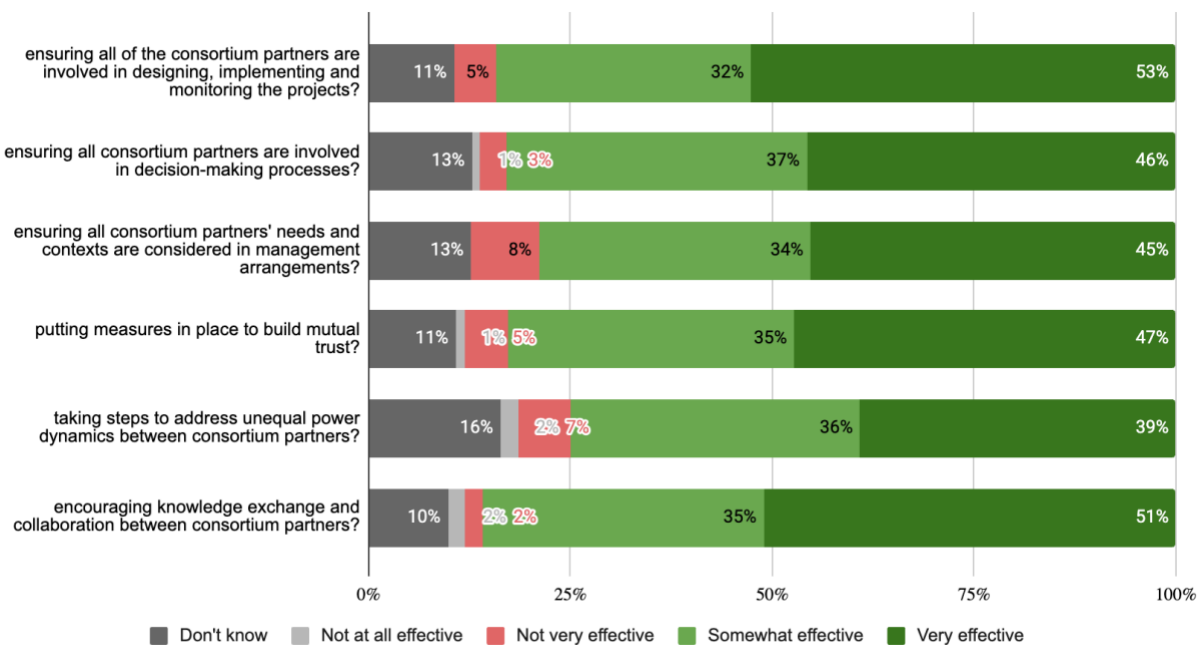
CoA organisations largely report positively about the various consortium partners’ partnership-building approach.¹⁹³ As shown in chart 10 below for most issues, efforts by the consortium partners were judged largely positively across all issues, though there were substantial minorities that didn’t know or felt the coordination was not very positive. This suggests greater joint internal communication efforts by all the consortium partners together would have been welcome to keep all organisations updated on their efforts.

Chart 10: From your organisation’s awareness and perspective to what extent has the programme’s partnership building approach between these consortium partners been effective for.... Source: ETE Survey

191 FGD3

192 KII4; GI2; GI5; GI6; GI1; GI3; FGD1;

193 ETE survey



The consortium undertook substantive joint activities in capacity strengthening and worked together well across several domains.¹⁹⁴ Consortium partners described co-designing trainings based on complementary expertise, with Hivos managing financial and logistical support, Positive Vibes providing LILO and health monitoring methodologies, Restless Development contributing youth leadership approaches, and sector-specific partners like Marsa and Saatchi adding specialised content. Rather than having siloed trainings, partners identified when multiple organisations offered similar content and designed joint sessions. The Leadership Bootcamps for CoA facilitators exemplified this collaborative approach, bringing together expertise from multiple partners in intensive capacity-strengthening experiences.

The consortium collaboration proved strongest at the regional level where partners developed practical working relationships.¹⁹⁵ In Latin America, effective coordination emerged between Hivos FCAM, Restless Development, and Positive Vibes, with partners dividing responsibilities based on capacity. In MENA, consortium partners characterised regional coordination as *"a great partnership,"* with bi-weekly meetings enabling joint planning that reduced duplication and burden on CoAs. The partners managed to combine different training modules effectively, such as pairing youth-led research with advocacy training. FEMNET worked closely with consortium members to deliver in a number of advocacy spaces including the Commission on the Status of Women (CSW), the Association for Women's Rights in Development Forum (AWID), the Reproductive Health Network Kenya Scientific Conference (RHNK), the International Conference on Family Planning (ICFP), the 30th Anniversary of the Beijing Declaration and Platform for Action (Beijing +30), the

¹⁹⁴ GI1-GI6

¹⁹⁵ GI6; KII4

International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), and the Africa Disrupt Commission on the Status of Women (Africa CSW/Africa Disrupt).

The programme demonstrated some success in creating horizontal learning among consortium partners themselves.¹⁹⁶ One consortium partner described how participation in steering committee meetings with larger international organisations provided valuable learning about different operational approaches, while another consortium partner noted how inclusive facilitation guides and trainings developed by Positive Vibes and Restless Development were adapted for different contexts through partnerships with local organisations who understood cultural nuances. Restless Development representatives emphasised learning from Central American partners about contextual requirements, describing how organisations there clearly communicated what would and would not work in their settings.

IV. CoA Level Coordination

CoA organisations felt that coordination succeeded when it was built on clear structural foundations and intentional collaborative practices: joint learning and capacity strengthening through global linking sessions where host organisations, CoAs, and consortium partners shared experiences across contexts proved transformative, complemented by methodologies like the LILO workshops, learning visits enabling mutual exchange, and targeted capacity strengthening where partners brought complementary expertise.¹⁹⁷ Clear role definition and systematic communication created functional collaboration, exemplified by Uganda's joint planning with explicit role distribution for advocacy initiatives, Kenya's capacity strengthening partnerships with defined contributions, and effective annual planning processes bringing all implementers together for progress review and strategic alignment. The CoA model's strength was demonstrated particularly when acting as strategic advocacy coalitions for pursuing shared objectives. Policy advocacy and UPR processes, joint campaigns to push for emergency contraception liberation or to stop the repeal of progressive laws, and regional action weeks brought multiple allies together with clear coordination structures and co-leadership models that leveraged collective strength while respecting organisational autonomy and expertise. In Nigeria, for example, the programme successfully mobilised against the repeal of the Violence Against Persons Prohibition (VAPP) Act by contributing to the "Amend not Repeal" campaign. As one CoA member stated, "We Lead organisations actively spearheaded the impactful 'Amend not Repeal' campaign".¹⁹⁸ The programme also supported the domestication of the VAPP Act at state levels. Some, however, described confusion about whether individual organisational workplans (approved through their processes) took precedence over collective CoA plans, and expressed frustration that activities they considered achievements - such as local policy changes - were sometimes questioned about whether they represented programme results. Many also expressed challenges with the time, staffing, and budget allocations for the programme (see efficiency box below), which although outside the scope of this evaluation represented challenges to coordination efforts.

