



WOMEN LEAD IN EMERGENCIES

Global Learning Evaluation Report



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The views in this report are those of the author and do not necessarily represent those of CARE or its programmes.

Cover page photo: Kyangwali Women Lead group

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Acronyms and abbreviations

DRR	Disaster risk reduction
FGD	Focus Group Discussion
GBV	Gender-based violence
GEM	Gender equitable men
KII	Key informant interview
MEAL	Monitoring, evaluation, accountability and learning
NGO	Non-governmental organisation
RGA-P	Rapid gender analysis on power and participation
RWC	Refugee welfare committee
SGBV	Sexual and gender-based violence
SRHR	Sexual and reproductive health and rights
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VSLA	Village Savings and loans association
WL / WLiE	Women Lead in Emergencies

EXECUTIVE SUMMARY

Women Lead in Emergencies

CARE's Women Lead in Emergencies (Women Lead) model has been developed to operationalise CARE's commitment to women's leadership as one of our four focal areas for Gender in Emergencies.¹ Women Lead supports women within communities at the frontline of conflict, natural and climate-related hazards, pandemics and other crises to claim their right to a say over the issues that affect them, and to participate in emergency preparedness, response and recovery.

The Women Lead model looks to address fundamental gaps in humanitarian response that result in the exclusion of women from meaningful participation and leadership in the decisions that affect their lives. The Women Lead theory of change states:

The practices of humanitarian agencies and funders continue to be informed by colonial, sexist and racist power structures which undermine women's meaningful participation and incentivise the status quo. This is particularly the case for women in the global south directly affected by conflict and crisis. A 2015 review of UN Security Council Resolution 1325 on women, peace and security found: 'the humanitarian system's collective failure to recognise the ability of local civil society organisations and women and girls to act as partners with valuable knowledge and experience severely limits our effectiveness.' Since then CARE's own research has continued to highlight ways in which women's voices go unheard in humanitarian decision-making.^{2,3}

The Women Lead approach looks to address some of these issues and support women's groups through a combination of:

- A **five-step model** of engagement that consists of five interconnected steps: Reflect, Analyse, Co-create, Act and Learn. This builds on existing tools, such as CARE's Rapid Gender Analysis on Power and Participation and Action Planning, to empower women to have a say on decisions that affect their lives while enhancing their meaningful participation and leadership;
- A **dedicated activity budget** controlled by groups themselves, which can be used to meet the needs or achieve the goals they have identified as part of the 'Act' phase;
- CARE's use of its profile and power to **make space for women within humanitarian and community decision-making spaces** – supporting women to engage community leaders, humanitarian actors, and men and boys to be allies of women's participation and leadership.

Since 2018, CARE has piloted Women Lead in 15 locations in Colombia, Mali, Niger, the Philippines, Tonga and Uganda. In 2020, Women Lead worked directly with 804 women's groups. Through piloting this approach in diverse locations and within different types of humanitarian crisis, Women Lead has sought to understand challenges, barriers and enablers regarding this kind of programming in different contexts.

This evaluation seeks to evaluate the outcomes of the approach across these pilot programmes as a critical learning juncture before it is scaled up. The evaluation uses mixed-methods data from across the six pilot areas, with a particular focus on the longest-running pilots in Niger and Uganda, to understand:

1. What outcomes have we seen from Women Lead in Emergencies?
2. What are the ways in which change happens?
3. How is the project implemented and what room is there for improvement?

This report outlines findings against these three domains and also provides recommendations on how to improve future programming as Women Lead looks to move past this pilot phase and become more widely implemented as part of CARE's humanitarian response portfolio.

What outcomes have we seen from Women Lead in Emergencies?

The Women Lead research framework looks to understand change across six key domains:



- 1. Women's confidence, knowledge and self-efficacy:** The evaluation identifies considerable qualitative evidence of increases in confidence, knowledge and capacities. Participants identified the Women Lead model as being relevant to their needs and accessible to them. We can see evidence of women identifying Women Lead as an important enabler of collective action – supporting women to raise their voice, advocate for their needs and engage more effectively with stakeholders. Quantitative surveys support these findings. In Niger, 88% of Women Lead participants feel confident in their knowledge of their rights compared with 58% of non-participants. In Uganda, 58% of Women Lead participants reported 'confidence in accessing services' compared with 40% of non-participant women who said the same.
- 2. Women's presence and meaningful participation in decision-making:** The evaluation finds that Women Lead increases women's presence, regularity of attendance, and meaningful and effective participation in decision-making community settings. In Niger, 91% of women who participated in Women Lead had attended formal community meetings and almost 60% said they had attended these meetings regularly compared with only 34% of non-Women Lead participants. This had occurred despite men in the community previously challenging women's presence at these meetings. The Women Lead model appears to normalise women's presence in decision-making spaces, and we see some evidence of women forming their own decision-making forums and creating opportunities for themselves to make decisions, take action or hold leaders to account. In Uganda, the South Sudanese Refugee Women's Association has formally registered to become the first recognised women's community-based organisation in Omugo settlement. We also see the incorporation of Women Lead groups in Colombia, where groups have formally registered and started to offer services to other women.
- 3. Women's informal and formal leadership:** We see strong evidence of women feeling empowered to take up leadership positions within their community, both formally and informally. In Niger, women are significantly more likely to be leaders in their communities than non-participants (31% of Women Lead participants compared with 9% of non-participants). In Uganda, 22% of Women Lead participants hold leadership positions in their communities compared with 14% of non-participants. In Colombia, for which we have pre- and post-comparison data available for this indicator, before Women Lead 21% of members held leadership positions within their community. This had increased to 40% by the time of this evaluation. However, there is scope to enhance this work further and for there to be more consistent promotion of women's leadership through work around political representation, leadership style and horizontal/inclusive decision-making processes.

4. **Women take collective action:** The Women Lead approach both helps empower women and serves to address complex barriers to their meaningful participation. Women Lead action plans are a useful tool to mobilise women for collective action to advocate for women's needs and wants, organise peer support and solidarity activities, and improve their communities by engaging power-holders. Action has also frequently been taken to tackle the preconditions for participation and, in the action plans available for analysis, 42% of actions related to livelihood and income generation. This highlights the importance of women being free to prioritise according to their needs, to ensure they can tackle the preconditions of participation where necessary. We can also see clear qualitative evidence of women taking collective action to make change within their communities. This includes:

- **Influencing humanitarian actors and local authorities to address the needs of women and the community:** In Uganda, group members successfully advocated for humanitarian response actors to move the food distribution site closer.
- **Advocating to address an injustice:** In Niger, women had difficulty accessing maternity services owing to high costs. The Women Lead groups advocated to the district medical officer and the head of the hospital – and achieved a considerable reduction in the cost of accessing hospital services.
- **Connecting and complementing community actors:** In Uganda, Women Lead groups took a lead in addressing community tensions. For instance, when there were tensions around access to land and firewood, women worked with leaders from different communities to put in place agreements on the use of natural resources.
- **Direct delivery and problem-solving:** We see examples of women working to respond directly to the needs of their peers. In the Philippines, women engaged in the prevention of gender-based violence (GBV) through the creation of GBV watch groups. In Colombia, women engaged with the military through health brigades. In Uganda, women took an active role in managing household disputes.
- **Standing for election and institutionalising women's participation:** In Uganda, we have seen examples of women standing for election to the Refugee Welfare Council, including in positions that gender norms dictate are commonly reserved for men. We also see examples of women standing for elections in both Colombia and Niger.

However, while there are clear indications of a range of different influencing outcomes related to collective action, limitations in the documentation of action plans, and of the outcomes associated, makes it difficult to assess the full impact of collective action supported through Women Lead.

5. **Shifting social norms and engaging men:** Qualitative analysis suggests Women Lead contributes to normalising and legitimising women in leadership positions and enhancing community acceptance through successful and joint work. It also shows an incipient shift in men's attitudes and behaviours, although it is important for teams to be vigilant about backlash. The process of engaging men and boys is frequently driven by group members and, while there are clear examples of men having positive attitudes towards Women Lead interventions, there is space to incorporate these outcomes more clearly into monitoring processes. Greater guidance should also be available to teams on effective modes of engagement.

6. **Achieving better humanitarian responses:** This evaluation finds that the capacity of women to participate in humanitarian decisions that directly affect their lives has increased in comparison with pre-Women Lead times. However, despite notable contributions, the extent to which affected women influence humanitarian decision-making and improve humanitarian response is still limited. Women Lead groups achieve better humanitarian responses by influencing humanitarian stakeholders and delivering humanitarian peer support directly. When women have means to deliver directly, they also

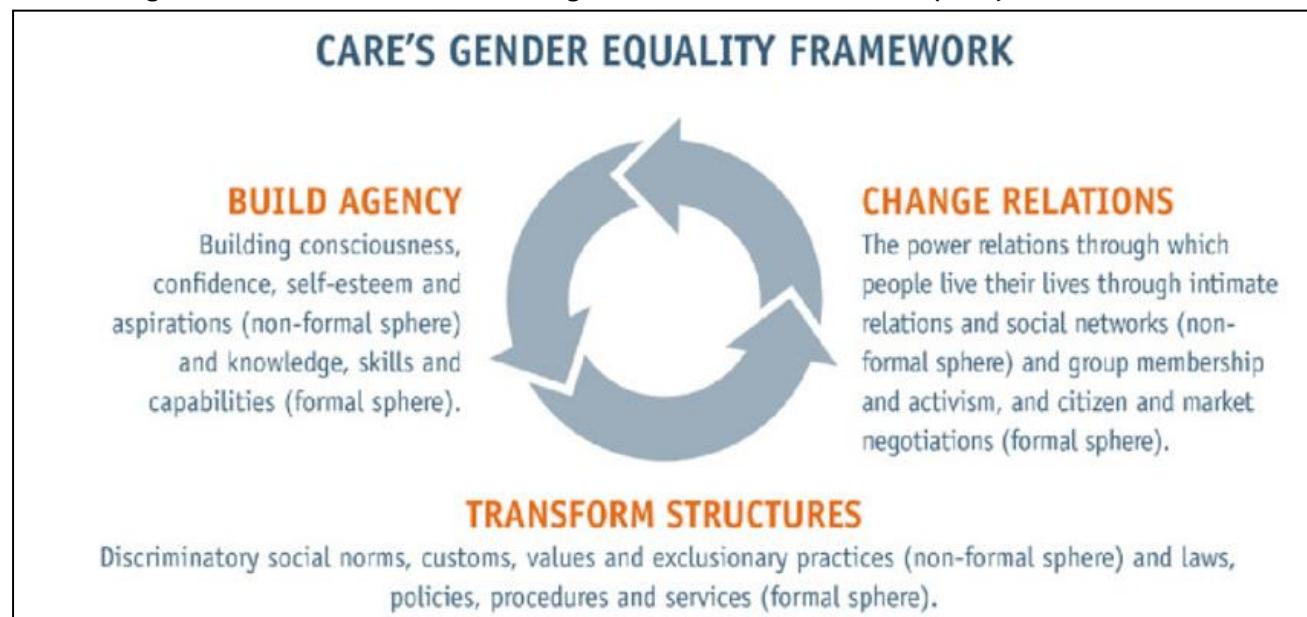
gather more insights on what meaningful responses can look like, and can then better influence humanitarian actors.

The table below summarises two separate but intertwined layers of assessment along the six change domains: a) **effectiveness of the Women Lead model and approach**, and b) **progress against outcomes/change**, with more detailed justifications at the end of each change domain section.

Effectiveness of Women Lead model	High levels	Elevated levels	Moderate levels	Low levels
Progress against outcomes/change	Outstanding achievements	Significant progress	Modest improvement	Activity but no changes
Women's confidence, knowledge and self-efficacy	✓	✓		
Women's presence and meaningful participation in decision-making		✓	✓	
Women's formal and informal leadership		✓	✓	
Women take collective action		✓	✓	
Shifting social norms and engaging men			✓	✓
Achieving better humanitarian responses				✓

How does change happen?