V. Avoiding Duplication

¹⁹⁶ GI6; KI4

¹⁹⁷ ETE survey; comparative analysis CoA sensemaking workshops

¹⁹⁸ Nigeria E1

The programme demonstrated effectiveness in coordinating at strategic levels through donor-led initiatives, attempts to mitigate risks of duplication of effort were made, and some efforts to intentionally make linkages with other programmes were made.¹⁹⁹ The Dutch Ministry of Foreign Affairs (MFA) was aware of potential overlap with other SRH-R initiatives it funded, such as the "SRH-R for all - Wemos. Make Way" programme operating in some of the same countries including Kenya, and organised linking and learning sessions for different programmes to share experiences and coordinate their work. Consortium partners also effectively used their existing platforms to create synergies. Restless Development leveraged its "Youth Collective," a digital platform connecting over 5,000 youth organisations globally, encouraging CoAs to join this platform to remain connected to broader networks and future opportunities beyond the programme. There were some intentional efforts to link partners to other resources for sustainability. FEMNET connected CoAs to other organisations for mentorship and donor organisations for future funding, while Hivos's management team worked with business development teams to connect partners to other funders.

While most CoA organisations reported coordination with other initiatives to prevent duplication, the depth and systematicity of this coordination varied considerably and limitations arising from internally-focused structures, constrained budgets, and missed opportunities for broader partnership that some stakeholders felt could have strengthened joint advocacy efforts. Survey data shows a majority (73%) of CoA organisations reported some level of coordination with other initiatives to prevent duplication of activities, though only 24.6% indicated this occurred "a great deal", while 48% reported "a fair amount." Nearly one-sixth (17%) felt coordination with other initiatives was insufficient, and 11% were unaware whether duplication avoidance efforts occurred, indicating coordination mechanisms were neither systematic nor consistently visible.²⁰⁰ Strong examples of coordination and alignment with existing initiatives did occur in Central America, where the programme engaged with established coalitions and strengthened existing alliances, such as the national Women's Sector Alliance and collaborated on Comprehensive Sexual Education law initiatives, whilst Honduras coordinated with GEPAE, the Coalition for Comprehensive Sexual Education, the November 25 Platform, and the Central American Umbrella for Sexual and Reproductive Rights.²⁰¹ Mozambique saw CoA organisations participate in CECAP—a network of over 60 CSOs working on child marriage.²⁰² In Kenya, CoAs engaged in county-level forums and collaborated with allies such as the Network of African National Human Rights Institutions (NANHRI) and the SRHR Alliance of Kenya. In Lebanon and Jordan, the CoA made efforts to reach out to other programmes which provided services to ensure that rightsholders who were engaged within the advocacy programmes could have their needs addressed. In other cases, coordination was internally oriented, focused primarily on building the new CoA structure rather than integrating systematically with pre-existing national SRHR platforms and some stakeholders reported that greater efforts to partner with other programmes for joint advocacy could have been made. Limited budgets, differential SRHR landscapes, the localised design of CoAs, and an emphasis on event-based collaboration were factors highlighted by CoA organisations as constraining opportunities for wider network building.²⁰³

199 KII5; G16; G12; G11; validation workshop

200 ETE Survey

201 See Guatemala and Honduras Country Annexes for more details

202 See Mozambique Country Annex for more details.

203 See Country Annexes

The programme made efforts to prevent duplication at the operational level - collaborative planning processes were implemented. CoA participants across several countries (Mozambique, Honduras, Kenya) however did highlight some challenges with duplication - either of specific activities or of the same group of stakeholders. One CoA noted that there is still mistrust amongst some partner organisations and another flagged lack of awareness of what each organisation in the CoA was doing and who they were working with. In Central America, organisations within CoAs realised they were working with the same rightsholders in the same geographical regions, particularly in capital cities, indicating a lack of coordination in implementation planning.²⁰⁴ As one CoA organisation reported: "had there been a space within the programme to agree on agendas and coordinate better, these clashes could have been avoided and complementary activities could have been planned instead of duplicated ones. In response to this situation, some organisations sought alternative networks not addressed by others, but this was done reactively, not planned." While recognising that organisations can support the same communities but with different approaches/activities, maintaining clearer communications directly between organisations would have supported trustful coalition building and supporting a greater breadth of communities served.

VI. Consortium Coordination Challenges

At the structural level, coordination and cooperation among consortium partners faced several challenges.²⁰⁵ The design of the consortium approach did not fully anticipate how different consortium partners' operational models and their differing capacities would create coordination challenges that persisted throughout implementation.²⁰⁶

Some consortium partners expressed frustration that there was unevenness in the level of engagement and responsiveness across partners.²⁰⁷ Several interviewees mentioned high staff turnover in FEMNET as having affected continuity and institutional learning, with people involved in design not always felt to be present during implementation. For their part, FEMNET disputed this and felt there was insufficient empathy from international partners towards the differing capacity constraints between regionally-based/grassroots organisations and international organisations, pointing to assumptions about staffing levels and resource availability that did not always match their organisational reality. These contrasting perspectives point to the need for more explicit dialogue about capacity constraints and mutual expectations in the consortium design phase.

Further challenges arose from partners underestimating the significance of different organisational models, particularly between grant-making organisations and direct implementers. FCAM emphasised that their key strength was supporting organisations through their existing grant-making systems rather than direct implementation, and they negotiated from the outset to maintain these approaches rather than conforming entirely to We Lead structures.²⁰⁸ FCAM did provide crucial capacity strengthening, particularly through close accompaniment of partner organisations and flexible, responsive support and they highlighted successful regional collaboration with other consortium partners, joint planning that prevented duplication, and adaptation of methodologies

204 FGD1; KI15; Honduras CoA Sensemaking Workshop

205 GI1; GI2; FGD1; FGD3

206 The challenges were most often mentioned in relation to FEMNET and FCAM, although the latter organisations did not agree on the narrative or perceived reasons for the challenges experienced by Hivos and the other partners.

207 GI1; GI4; FGD2

208 Group interview

to local contexts. They noted substantive achievements including organisations securing additional funding, developing new advocacy capabilities, and young people from We Lead processes going on to lead new organisations.