This evaluation finds that the five-step model (Reflect, Analyse, Co-create, Act and Learn), combined with activity budgets and networking support, is an effective approach to support women, and that this brings about change in line with the domains of change laid out in CARE's Gender Equality Framework:



Specifically, Women Lead works across these domains by:

- **Building agency:** Women Lead addresses the complex consequences of crises for women and girls, such as isolation, depression and negative coping mechanisms, collectively, while developing gender-awareness and improved self-esteem.
- **Changing relations:** Women acknowledge the strategic importance of working with others, confirmed by improvements on a range of indicators (that vary across contexts) that measure changes in collective ways of working. These changes enable women's groups to work with others, strategise, form alliances and build networks.
- **Transforming structures:** Women Lead groups step up as stakeholders by registering their groups to formally engage with local authorities and power-holders. In doing so, they better position themselves and their groups to participate, whether in decision-making fora or by advocating for changes they want to see in their lives.

Furthermore, Women Lead contributes to transformative change by **addressing preconditions to women's participation**. Women Lead prepares and accompanies women's groups in humanitarian settings to collectively overcome barriers to meaningful participation through livelihood and income generation, skills training and capacity-building, and by engaging men as partners, supporters and allies. Allowing women to define their own priorities means that the Women Lead model can meet women where they are, and allows women to approach change at their own pace and in a way that aligns with their current capacities, needs and interests.

Beyond this, the evaluation finds that women choose to participate and make change in a variety of ways according to the different needs of the group, the different governance structures and other contextual factors in place. These distinct forms of stakeholder engagement should inform the further conceptualisation of a Participation, Leadership and Influencing Framework to consolidate the Women Lead model with regard to substantive engagement and assessment of effectiveness

Implementing Women Lead in Emergencies

Women Lead has faced a number of challenges in implementation. These have included patriarchal resistance to women's leadership, challenges related to operating in humanitarian contexts, COVID-19 restrictions, limited or inadequate resources, and time constraints. The flexibility of the Women Lead model has been useful in navigating these constraints. However, beyond this, some additional aspects regarding implementation may help further strengthen the achievement of outcomes:

1. **Moving from a cycle to a spiral:** In some cases, groups appear to be maturing past the Women Lead five-step model. It may be worth considering transitioning to a 'spiral' model, which allows for the inclusion of more advanced tools and methodologies of governance programming, to meet the increasing ambitions of groups as they progress.
2. **Ensuring the inclusion of three 'support pillars'** that make it possible to address barriers and seize opportunities more strategically. These include a) engaging men and boys as participants, supporters, allies and blockers, b) preparing localised conditions for participation; and c) facilitating peer learning, networking and the influencing of opportunities.
3. **Repository of substantive content:** While the Women Lead toolkit is effective, practical and contextualised, a repository of substantive content and rollout of an open-source platform for the toolkit could further consolidate these tools for humanitarian stakeholders.

In addition, there are opportunities to improve programming by addressing some weaknesses in implementation. This includes ensuring more tailored accompaniment of women's groups within the same

contexts, maintaining minimum requirements on team resourcing and leveraging CARE's power to generate influencing opportunities for Women Lead groups.

Conclusions

This evaluation finds that **Women Lead succeeds in effectively implementing** gender-transformative approaches in humanitarian settings, with impacts that extend beyond direct participants to benefit entire communities. As such, **this evaluation recommends consolidation of the Women Lead model, to move from the pilot phase to full rollout. It recommends the scale-up to additional contexts alongside active engagement of humanitarian peers.** The cumulative experiences and outcomes of the Women Lead pilot have the **potential to guide the humanitarian sector** on effective approaches to ensuring greater participation of women and girls within humanitarian responses. Action should now be taken to ensure CARE's humanitarian peers disseminate and take up learning from this project at emergency response and global coordination level.

This evaluation concludes:

1. **Women Lead in Emergencies offers an effective approach to shifting power and increasing women's voice and leadership in crisis:** Women Lead **effectively shifts power to women**, while also addressing the root causes of women's marginalisation. Furthermore, it **addresses fundamental gaps** in terms of inclusive and participatory involvement of affected women in the humanitarian sector, as well as barriers that prevent them from having a say in decisions that have an impact on their lives. Women Lead offers **a toolkit and guidance informed by best practice** on approaches to advance effective and inclusive governance. These resources provide accompaniment and support to help women establish a way of working that is adaptable to different contexts, and this evaluation finds that this model has been used to achieve transformative change at individual and collective levels.
2. **Clear evidence of outcomes is present, particularly at an intermediate level, but, as the approach matures, more systematic documentation of higher-level outcomes is required:** At the **intermediate outcome level**, this evaluation finds both **significant progress** and **outstanding achievement** at individual and group level, effectively mobilising affected women to take collective action. The evaluation confirms that Women Lead contributes to more inclusive and participatory community engagement. This owes to the consistent increase in women's presence in decision-making fora, their enhanced proactive and meaningful engagement, and their higher disposition and ease with regard to assuming formal and informal leadership roles. Across the different contexts, groups of marginalised women have a better understanding of power and decision-making structures and are able to collectively identify and act on strategies to increase their influence over decisions in areas that matter most to them. In terms of **higher-level outcomes**, there are also clear indications of women taking collective action and, in many cases, successfully creating changes within their community, either through direct delivery, institutionalisation of their participation or influencing power-holders. However, it would be useful for the Women Lead global team to consider more effective ways of capturing these outcomes at group level.
3. **Women Lead in Emergencies represents an innovation in humanitarian programming, one that addresses fundamental gaps in humanitarian with an adaptive programming modality:** The Women Lead model provides added value and addresses gaps in the humanitarian sector by:
 - a. **Providing a tried and tested toolkit** on how to holistically engage in women's empowerment, while addressing structural barriers in a way that motivates women groups to engage in collective action;

- b. **Offering a model that can easily be adapted to context.** Women Lead has been shown to work in a range of implementation modalities, from standalone to complementing existing projects, as an empowerment and community engagement approach. Local CARE teams have succeeded in adapting Women Lead to their organisational set-up and connecting it to their modes of operation. Written and practical guidance is available on the adaptation of approaches;
- c. **Operationalising a model that shifts power to affected women**, by generating space for women to work on their **own priorities and needs**, with **decision-making power over their activity budget and voice on how they want to be supported**;
- d. **Working with men** in a diversity of roles and responsibilities – **as both barriers to women's participation and critical enablers of women's action plans** – to transcend conventional 'Engaging men and boys' approaches.

Recommendations

Model and toolkit

1. **Review and refine the Women Lead model** by reinforcing the cyclical component and adding three supportive pillars.
2. **Update the Women Lead theory of change**, addressing weaknesses highlighted and, in particular, unpacking 'participation' to include Women Lead groups' formal and informal ways of engaging within and outside humanitarian responses.
3. **Review and complement the Women Lead toolkit** by developing corresponding guidance notes for the three supportive pillars and adding substantive content delivery (repository).
4. **Review the Monitoring, Evaluation and Learning Framework** to comprise participation in formal, informal and self-led settings, as well as capturing how Women Lead groups engage with the humanitarian sector – through influencing, taking part, complementing and implementing.
5. **Development of a Women Lead Participation, Leadership and Influencing Framework**, based on first phase learnings, linking in insights from crisis responders, and feminist and transformative leadership.

Recommendations for enhancing outcomes

6. **Continue to move from 'more' participation/ leadership** to 'more effective' participation/leadership.
7. **Support political participation and institutionalised leadership** by working with women who wish to take on elected positions.
8. **Support contextualised Women Lead activities:** Systematise cross-country learning around positive masculinities, critical self-reflection and couples' dialogues, or Role Model Men in order to inform tailored engagement of men as partners, supporters and allies.
9. **Enable peer exchange and learning across pilot contexts:** Facilitate thematic cross-country exchange visits (possibly also remotely) for groups working on similar aspects, such as 'engaging men as allies' or 'women standing for elections' (or any of the participation pathways highlighted).
10. **Resource participatory video projects**, alongside outcome harvesting exercises as an additional 'Learn' component. This will help capture multi-layered changes and delve deeper into the effectiveness of participation and leadership, while documenting achievements from the perspective of Women Lead members.

- 11. Plan for CARE's proactive engagement in generating spaces for humanitarian stakeholders to hear and act on affected women's voice.** Where relevant, seize opportunities to influence stakeholders and provide feedback insights into response quality and humanitarian outcomes. Develop a strategic donor and stakeholder engagement plan at global and regional level.
- 12. Bold engagement with donors** to support the need for longer-term process-centred funding, as well as for flexible funding to enable adequate accompaniment of Women Lead groups from CARE's global team, and the network and learning exchange components both for Women Lead groups and for project teams.

Supporting adaptive implementation

- 13. Improve documentation of action plans, linked activities and influencing measures.** This will help in engaging in a comparative analysis that produces insights into the efficacy of participation and leadership in influencing humanitarian stakeholders and improving humanitarian outcomes.
- 14. Establish tailored accompaniment reflective of group dynamics,** acknowledging the heterogeneity of different Women Lead groups within the same context and enabling women-led decision-making.
- 15. Focus more on power dynamics within the Women Lead groups,** emphasising leadership style and inclusive decision-making and critically revisiting sole leadership or weak leadership.
- 16. Adequately resource CARE project teams,** enabling consistent and sustained engagement with Women Lead groups and connected 'Engaging men and boys' activities in order to unleash the transformative potential of this integrated and innovative approach. Resource capacity-strengthening activities, peer exchanges (where feasible in-country with rotating hosts) and the collaborative development of a learning series.

INTRODUCTION

Women have a human right to participate in the decisions that affect their lives. However, this right is often denied, particularly in crisis, where power-holders can be a diverse range of actors including local and customary authorities, humanitarian agencies and national governments. The international community and humanitarian actors have articulated a desire to address this issue within humanitarian response and have made policy commitments to achieve this.⁴ However, there remains a lack of tools and approaches to support women's participation in crisis. Women Lead in Emergencies (Women Lead) seeks to develop a model that can help address this.

Women Lead supports and accompanies women in communities at the frontline of conflict, natural and climate-related hazards, pandemics and other crises, to claim their right to a say over the issues that affect them, and to participate in emergency preparedness, response and recovery. The Women Lead approach includes a combination of:

- A **five-step model** of engagement that builds on existing tools to empower women to have a say on decisions that affect their lives, while enhancing their meaningful participation and leadership;
- A **dedicated activity budget** controlled by groups themselves, which can be used to meet the needs or to achieve goals identified by groups themselves as part of the 'Act' phase;
- CARE's use of its profile and power to **make space for women within humanitarian and community decision-making spaces** – supporting women to engage community leaders, humanitarian actors, and men and boys to be allies of women's participation and leadership.

The Women Lead model and toolkit brings together CARE's existing tools and approaches on promoting gender equality in emergencies and inclusive governance. Women Lead's added value lies in putting money and decisions directly in the hands of local women's groups and enabling and supporting collective action in response to their priorities and needs. Women Lead works with existing and newly formed local, and mostly informal, women's groups to identify what they want to change in their communities. Women Lead supports these groups to influence the people and decision-making structures necessary to make the change happen.

The Women Lead model has been in development since 2016, and piloted since 2018, in a total of 15 locations in 6 countries. An original test of the model was undertaken in Tonga in 2018 and then pilots began in Uganda (2018), Niger (2019) and in Colombia, Mali and the Philippines (2020). While new pilots have since begun, this report focuses on these pilot locations, with a particular emphasis on the longest-running pilots, in Niger and Uganda.