A persistent challenge for FCAM centred on dual monitoring requirements and role ambiguity. Because FCAM maintained their own grant-making system while also being expected to report through We Lead frameworks, CoA organisations faced duplicative reporting burdens. FCAM staff described situations where activities they approved and funded through their processes were then questioned in CoA planning meetings about alignment with collective work plans, creating confusion about whether individual organisational plans or collective CoA plans took precedence. They also noted challenges with representation in global structures - for instance, never participating in DMEL working groups despite being expected to report through those frameworks - and concerns that decisions about advocacy participation criteria (language requirements, visa needs) systematically excluded the rightsholders whose capacities the programme aimed to strengthen. They also expressed concern that the programme's monitoring frameworks failed to adequately capture results they considered significant, such as policy changes at local government level or the formation of new organisations, creating frustration about what constituted recognised program outcomes. It should be noted that FCAM's difficulties in the consortium were compounded by severe external challenges beyond their or the programme's control, including a forced relocation (first to Costa Rica and then to the United States) during the program period and reportedly anti-migration policies.²⁰⁹ This resulted in significant operational disruption, including grants being disbursed late in the final program year (June rather than earlier), limiting (especially small) organisations' ability to execute planned activities. Staff also faced serious safety concerns. Programme management acknowledged these external pressures created *"heavy internal deals affecting not only We Lead but their own work."*²¹⁰

Further coordination challenges were reported (by several consortium partners) around global-led processes such as the MTR. Some partners described an uneven dynamic, experiencing long silences followed by sudden requests, creating a sense that decisions had progressed beyond the point where partner input could meaningfully influence outcomes. The inherent power imbalance where Hivos held fiduciary responsibility and therefore ultimate decision-making authority was not always adequately acknowledged in discourse about shared leadership. One consortium partner representative described feeling their expertise was not fully utilised in global working groups, with representation gaps limiting their ability to contribute effectively to program-level decisions.²¹¹

While partners had different narratives explaining the coordination challenges outlined above, from a programme management perspective, there was agreement that they reflected insufficient clarity in role definition.²¹² Contracts lacked adequate specificity - for instance, FCAM's contract contained no clear language about re-granting requirements despite this being central to their role. Programme management acknowledged that the assumption that partners understood their roles simply by the fact of their participation in the programme design had proven incorrect. The

209 Desk review of programme documents; Country case studies; GI1

210 GI1

211 GI4

212 GI1 and FGD1

programme would have benefitted from a more robust discussion of roles and responsibilities from the outset.

The gap between the programme's ambitious rhetoric about shared leadership and the practical realities of fiduciary responsibility created tensions that were never fully resolved, though regional-level collaboration generally proved more effective than global coordination. A critical weakness was Hivos's inability to hold underperforming partners accountable due to the contractual alliance structure. The legal complexity of removing partners meant tolerating underperformance was often the only viable option.²¹³ This structural gap undermined the consortium's effectiveness and created unequal burden distribution among partners.

VII. External Technical Partnerships

The programme achieved mixed results with external technical expertise.²¹⁴ The Women Human Rights Defenders Hub provided highly valued safety and security support, though their late entry meant often reacting to existing crises. The partnership with Akahata for advocacy training was described very positively due to pre-existing relationships. M&C Saatchi supported the development of three highly innovative national campaigns for Honduras, Nigeria, and Kenya, which were developed in partnership with local agencies, and with consultations with the CoAs. However, coordination failures occurred, such as Hivos hiring a migration focal point in Honduras without informing partners like FCAM of their role or activities.

VIII. Alignment with Global Frameworks

We Lead operated largely as a distinct ecosystem within the SRHR landscape, with strong internal coordination among consortium partners and CoAs but limited systematic engagement with external SRH-R stakeholders.²¹⁵ This approach had both advantages (allowing development of a distinctive rightsholder-led model without being constrained by traditional SRHR programming norms often focussed on single issues or groups of rightsholders) and limitations (missing opportunities for knowledge exchange, avoiding duplication at sector level, and contributing learnings to broader SRHR practice). The programme prioritised building internal networks and solidarity such as creating networks and partnerships within and across CoAs, establishing communities of practice, and leveraging platforms like Restless Development's Youth Collective (5,000+ youth organisations globally). One stakeholder characterised this as creating *“a network of nine CoAs of local youth-led organisations...who are either working closely together within these countries, or on a regional level, or even on a global level.”*²¹⁶ However, these networks were primarily among We Lead participants rather than bridging to external SRHR actors.

The programme demonstrated strong initial alignment with global frameworks, particularly advocating effectively for SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).²¹⁷ During the development of Theories of Change, there was a conscious direction towards aligning

²¹³ FGD1

²¹⁴ FGD1; KII3; KII6

²¹⁵ Desk review of programme documents; GI6; Validation Workshop

²¹⁶ GI6

²¹⁷ Desk review of programme documents; KII2; KII5

with the SDGs, with partners adapting the language of these global frameworks to be relevant and impactful within local contexts. Despite promising beginnings, the focus on SDGs diminished significantly during implementation according to an internal stakeholder, who felt that after initial Theory of Change development, the connection to international frameworks like the SDGs disappeared"

The programme achieved notable success in bringing marginalised voices to global platforms, supporting over 100 rightsholders to participate in more than 10 regional and global advocacy spaces, including the Commission on the Status of Women (CSW), the International AIDS Conference, and Women Deliver.²¹⁸ This represented a key achievement in strengthening the capacity and confidence of young women who had never accessed such spaces before. The programme made tangible impacts on international discourse. At the 2022 International AIDS Conference in Montreal, We Lead launched the successful "No Visa, No Voice" campaign that mainstreamed visa inequality issues for Global South activists. Rightsholders developed critical perspectives on UN spaces, moving beyond typical "fan club" attitudes and bringing diversity-focused representation, including being the only programme bringing wheelchair users to some conferences, forcing organisers to confront accessibility issues. These engagements went beyond tokenistic participation - rightsholders contributed to outcome documents, joined global working groups, and in some cases independently organised side events. We Lead secured multiple speaking engagements including an intervention by Nigeria CoAF representing We Lead at the High-Level Interactive Dialogue for the "Beijing+30 - A Dialogue with Youth Representatives" CSW69 session. One Ugandan organisation secured representation in the UN Youth Office following their CSW participation, suggesting genuine integration into international structures rather than one-off attendance. Despite individual advocacy successes, the programme missed significant opportunities for strategic international partnerships.

CoA perceptions of We Lead's coordination with relevant international SRHR initiatives varied considerably by region. While 76% of Respondents to the CoA survey reported positive coordination with international SRHR initiatives (36% very well, 40% fairly well), this masks significant variation ranging from 90% positive in Mozambique, Niger, and Nigeria to only 44% in Kenya and 60% in Lebanon, indicating inconsistent success in connecting with existing SRHR ecosystems across implementing countries.²¹⁹ Several global stakeholders mentioned that the We Lead programme was internally focussed, with one global stakeholder explicitly noting the gaps in external engagement, *"it would have been nice, actually...to maybe work a bit with outside entities, other programs, other organisations. There wasn't really this external reflection outside of what We Lead was doing"*.²²⁰ However, following We Lead's closing conference in Jordan, organisations including Plan International, Oxfam, and Humanity and Inclusion approached the Ebni campaign seeking to expand collaboration, suggesting that We Lead had successfully created visibility and catalysed interest among international NGOs, even if systematic coordination during implementation was limited.²²¹ In sum, We Lead's engagement with other international SRHR initiatives was found to be somewhat limited. Whilst consortium partners (particularly Restless

218 Desk review of programme documents; GI6; KII1; FGD1; KII5

219 ETE Survey

220 KII2

221 See Jordan Country Annex for more details

Development and FEMNET) brought international networks, and late-stage interest from international NGOs (Plan International, Oxfam, Humanity and Inclusion) emerged, there was minimal evidence of ongoing coordination with other international SRHR programmes operating in the same implementing countries. The programme focused on facilitating rightsholder participation in global advocacy platforms rather than strategic coordination with parallel international programmes.

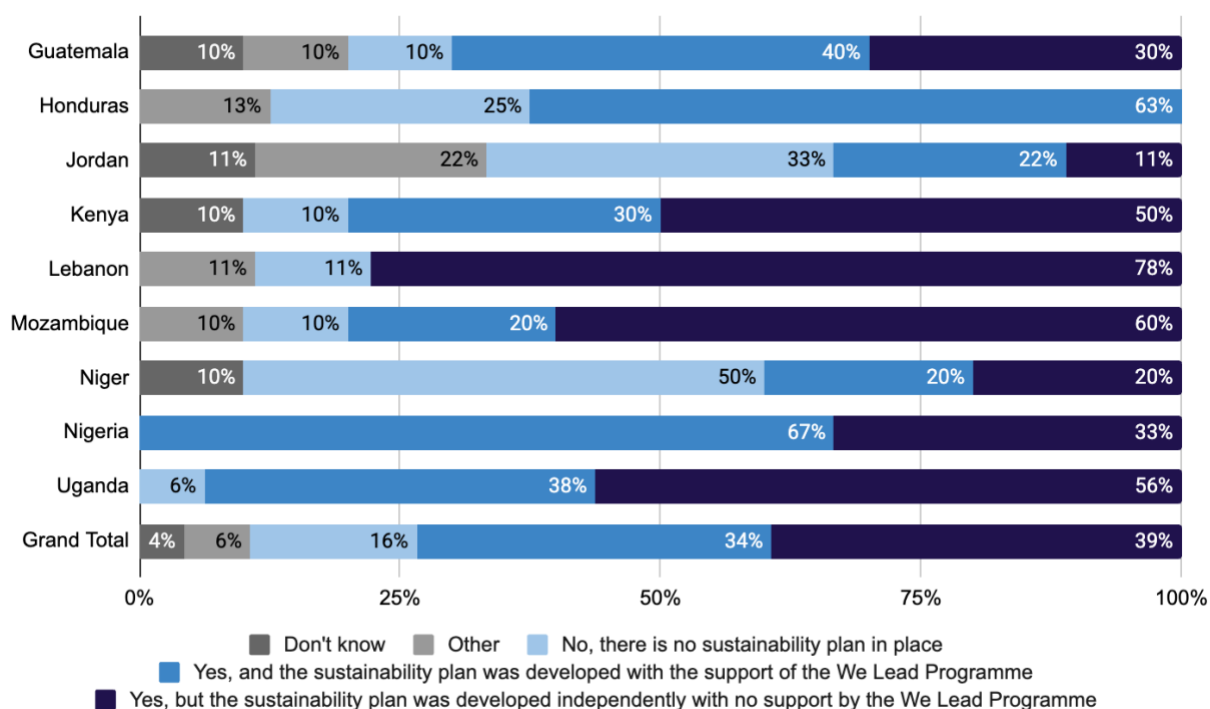
D. Sustainability

Summary: The capacity strengthening and empowerment approach of the programme is a key component of sustainability within the design and the individual capacity development and organisational strengthening show high sustainability potential. Network continuation is likely to sustain but is context-dependent. Funding scarcity and political volatility pose significant threats that could undermine programme achievements in the ability of organisations to continue serving the diverse rightsholder groups. Some opportunities to better embed sustainability within the design were missed.

The majority of organisations have a sustainability plan in place (see chart 11 below), however, just 34% developed their organisational sustainability plan with the support of We Lead while 40% developed it independently, with support from other initiatives.²²² In Lebanon none of the organisations reported support from We Lead in the development of their own organisation's sustainability plan (however, We Lead did support instead at the CoA's request the development of a CoA-level sustainability plan). In Uganda 56% of organisations developed their plans independently of We Lead. Concerningly 16% of organisations do not have a sustainability plan in place, but this proportion is far higher in countries like Niger (50%), Jordan (33%) and Honduras (25%), despite offers of support by We Lead having been made. The lack of sustainability plans in place for some organisations has the potential to undermine whether the results can endure.

Chart 11. Does your organisation have a sustainability plan in place for when this programme ends?
Source: ETE Survey

²²² ETE Survey



We Lead’s most durable legacy appears to be individual leadership transformation.²²³ The programme successfully built skills, knowledge, and confidence of young women who were previously silenced, enabling them to feel empowered towards becoming effective advocates. The LILO methodologies developed by PV were consistently reported as being foundational to this transformation. Rightsholders described it as an emotional starting point focused on collective healing rather than traditional leadership training. One participant characterised it as helping people recognise that despite disabilities or traumatic experiences, they possess strength and can become change makers. Rightsholders described these changes as irreversible and deeply personal. Some participants moved from being unable to speak publicly to confidently engaging policymakers, co-facilitating sessions, and leading campaigns. As one Honduran rightsholder explained, the leadership skills and capacities cannot simply be taken away - they've become part of who these young women are. She traced her own journey from knowing at age twenty that she wanted to defend women's rights but lacking the skills and confidence, to now speaking confidently in international spaces and advocating not just for her own reality but for other rightsholders. This wasn't merely technical skill acquisition but a fundamental shift in self-perception and agency. Others mentioned that while they had built up new levels of confidence and knowledge through We Lead, they still felt vulnerable and fearful in accessing advocacy spaces especially at national or global levels. It should be recognised however that it is a huge step to move from being voiceless, to strengthening confidence and advocacy capacity, through to being a strong advocate in national and international policy spaces on topics that can often be met with resistance and hostility. While the deep personal work created lasting confidence that enabled rightsholders to engage in spaces they previously found intimidating, these spaces were

223 Comparative analysis Rightsholder sensemaking workshops; ETE Survey; FGD1; FGD3; KII1; GI4

sometimes interpersonal (familial, community) and not necessarily national or global advocacy spaces. Empowerment and substantive change can only happen when young women's personal/inner transformation connect with shifts in institutional structures (as per We Lead's own ToC and as per the discussion in the relevance section). Alongside building rightsholders confidence, leadership, and political skills, it's necessary to take a gender and power lens to advocacy and work out ways to support opening up spaces for young women in all their diversity and challenging sexism, harmful masculinities and adultism, that underpin resistance and hostility. The impact of the LILO methodologies extended beyond individual sessions - organisations are already negotiating with Positive Vibes to continue LILO work in Central America, and facilitators across the programme were trained to be able to roll out the methodology independently. A strong "ripple effect" was reported, where individuals who completed We Lead's capacity strengthening are now leading projects in other organisations, applying for grants, and creating new activism spaces. For example, a young rightsholder in Kenya has already started her own organisation and secured significant funding, according to a Hivos interviewee.