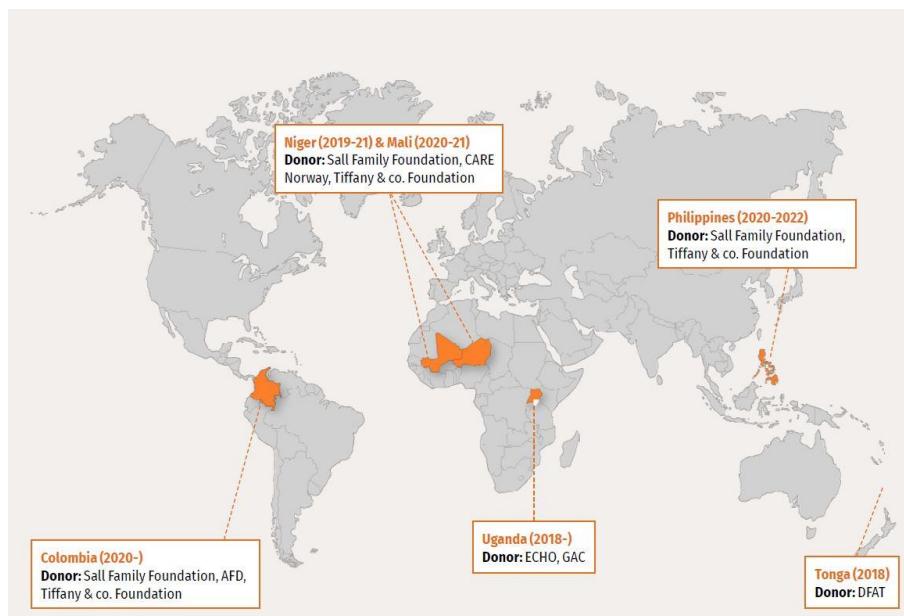


Figure 1: Women Lead programme implementation locations (2021)

As CARE is looking to expand and scale up this approach, it is seeking to understand the extent to which the model is working and should be promoted and used within the humanitarian sector. This report outlines the findings of an independent multi-country evaluation of the Women Lead in Emergencies initiative. Appraising the evidence of impact and considering key aspects of implementation of the model and approach, this evaluation identifies elements that have contributed to effectiveness and those that could be improved.

EVALUATIVE APPROACH

Evaluation framework

The purpose of this evaluation is:

- To provide learning to the Women Lead team on the components of the model that have been effective and on the engagement of women with the programme, and to inform the refinement of the Women Lead toolkit and the approach for future Women Lead projects;
- To provide independent validation of the impacts of the Women Lead initiative, including the added value of the programme and the effects of the model, to inform the scale-up of the initiative.

In order to achieve this purpose, the evaluation looks to answer the following research questions:

1. What outcomes have materialised as a result of the Women Lead programme?
2. Are these outcomes in line with what was anticipated within the programme theory of change?
3. How are these outcomes viewed and valued by women in groups and other stakeholders?
4. What has been the contribution of the Women Lead programme to these outcomes?
5. What have been the challenges to achieving outcomes?
6. Which components have been important for seeing outcomes?
7. How have women's groups engaged with the Women Lead methodology and how completely has the methodology been implemented among different groups?
8. What unexpected actions or results have occurred and how have these helped or hindered the aims of the programme?

The outcomes that are evaluated are in line with those laid out within the project Monitoring, Evaluation and Learning (MEAL) Framework and theory of change and include a combination of intermediate and higher-level outcomes.

Table 1: Women Lead MEAL Framework

Impact	Higher-level outcomes	Intermediate outcomes
Women directly affected by crisis have influence over decisions about humanitarian recovery and this improves the quality of response and humanitarian outcomes	Women's groups take collective action and shape aspects of the humanitarian response	Women have greater confidence and greater self-efficacy
	Women model participation to their communities, influencing norms on women's leadership and encouraging others to participate	Women (girls) participate in decision-making spaces and take up leadership roles
	Women's groups self-identified measures of success	Women work with others to develop plans and take collective action

As part of the evaluative process, this evaluation seeks to understand progress on these objectives in two ways:

1. What is the assessed effectiveness of the Women Lead model and approach?
2. What progress has been achieved against outcomes/ change?

Table 2: Evaluation framework – assessment scales

Effectiveness of WL model	High levels	Elevated levels	Moderate levels	Low levels
Progress against outcomes/change	Outstanding achievements	Significant progress	Modest improvement	Activity but no changes

The aim here is to account for the relatively short programme cycle and to distinguish between the degree to which we can evidence the appropriateness and perceived effectiveness of aspects of the model, and the degree to which we can currently evidence outcomes at different levels.

Methodological approach

This evaluation uses a **mixed-methods approach**, to be able to draw insight from multiple sources. The evaluation faced challenges in that the available data across country contexts is inconsistent. In the two longest-running pilot locations (Niger and Uganda) no baseline data is available, and there was therefore a need to layer and triangulate qualitative and quantitative information in order to be able to draw insight. The approach then looked to use secondary information (monitoring, reporting and other programmatic documentation) from six pilot countries with new primary qualitative and quantitative data collected in Niger and Uganda. In addition, complementary data was collected remotely with Women Lead teams in Colombia, Mali and the Philippines.

Quantitative approaches

Key quantitative data used within this evaluation included:

- Comparative quantitative analysis developed by the Women Lead global team (Niger, Uganda);
- In-country quantitative information presented in donor reporting and evaluative documentation, including the Women Lead Evaluation Niger (2021), Tonga evaluation reports (2019) and internal reports (Colombia and the Philippines, 2020);
- Different baseline/endline comparisons and analysis (Colombia, the Philippines) ;
- Review and categorisation of co-create action plans and connective activities.

In Niger and Uganda, full surveys, inclusive of all key Women Lead indicators, were undertaken in 2021 as part of the global evaluative process. These were carried out with Women Lead members and non-Women Lead members. While this data does not include a baseline-endline comparison, the aim of involving a comparator group of women was to understand differences between groups so that triangulation could be used to understand perceptions of change among participants, and the degree to which they felt Women Lead had had a transformative impact. In addition to this data, quantitative monitoring datasets were available for some locations, with baseline and endline comparators for some indicators. This was combined with information such as an online survey with Women Lead staff members and quantitative assessment of, for example, action planning information.

Table 3: Breakdown of samples by country (quantitative data)

Description	Country	Details
Primary quantitative data source	Niger (Diffa)	WL members: 77 Women not in WL: 86
	Uganda (Kyangwali)	WL members: 220 Women not in WL: 150
Complementary survey data	Endline CARE Colombia (Pamplona)	Women: 151

		Men: 16
	CARE Philippines Year 1 report	Baseline: 601
		Endline: 592

Qualitative approaches

Key qualitative data sources within this evaluation included:

- Comparative review of Rapid Gender Analyses on Power and Participation (Colombia, Mali, Nigeria, the Philippines, Uganda);
- The Most Significant Change technique (with quantitative rating in Niger and case studies in Uganda);
- The Community Participation Scale ‘Participation Ladder’ (by Sherry Arnstein)⁵ applied in Niger and Uganda;
- An adapted outcome mapping exercise,⁶ collaboratively developed with CARE local project teams;
- Review and analysis of action plans;
- Review of videos and audios and use of chat platforms.

Differences in project contexts meant that different approaches had to be developed for each country, with the most significant amount of primary information available for Niger and Uganda. Participatory methods were used in Niger and Uganda, including adapted versions of the Most Significant Change technique. The Community Participation Scale ‘Participation Ladder’ was applied with Women Lead groups in Niger and (partly) in Uganda and with local project teams in all six countries. In Colombia, additional data was collected remotely with Women Lead participants, including through WhatsApp chats.

Table 4: Breakdown of samples by country (qualitative data)

Description	Country	Details
Primary quantitative data source	Niger	Community: M 36/W 123 Power-holders: M 56 / W 4
	Uganda (Kyangwali)	Community: M 8/W 20/G 17 Power-holders: W 3/M 2
	Uganda (Arua)	Community: W 31/M 10 Powerholders: M 4
	Colombia (Pamplona)	WhatsApp chat: W 8
Complementary survey data	All countries	Case studies from donor reports and video documentation

In addition, data was collected with Women Lead teams themselves, and an extensive review of project documentation took place. This complementary data came from an online survey with Women Lead local, regional and global teams comprising self-assessment, rating and voting exercises, as well as a secondary review of 180 internal project documents. While data sources were very uneven across country contexts, we can say that data availability was limited across all pilot sites, with the greatest availability in place in Niger and Uganda, where deliberate evaluative activities were able to take place.

Table 5: Data sources available by country

Niger	Uganda	Mali	Philippines	Colombia	Tonga
<ul style="list-style-type: none"> Evaluation survey Quantitative data collection Qualitative data collection 	<ul style="list-style-type: none"> Data collection Survey Sense-making FGD 	<ul style="list-style-type: none"> Survey Sense-making FGD 	<ul style="list-style-type: none"> Survey Sense-making FGD Videos 	<ul style="list-style-type: none"> Survey Sense-making FGD Videos WhatsApp chat with Women Lead groups 	<ul style="list-style-type: none"> Evaluation reports

Limitations

Assessing and comparing outcomes across multiple project sites brings challenges. The programmatic document review required the assessment of information from diverse programmes at different stages of implementation. More information is available from the longer-running pilots (Niger and Uganda), while more recent pilots used refined tools and learning. Programmatic information, including donor reporting and learning documentation, captures multi-layered and interconnected outcomes for affected women and their communities, and engagement with humanitarian stakeholders. However, it offers less information on improving the quality of humanitarian responses or influencing decisions on recovery.

The five-step Women Lead model has, since the Tonga proof of concept, been applied consistently across different contexts, and it adapts considerably to different contexts based on the needs of the community. While this does to some degree represent flexibility to contextual needs, it can also offer challenges to data analysis. Similarly, the toolkit and programming guidance continuously evolves based on adaptive cross-country learning and reflects the particularities of the local context. The Women Lead MEAL Framework and corresponding plan have been revised and consistently updated.

Additional limitations included the following:

- **A lack of robust comparable qualitative and quantitative datasets** meant that it was necessary to triangulate data sources. In particular, the lack of a baseline for the longest-running pilots presented challenges in understanding the changes that had occurred among Women Lead participants.
- **There was limited direct engagement with Women Lead group members** for independent evaluation purposes in Mali, the Philippines and Tonga.
- **COVID-19 delayed programme implementation** across countries, although it also generated valuable insights into how Women Lead group members took action to respond to the health emergency.

THE WOMEN LEAD IN EMERGENCIES MODEL

What is Women Lead in Emergencies?

Women Lead in Emergencies is a CARE global programme that supports informal women's groups to take the lead in responding to the crises that affect them and their communities. Women Lead enables women's groups to participate meaningfully in public discussion and decisions in their community by addressing their priorities, needs and wants. The Women Lead approach looks to achieve this by directly supporting informal women's groups through a combination of:

- A **five-step model** of engagement that consists of five interconnected steps designed to empower women to have a say on decisions that affect their lives, while enhancing their meaningful participation and leadership;
- A **dedicated activity budget** controlled by groups themselves, which can be used to meet the needs or to achieve goals they identified as part of the 'Act' phase;
- CARE's use of its profile and power to **make space for women within humanitarian and community decision-making spaces** – supporting women to engage community leaders, humanitarian actors and men and boys to be allies of women's participation and leadership.

Women Lead focuses on engaging with existing local and informal women's groups. These foundational groups can include, for example, religious or savings groups such as village savings and loan associations (VSLAs). While some groups have gone on to pursue formalisation, Women Lead does not currently focus its approach on working directly with formal women's groups or women's rights organisations.

The five-step model

At the core of the Women Lead approach is a five-step programme of activities called the Women Lead in Emergencies Model. These steps are distinct but interconnected and they are designed to support women in:

- Collectively articulating the inequalities they face in their communities and in their participation;
- Strategising on how to address the barriers and inequities they face;
- Taking action to change things.