VI. Organisational Capacity Strengthening

Participating organisations also underwent structural transformations enhancing long-term viability.²²⁴ We Lead provided first substantial grants to many organisations, supporting establishment of proper financial and administrative structures, enabling them to secure additional funding from other sources. Safety and security practices became institutionalised as organisational policy rather than project-specific concerns, with CoAs learning to conduct risk assessments and integrate safety into all project planning. DMEL capacity was also strengthened within organisations. The programme also produced durable knowledge products including Feminist Leadership Guidelines, toolkits, and online knowledge hubs that will remain available as ongoing resources.

Networks, relationships, and trust built within CoAs are also likely to endure, although this is context and resource dependent.²²⁵ In Jordan, the CoA is intending to submit joint proposals for future work. In Lebanon, three of the CoA organisations are currently working on developing a [culturally-sensitive sexual and reproductive health \(SRH\) AI-Chatbot](#) beyond We Lead. In Mozambique, the host organisation plans to formalise the CoA into an ongoing platform, an idea originating from them rather than Hivos, indicating strong local ownership. Communities of Practice were established by Positive Vibes to ensure peer learning continues after the programme ends. External linkages were created, with Restless Development encouraging CoAs to join its Youth Collective platform connecting to 5,000 youth organisations globally. However, several organisations mentioned challenges related to time, financial and staffing resources which may prevent them being able to continue contributing to the CoA in the future.

A large majority of the organisations reported in the survey (see chart 12 below) that they are very likely to continue working to promote internally the inclusion of young women and girls, and awareness raising on behalf of vulnerable groups.²²⁶ More than half also said that they would continue to work on improving health care delivery and very likely to continue advocacy with

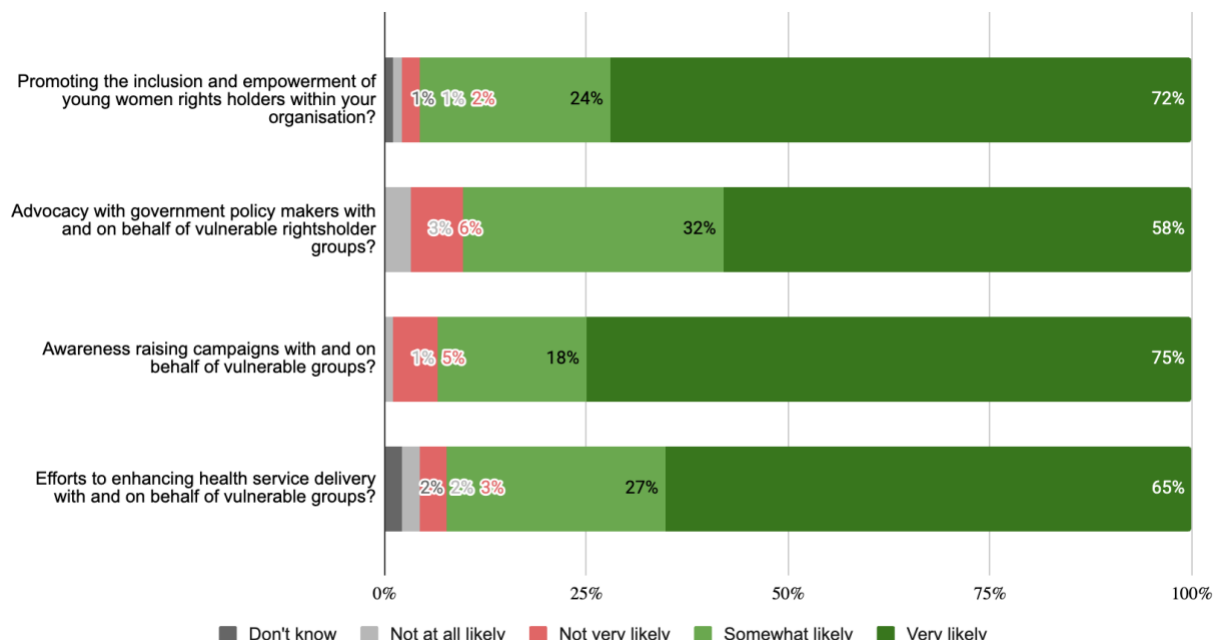
224 Comparative analysis CoA Workshops; FGD3; FGD1

225 Comparative country case study analysis; FGD1; FGD2; KII4; FGD3; GI6

226 ETE Survey

government policy makers. While still high overall, the reticence of some organisations to continue activity engaging in direct advocacy with policy-makers may reflect the closing civic space they are experiencing and challenges in achieving national level advocacy results.

Chart 12. After the programme finishes, how likely, if at all, is it that your organisation will be able to sustain ... Source: ETE Survey



Healthcare service delivery improvements show mixed sustainability prospects. Local-level changes including facility policies, provider attitudes, and institutional adoption of monitoring systems demonstrate high sustainability potential.²²⁷ However, broader systemic changes face significant challenges from political volatility, limited high-level engagement, and the programme's conclusion at a critical moment when sustained advocacy would be most needed. The programme has supported strengthening CoA capacities, in-roads and positive improvements have been achieved as a result of the programme activities, and yet there has been a marked decline in funding for SRH-R initiatives and backlash against progressive policies and a risk in conservative/far right attitudes. The sustainability appears strongest for relationship-based and facility-level improvements but remains vulnerable for broader health system transformation. There are some examples of healthcare facilities demonstrating commitment to continuing programme-introduced methodologies. In Guatemala, for example, a health centre decided to adopt the monitoring system that rightsholders had used to assess services, indicating institutional commitment to ongoing service improvement based on programme methodologies. In Lebanon, work with midwives and the Syndicate of Midwives reinforced their crucial role as community healthcare providers, better equipping them to provide comprehensive, non-stigmatising SRH-R education and services. In Nigeria, a manual was co-developed with the health system to improve work with people with disabilities.

²²⁷ Comparative country case study analysis; ETE Survey; FGD1; KII4

Examples of health facility policy change also have a moderate chance of sustainability, depending on whether staff remain committed and engaged.²²⁸ Rightsholder advocacy led to tangible policy changes within healthcare facilities likely to be permanent. One facility eliminated fees for basic services, such as using toilets to provide urine samples, after advocacy efforts. Other facilities added inclusive signage helping rightsholders access services without stigma fears. While We Lead did have success at local clinic levels, the programme was less effective at influencing national or regional health systems, which would require ministry involvement and high-level bodies like UN organisations. The five-year timeframe was considered by some insufficient to achieve and consolidate deep, systemic change, notably given that the first and second years were largely consumed with programme set up.

The programme facilitated evidence-based dialogues between rightsholders and health providers, strengthening trust and sustainable working relationships likely to continue.²²⁹ Healthcare worker attitudes and practices showed sustained changes, with providers in Kenya and Uganda now better able to work with people with disabilities and [REDACTED] individuals. In Honduras, healthcare systems showed some improvements in treating women with HIV, with some hospitals requesting further workshops. Such wins, however, are highly exposed to staff turnover, without embedded sustainable

The endurance of legal and policy gains remains highly vulnerable to political volatility, funding constraints, and the programme's conclusion at a critical advocacy moment.²³⁰ Policy gains face reversal risks as seen in Honduras, where a major SRH-R law was approved by Parliament then vetoed by the President ten months later. Similarly, government changes in Kenya led to reproductive health bill rollbacks. Policy wins are extremely fragile and require continuous advocacy to maintain.

VII. CoA Continuation

The overwhelming majority of CoA organisations favour continuation of the CoAs (94% of survey respondents).²³¹ In Uganda and Lebanon the percentages favouring continuation were 76% and 80% respectively. The strongest arguments centred on the value of collective action, established relationships, and the platform's proven effectiveness for advocacy and mutual support. CoA organisations in the survey reported the importance of sustaining the momentum and achievements that have been made, and to help preserve the knowledge, skills, lessons learnt, and relationships established. Several CoA members also reported in the survey that *"together we are stronger"* and the collective action of the CoA results in stronger advocacy and *"amplifies the voices of young women"*. The CoA model benefited them by supporting knowledge sharing, peer learning, and providing mutual support in challenging times. The few counter comments received in the survey, focused on needed improvements rather than complete dissolution. The members mentioned lower reported levels of effectiveness than hoped for by the CoA and a lack of tangible results. However, most critics did recognise that adaptations to the CoA model would be welcomed and would result in their continued participation, such as changing the host organisation,

228 Comparative country case study analysis; FGD1; KII5; FGD1

229 ETE Survey FGD1; FGD3; KII1

230 ETE Survey; GI1; FGD1

231 ETE Survey - quantitative responses and open ended responses

revamping of the meeting formats as many meetings were felt to be *"not that productive"*, resolving the resourcing management complexities, or expanding to a regional CoA model.

CONCLUSIONS

The key conclusions of this evaluation, by evaluation criteria, are drawn directly from the key findings included in the main body of the report. The methodological challenges and limitations of this evaluation should be considered alongside the conclusions (detailed in full in Annex 9 Evaluation Matrix). Some of the main limitations include:

- Capacity assessment findings are based on self-reported data and therefore not externally validated;
- Baseline capacity assessment scores were retrospective and at risk of recall bias;
- Programme monitoring data of the effectiveness of individual trainings, service provider user data, campaign monitoring data was either not available or only partially provided to the evaluation team;
- Purposive sampling approaches introduce risks of generalisability, replicability and interviewees may not be representative of the total population;
- The final Results Framework, IATI scores, and outcome harvesting findings were not available at the time the evaluation fieldwork was underway;
- The evaluation was asked to look at the full breadth of activities which meant that finite resources were stretched thinly and given the request to focus resources on capacity assessments, this meant limited resources for the other aspects of the programme.

The conclusions are therefore not generalisable beyond the cases and activities that we assessed as part of this evaluation and in future an improved programme monitoring data collection approach should be used throughout the implementation period to ensure evaluation teams have access to all information needed to draw reliable conclusions. Additionally, an increased budget for evaluations should be made available given the number of countries, languages, and range of activities implemented (or reduce the scope of evaluations to meet the budget available).

Relevance: The programme demonstrated strong relevance through its evidence-based, flexible design that targeted four marginalised groups of young women and aimed to support their empowerment across multiple dimensions. The programme was built on previous Hivos initiatives and developed collaboratively with consortium partners through consultation and baseline research. Its TOC appropriately recognised that sustainable change requires addressing individual capacity, social norms, healthcare service quality, and policy environments simultaneously. The programme showed notable adaptability to local contexts, making strategic pivots such as shifting from [REDACTED] work to sex-workers in Niger due to legal risks, expanding to include caregivers and midwives where needed, and relocating activities in response to security threats.

However, the evaluation identified some limitations in the programme's design. Stakeholders noted that the programme did not adapt sufficiently in several ways: donor-imposed restrictions on using funds for health service provision was a critical gap, limited inclusion of men and boys in activities, restrictions on abilities to work with girls due to the legal situation of requiring parental consent, and the prioritisation of the four rightsholder groups which meant that other marginalised communities were less well served. Despite efforts to address safety and security issues, and

monitoring of risks, on an operational level, the programme's security and safety response mechanisms were often considered inadequate, with no pre-approved emergency funds, slow response times, and reactive rather than proactive approaches to escalating threats. Some organisations felt 'outed' by the programme and suffered severe safety and security risks as a result. While the programme achieved meaningful local adaptations, the combination of overly ambitious objectives, budget inflexibility, and insufficient safety infrastructure undermined its ability to fully protect rightsholders operating in increasingly hostile political contexts.

Effectiveness: The programme demonstrated strong effectiveness in capacity strengthening (Outcome 1), with large improvements found for both rightsholders and CoA organisations. However, our assessment of this pathway for change was limited due to the lack of pre- and post-capacity training assessments (nor follow-up assessments), and the capacity assessment methodology that we were required to implement was based on self-reported assessments rather than an objective assessment of capacities. Organisations self-reported substantial improvements across all capacity domains, with the highest reported gains relating to capacity support to rightsholders, inclusion of rightsholders in joint advocacy, and financial and administrative systems. The strong majority of organisations attribute the gains in capacity to the We Lead programme and feel that without the programme their skills are unlikely to have improved. The programme successfully brought together previously siloed groups representing different marginalised communities in the CoAs, in line with expected causal mechanisms, fostering relationship-building and solidarity across groups, and enabling many organisations to receive their first substantial grants. However, while the CoA organisations engaged in discrete collaborations with selected partners, several organisations felt they did not fully realise opportunities of expanding to broader networks or broader coalitions with a shared vision or agenda. Capacity support was front-loaded at the beginning of the programme, however, provision throughout the entire implementation period would have been appreciated given staff-turnover and need for refresher trainings. Rightsholders particularly valued the programme's contributions to the development of their SRH-R knowledge, relationships with each other and sense of solidarity, confidence and political awareness. They also provided various examples of exercising leadership and SRH-R advocacy in community and policy contexts, indicating plausibility of this causal mechanism. However, most rightsholders also highlighted the vulnerability associated with having increased visibility on a stigmatised agenda within their communities, and the challenges of speaking up in spaces that are often hostile to young women's participation. This reflects an externality which limits the causal mechanism of rightsholder capacity strengthening leading directly to their ability to successfully realise their rights. The importance of not only building capacities, but also changing discriminatory attitudes among men and boys, in families, at schools, in clinics, and the wider communities, is therefore critical to ensure that young women and girls can safely exercise their rights.

The programme also achieved notable success in delivering awareness-raising campaigns (Outcome 2), that enabled dialogue and knowledge about taboo SRH-R issues, healthy behaviours and available inclusive services. Peer-led community dialogues, digital and social media campaigns, and radio campaigns proved particularly effective at reaching communities and rightsholders where they are. Youth-led and locally-driven approaches - designed and implemented by organisations and rightsholders who had their capacities strengthened by the programme - were considered to be effective, in line with expected causal mechanisms. However, external factors, particularly strong social stigmas and restrictive legal contexts particularly on **COVID-19** issues, hindered the ability of organisations to engage in an overt way and several

organisations were attacked due to their We Lead campaigns. Often public awareness work was unbranded to avoid perceptions of a 'foreign' campaign which should also be factored into causal mechanisms when attribution of change becomes more challenging. Changing the attitudes of men and boys via locally-led campaigns to stop violence against women proved to be successful when communicated by male-peers. Monitoring data on this outcome area was not consistently collected and available secondary data is also limited. What data is available seems to suggest that in several of the programme countries there has been a backsliding in attitudes towards [REDACTED] communities over the course of the programme. Causal pathways for national level changes in attitudes due to campaigns appear to be unrealistic, but locally-driven community awareness work is more feasible in restrictive contexts, yet still highly challenging. Levels of ambition of public awareness campaign work should be realistic and adapt for conservative contexts to prevent safety and security risks for those involved.