Figure 2: The five-step model

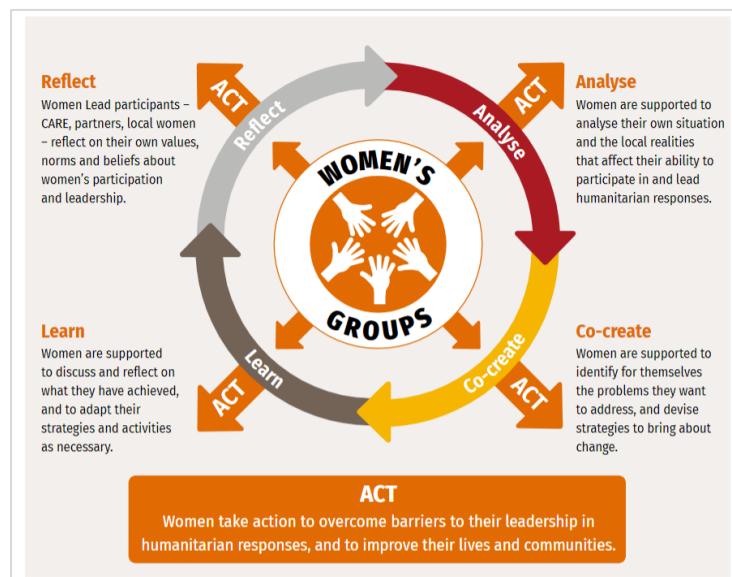


Table 6: Description of the five steps

WL step	Why was the step developed?	How does the step work?
Analyse	Women in emergencies often lack information about who makes decisions in their community and how; how gender inequality and other factors affect inclusion; and access to entitlements and resources.	A Rapid Gender Analysis on Power and Participation (RGA-P) is conducted to build an intersectional picture of context, and of barriers to and opportunities for women's participation and leadership.
Reflect	Affected women in emergencies, and Women Lead implementers themselves, often lack spaces to reflect on their own experience of gender inequality and social norms.	Building off CARE's Social Analysis and Action Tools, women groups, power-holders, men and the implementers of Women Lead, such as CARE and partners, are given the space and tools to explore how gender norms influence people's decisions and power.
Co-create	Women in emergencies often do not have the confidence, knowledge or resources to be able to collectively define what their priorities and goals are for participation and leadership, and to strategise together on how they can achieve them.	Using participatory tools, combined with the increased knowledge and confidence generated by the 'Analyse' and 'Reflect' steps, groups define collective objectives and plan for the activities they want to undertake. This phase also helps build skills and solidarity to take action.
Act	Women in emergencies are systematically excluded from participating in decision-making by local power-holders, including local authorities and humanitarian actors.	The 'Act' phase gives women the support, accompaniment and budget to be able to put their action plans into practice.
Learn	Women in humanitarian emergencies are frequently not included in defining what success in humanitarian response or participation looks like.	The 'Learn' phase uses participatory tools to define what success looks like for women and to support reporting on and learning from activities.

In addition to the five steps above, Women Lead guidance outlines 'Engaging men and boys' as a core requirement of any Women Lead programme.

Engaging men and boys	<p>Men are key power-holders in humanitarian contexts, and they help form and reinforce social norms around gender, power and participation.</p> <p>Women's participation work can also threaten men and increase violence towards women or other forms of control and resistance if men are not actively engaged.</p>	<p>Working with men and boys is a core component of the Women Lead approach, but how project teams do this is not predetermined and depends on the context.</p> <p>Men and boys work alongside Women Lead programmes as partners, supporters and allies, mitigating risks of gender-based violence (GBV) for women speaking out in public, while jointly advocating for gender equality.</p>
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What issues does Women Lead seek to address?

Women's limited involvement in humanitarian decision-making is embedded in a flawed humanitarian system that is both exclusionary and unaccountable to women. The complex and intertwined mechanisms of marginalisation include:

- **Consulting rather than participating:** Affected women know best about their priorities and needs, yet they tend to be excluded from decisions and from defining what success in humanitarian responses looks like. Increasingly, women are consulted but not consistently involved or enabled to lead.
- **Unwelcoming participation spaces:** When women and girls are present in decision-making processes, they often do not feel able to be active participants, and are not actively listened to by others or given the same respect as men. Often, women's leadership is not acknowledged; at times, it is considered a threat. Limited exposure to collective organising can constrain capacities to strategise and act.
- **Ignoring root causes of gender inequality:** Humanitarian stakeholders rarely address the underlying or root causes of women's and girls' exclusion. Mandated to save lives, humanitarian responses may at best address some symptoms of gender inequality but often also perpetuate barriers to women's meaningful participation. Humanitarian stakeholders frequently fail to meet women where they are.
- **Fewer opportunities to develop their participation skills:** In some cases, rigid social norms prevent women and girls from equal participation in the public and decision-making sphere. Less access to education, and lack of exposure to public roles and collective organising, keeps women away from participation.
- **Men are key power-holders in humanitarian contexts:** Men often help form and reinforce social norms around gender, power and participation. Where men are unsupportive of or even barriers to women's participation in decision-making, this can have a significant effect. However, this can also mean that, where men are engaged as allies, they can provide critical support to women's participation.
- **Lack of a model and tools to enhance women's participation:** Humanitarian stakeholders lack practical guidance on increasing the participation of women in humanitarian contexts and in government decision-making settings, despite the evidence that women are frequently first responders.

How does it seek to address these issues?

- **Through an approach that puts power and resources in the hands of women:** Women Lead shifts power to women, by centring on women's own choices. Participating women's groups themselves define what needs to change and how to achieve this change. Women Lead is designed to put decision-making power and resources in the hands of women, and for activities to be adapted to each group's priorities, needs and contexts. The flexibility of the approach means women can take things at their own pace, focusing on the root causes of their lack of participation if they feel they need to. Women have in some cases focused on issues such as psychosocial support, financial literacy and livelihood support before they have moved on to lobbying power-holders or influencing change.
- **By providing accompaniment and support:** Women Lead works with women's groups to support the identification of needs, and aims, while generating conditions for participation. It helps women broker access to resources and influence local decision-makers to make that change happens. In addition to technical guidance and support provided to women's groups, CARE project teams accompany women-led groups and leverage power, administrative support and provision of resources. They also support in engaging men in a diverse range of roles. Through accompaniment

and support, the CARE project teams set women up for success and support them to claim their rights.

- **Through the development of an adaptable five-step model tailored to crises:** The five-step model builds on existing CARE tools but looks to make these usable in crisis-affected settings. In the case of the ‘Analyse’ step, for example, an RGA-P is conducted. This approach crosses Political Economy Analysis with the humanitarian Rapid Gender Analysis tool in order to create a tool that can provide insight into power dynamics, decision-making power and intersectionality in a way that is deliverable in crisis. Action planning tools, which are common within CARE’s development programming, have also been adapted for use in humanitarian settings during the ‘Co-create’ stage.
- **Providing tools and guidance that are usable and practical:** Women Lead is a practical toolkit with guidance on how to promote the participation and leadership of women in communities at the forefront of crisis.⁷ Fully flexible and adaptable, it aims to guide frontline CARE staff, community-based facilitators, partners and eventually other humanitarian agencies, through the provision of tried and tested tools, resources, examples, templates and presentations.