Training and dialogue activities and partnerships with healthcare providers (Outcome 3) - undertaken by organisations and rightsholders with strengthened capacities - appears effective at changing provider attitudes towards rightsholders' SRH-R and strengthening their skills in providing quality and inclusive services and referrals. This causal pathway appears highly plausible but must recognise structural limitations with the health system and healthcare staff turnover. A clear limitation with the design of the programme was not being able to utilise funds for health services, including sanitary products. Despite the plausibility of the causal mechanism, many activities with healthcare providers were small-scale and so there has not been widescale improvements in healthcare services as a result of the programme. The programme did not collect monitoring data on changes in attitudes of healthcare providers as a result of trainings, nor data on rightsholders' experiences accessing healthcare services, therefore these conclusions are limited to the specific healthcare providers and the experiences of the rightsholders included in this evaluation and so are not necessarily generalisable to all healthcare providers included in the programme.

Policy and legal change (Outcome 4) showed the most mixed results, with progress highly dependent on country contexts - some countries like Jordan, Kenya, and Uganda, making meaningful inroads while others faced insurmountable political barriers. Several organisations were able to demonstrate how their strengthened capacities, youth-led research, and ensuring the inclusion of rightsholder perspectives in advocacy efforts were successful in supporting advocacy efforts (in line with the planned causal mechanism). The programme showed successful efforts at supporting organisations and rightsholders to participate in international events. It should be reflected in causal pathways that preventing backsliding in legislation is a key and noteworthy ambition of advocacy efforts in conservative contexts. Similarly, the ambition of a programme on policy and advocacy was considered overly ambitious given the need to first build and embed capacities. Furthermore, rightsholders from some of the marginalised groups still report concerns about travelling internationally to forums, and plausible causal mechanisms should reflect that international spaces are not necessarily inclusive or welcoming. The results framework did not include outcome harvesting results, which would have allowed for greater visibility and tracking of policy 'wins' throughout the course of the programme.

The programme had limited success with [REDACTED] issues in restrictive contexts - however, some notable exceptions throughout were found and this aspect of the programme was successful in building the visibility of [REDACTED] issues. The programme showed fewer activities targeting women

affected by displacement compared to other marginalised groups and it is recognised that the design - which prevented provision of health services or materials such as sanitary products - was not well-suited to the needs of some women affected by displacement. Women living with disabilities were consistently and well-served by the various activities with notable successes across all outcome areas, and the programme learned and adapted to ensure accessibility requirements were sufficiently budgeted for. Women with HIV were partially served with some examples of positive developments for outcome 3 and 4. The programme does not maintain a database of rightsholders supported by the programme (so a random sampling approach was not possible to draw for this evaluation) and given outcome-level indicators were not well collected by the programme in their monitoring efforts, the conclusions drawn by this evaluation as they related to rightsholders are not necessarily generalisable to the full population of rightsholders served by the activities. The programme demonstrated minimal integration of climate-sensitive approaches despite this being a cross-cutting theme and donor requirement. Persistent challenges for programme implementation included structural power imbalances, the high burden of We Lead's administrative and reporting requirements, the rise of anti-gender movements, funding reduction from key donors, and inadequate preparation for severe backlash.

Coherence: The programme demonstrated strong coherence in its foundational design, building strategically on previous initiatives like "Right Here Right Now" and the "Voice Fund" while bringing together consortium partners with complementary expertise through a co-creation process. Individual partner strengths were well-leveraged in several areas: Restless Development excelled in youth-led methodologies; Positive Vibes' LILO methodologies became foundational for building CoA cohesion and their health systems monitoring proved highly effective; Marsa's dual role as rightsholder-led organisation and service provider was critical, and they trained over 100 healthcare providers across Lebanon and Jordan, FEMNET's expertise in pan-African feminist advocacy gave Rightsholders access to advocacy spaces and FCAM's decades' long experience as a foundation supporting and funding grassroots women's organisations in Central America allowed them to bring a model of close accompaniment of CoA organisations.

The programme showed commitment to local ownership through the TOC localisation processes that allowed annual adaptations. The programme also brought marginalised voices to global platforms including CSW, the International AIDS Conference, and Women Deliver, with notable advocacy achievements like the "No Visa, No Voice" campaign.

However, the programme faced some coherence challenges stemming from structural tensions and coordination gaps. FEMNET and FCAM experienced some difficulties in translating their expertise into effective consortium collaboration. 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. Global-level coordination proved particularly challenging, with partners experiencing uneven dynamics and some stakeholders (including CoAfs) reporting feeling their input could not meaningfully influence decisions. Donor restrictions on service delivery prevented partners from operationalising their full expertise, while structural barriers consistently undermined the programme's principle of empowering rightsholders by excluding them from international spaces due to visa restrictions and high participation costs. At the implementation level, while there were examples of strong coordination with national and international SRHR initiatives, this was

somewhat piecemeal and was not approached systematically. Additionally, the initial strong alignment with SDGs disappeared during implementation as organisations focused on activities rather than strategic positioning within global frameworks.

Sustainability: The programme demonstrated strong sustainability potential in terms of individual and organisational capacity strengthening, which was the critical component of the programme's sustainability approach. Its most durable legacy is the transformation in the leadership capacities of many of the young women rightsholders from marginalised communities. The LILO methodologies developed by PV proved foundational resulting in deeply personal transformations that are likely to endure. 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 medium likelihood of sustainability at the facility level, with some institutions adopting programme methodologies, policy changes like eliminating service fees, and improved provider attitudes toward marginalised groups.

However, significant sustainability challenges threaten the programme's achievements, particularly around funding scarcity, political volatility, and missed opportunities in programme design. Concerningly 16% of organisations have no sustainability plan at all—rising to 50% in Niger, 33% in Jordan, and 25% in Honduras. This lack of sustainability planning is a critical missed opportunity. Policy and legal gains remain highly vulnerable to reversal, as evidenced by Honduras where a major SRH-R law 'win' was vetoed after parliamentary approval, and Kenya where reproductive health bills were rolled back following government changes. The programme was often weak in being able to deliver national-level dialogue and advocacy, often due to the contexts in which it was operating in, which is essential for sustaining policy change, and the five-year timeframe was insufficient to achieve and consolidate deep systemic health system transformation. Despite effective activities with healthcare providers, some engagements 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, and 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, and to consolidate further the achievements made so far.

EXAMPLES OF GOOD PRACTICE

Based on the evaluation findings, the most effective aspects of the We Lead programme were:

A. Core Design Principles

1. *Rightsholder Centred Approach:* The most consistently praised aspect was placing young women and marginalised groups directly at the centre of decision-making rather than treating them as passive beneficiaries. This "rightsholder led approach" ensured programmes addressed real, lived experiences rather than assumptions.
2. *Intersectionality and Inclusion:* By including diverse organisations in the coalition ([REDACTED] people with disabilities, indigenous women, displaced populations) the programme sought to address multiple, overlapping forms of discrimination leading to improved recognition of how young women with different identities can experience create compounded challenges.
3. *Local Context Adaptation:* The programme's flexibility to adapt to specific national, cultural, and political contexts was highly valued, allowing for responsive programming that aligned with local realities and opportunities.

B. Organisational Strengthening

4. *Capacity strengthening:* Comprehensive training and mentorship programmes were transformational, equipping organisations and individuals with advocacy, policy, networking, and resource mobilisation skills. This built both technical capabilities and confidence.
5. *CoA Model:* Creating inclusive platforms that brought together diverse organisations fostered collaboration, shared learning, networking, and collective advocacy while building sustainable movements.
6. *Organisational Development:* Strengthening grassroots and community-based organisations through technical support, policy training, and institutional capacity strengthening created more resilient advocacy networks.

C. Strategic Approaches

7. *We Lead 'Movement' Building:* Connecting organisations across regions and rightholder groups as part of this single programme created powerful networks for sustained advocacy and peer learning.
8. *Multi-Level Engagement:* Involving community leaders, healthcare providers, educators, policymakers, and duty bearers alongside young women created comprehensive ecosystem change.
9. *Intergenerational community dialogue:* Incorporating strategies for intergenerational dialogue and sensitisation helped address resistance from mothers and families regarding the participation of their daughters in the programme.
10. *Participatory Grant-Making:* Providing flexibility for grassroots organisations to respond to emerging opportunities was critical to building their institutional capacity.
11. *Economic empowerment:* Some examples of organisation including economic empowerment of rightsholders proves a sustainable approach.

D. Programmatic Innovations

12. *Well-being:* Prioritizing the psychosocial wellbeing and physical safety of participants enabled consistent engagement, particularly important for marginalised communities facing persecution.
13. *Creative Methodologies:* Using art, storytelling, and restorative approaches facilitated healing, political articulation, and made sensitive topics more accessible.

14. *Media and Digital Outreach:* Health awareness campaigns through various platforms effectively reached wide audiences and broke down barriers around sensitive topics.

E. Systemic Impact Areas

15. *Healthcare Provider Engagement Approaches:* strengthening capacity among service providers to better serve marginalised communities, including specific training on disability inclusion and LGBTQI+ competency, was crucial for achieving service improvements. Community monitoring supported identification of barriers to care. Partnerships built with facilities also supported improved communication and engagement with healthcare providers.
16. *Policy Influence:* Supporting rightsholders to engage with policymakers and duty bearers through direct testimony and lived experience was an important entry point for advocating for inclusive policies, ordinances, and laws supporting SRH-R access.
17. *Community Attitude Change:* Engaging traditional and religious leaders in education and engagement efforts helped to shift mindsets and reduce stigma.

F. Key Success Factors

18. *Multi-Year Funding:* Sustained funding allowed for relationship building, follow-up, and deeper impact rather than one-off interventions.
19. *Evidence-Based Programming:* Grounding work in research and data was particularly valuable where information on marginalised communities was limited, to enhance learning and for evidence-based advocacy.
20. *Outcome Harvesting:* Using participatory monitoring and evaluation approaches is critical for capturing change from the perspective of those experiencing it.

LESSONS LEARNED FROM THE RISKS AND CHALLENGES EXPERIENCED BY THE PROGRAMME

1. *Policy Advocacy Expectations Too High:* Organisations didn't often coordinate joint advocacy efforts with other CSOs in their country, and the inherently slow nature of policy work meant limited visible results within the programme timeframe. Given the programme sought to work with small, community-based organisations and activists, expectations for national policy change were considered overly ambitious.
2. *Limited Reach and Inclusion:* The programme suffered from limited geographic and population coverage within countries, leaving many rightsholders in remote or underserved areas without access to advocacy, leadership opportunities, or support services. Some marginalised groups, particularly [REDACTED] communities, received less visibility and attention compared to other groups, although this was a strategic decision due to security risks in contexts where activities needed to be more covert. While some countries did include men and boys in activities, greater consideration in the overall design of the programme to the role of men and boys in helping or hindering the girls and women's SRH-R was a missed opportunity as their involvement is essential for changing social norms.
3. *Campaign risks:* Campaigning and awareness raising initiatives carry the risk of putting rightsholders in the limelight and subjecting them to the potential backlash. In many cases the

programme was not sufficiently well prepared to respond to backlash. Having graded visibility options, protective alliances, and clear safety norms from the start is essential.

4. *Mismatch between Supply and Demand for Services:* In a number of countries, the supply of services was not able to keep up with the level of demand created through awareness raising and training. Frontline actors often raised awareness only to find that services were unaffordable or discriminatory. This created frustration for both providers and rightsholders.
5. *Climate Considerations:* A significant gap was the limited integration of climate change impacts on SRH-R, despite the recognised connection between climate change and women's health needs, and climate change is a driver of instability, conflict, and increased risks of violence.
6. *Capacity and Sustainability Issues:* Many grassroots organisations lacked sufficient administrative and financial management capacity to fully utilise the support provided. The programme's broad scope sometimes stretched resources too thin, and there were concerns about long-term sustainability once funding ended. Some argued that the programme should have prioritised depth over breadth (e.g. channelling more funds to fewer CoA organisations) for greater impact and sustainability.
7. *Coordination and Communication:* Issues included ineffective meeting structures with limited concrete outcomes, insufficient communication materials for certain groups (particularly LBTQI+ women), and challenges in coordinating joint actions across different organisations within CoAs as well as at the global level between consortium partners. Unclear decision-making and inconsistent respect for consent sometimes undermined trust.
8. *Lack of follow up trainings:* The programme placed a lot of emphasis and allocated budget at the start of the programme for capacity building, with the assumption that capacities were going to be strong and that there was going to be less need on CS in the last years. However, the experience of the programme demonstrated that support is needed throughout, with follow-up trainings, refresher trainings, more advanced trainings, and training new joiners required throughout the programme life cycle.

RECOMMENDATIONS

The following recommendations are drawn directly from the key findings and conclusions of this evaluation:

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 (such as 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 SRH-R 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, the programme 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 the programme's demand creation workstreams in areas where the health system is under-resourced. The programme could also consider making higher levels of funding available in contexts where support for services and commodities is needed to provide life-saving services (based on the experiences of the programme in contexts like Lebanon), ensure the programme does no harm, and/or promote the safety and legitimacy of partner organisations and health facilities.
3. **Improve monitoring, evaluation, and learning approaches to allow the programme 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 the programme 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 the programme 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 the programme's 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.