Implementation contexts

The Women Lead initiative was from the outset designed to be adapted to local contexts, to create project activities and a toolkit to meet women where they are. This has led to variation in the modalities of implementation across different country contexts. The ability to be adaptive not only to the needs and wants of women but also to the specifics of context has meant that Women Lead can be implemented in many locations. However, it also presents challenges in analysing Women Lead as an approach.

Table 7: Variations in implementation modality

	Implementation modality	Additional description
The Philippines 30 WL groups	<i>Implementation through partners and/or within existing projects</i>	Women Lead is embedded into existing gender-specific CARE projects and is implemented through or with implementing partners. This includes the INCREASE project (resilience to national hazards) and NCD-Love project (health, with WL groups in different camp and transitory shelters), and direct implementation by CARE partners, the National Rural Women’s Congress (Pambansang Kongreso ng Kababaihan sa Kanayunan, or PKKK).
Mali 748 WL groups⁸	<i>Direct implementation, running alongside GEWEP</i>	The direct implementation of Women Lead runs alongside the Gender Equality and Women’s Empowerment Programme (GEWEP, Norway’s Ministry of Foreign Affairs) focusing on strengthening civil society, women’s participation and leadership, and women’s economic empowerment. Selecting the same locations and participants enables positive synergies and continuity of CARE programming.
Colombia 8 WL groups	<i>Direct implementation</i>	Implementation through an intra-programmatic approach, in a recently created country office, with Women Lead also serves as a community engagement strategy, and relies on alliances with local stakeholders and authorities.
Uganda 15 WL groups⁹	<i>Direct implementation (In Kyangwali supported by project partner)</i>	Women Lead is implemented in the context of a multisector humanitarian response programme – funded by Global Affairs Canada (Arua) and ECHO-APEAL (Kyangwali) – that provides lifesaving shelter, sexual and reproductive health services, protection/GBV prevention and response, and mental health and psychosocial support.

Niger 12 WL groups	<i>Direct implementation with partners from three projects¹⁰</i>	Implementation builds on pre-existing Mata Masu Dubara, or Women on the Move, groups working as solidarity and/or VSLA groups that have legal recognition, working on savings and credit activities, and collective income generation.
Tonga 7 WL groups	<i>Through local response partner</i>	CARE Australia responded to this disaster with local partner MORDI Tonga Trust, which provided specific livelihood support and food and income security interventions, which have reportedly enhanced community cohesion and women's active participation in community meetings and recovery efforts. ¹¹

Differences in modes of implementation are often the result of practical programming-related considerations, such as whether Women Lead work takes place through partners, or is implemented as a standalone project or as a component of a larger response. However, Women Lead also differs in the way it is implemented according to variations in context that come to govern the choices made both by country teams and by women's groups themselves. The three key areas of variation are:

1. Variations in crisis contexts;
2. Variations in the makeup or nature of groups;
3. Variations in leadership and participation opportunities.

Variations in crisis context

The Women Lead model is being piloted in **15 different locations** across nexus and humanitarian contexts. Women Lead in emergencies works in a variety of contexts, including within both stable and displaced communities, and across different kinds of crisis, including cyclical climate-related disasters and conflict-affected contexts.¹² The team has made efforts to trial the approach in different locations to make it possible to understand the scope for adaptation in each context. However, practical considerations to do with capacity and country office priorities have also guided choices as to where to implement.

Table 8 delves into country-specific variations identified.

Table 8: Variation in pilot country contexts

Country	Context ¹³
The Philippines	Implemented in five significantly different locations – Camarines Sur, Biliran, Northern Samar, Maguindanao, Surigao del Sur – affected by natural hazards, climate crises and insecurity.
Mali	Implemented in four locations in the Ségou region – Macina, Kokry, Yassalam, Konidimini – affected by armed conflicts and attacks by non-state armed actors, as well as inter-community conflicts, also fuelled by drought.
Colombia	Implemented in the border town of Pamplona, Norte de Santander department, which is affected by an influx of Venezuelans on the move and Colombian returnees, as well as by the Colombian armed conflict and its consequences.
Uganda	Implemented in two refugee settlements – Arua and Kyangwali – affected by an influx of refugees from neighbouring countries (South Sudan, Democratic Republic of Congo) who often live alongside the Ugandan host community.
Niger	Implemented in two locations: in Zinder, where the food insecurity crisis is exacerbated by environmental degradation and natural hazards (floods, droughts, bush fires), and in Diffa, which is affected by conflict-related displacement and general insecurity from non-state armed groups from neighbouring countries (Lake Chad Basin crisis).

Tonga

Beta pilot, implemented in the context of CARE Australia's Tropical Cyclone Gita response that struck the Kingdom of Tonga on 12 February 2018.

Differences in context need to be reflected in the ways in which Women Lead operates, which means adaptation is often needed in implementation. In contexts where mobility is restricted, for example, such as in conflict-affected communities or in the wake of the COVID-19 pandemic, tools have been adapted for **remote and online use**.

However, beyond these practical adaptations, the Women Lead model has also been built to adapt to the different needs of communities. The focus on allowing women to decide on actions and activities means that the programme can flex easily in this respect. For example, in Arua, Uganda, where Women Lead works with a number of displaced people, community tensions related to natural resource allocation needed to be addressed.

Duty-bearers and power-holders also look different in different contexts. In some context, duty-bearers are frequently international humanitarian actors, while in others like Colombia, there is no significant presence of international non-governmental organisations (NGOs), the primary duty-bearers tend to be municipal authorities. For this reason, it is vital that country teams and women's groups understand their communities and are empowered to take context-specific approaches to negotiating and leveraging relationships with power-holders. Tools within the Women Lead model, such as the 'Reflect' and 'Analyse' steps, and the RGA-P, help build this understanding and promote context-specific approaches.

Variations in the makeup or nature of groups

Women Lead partners with a range of different women-led community groups and collectives including refugee associations, savings groups, church groups, agricultural groups, volunteer groups, and livelihood and entrepreneurial associations.

Women Lead prioritises working with existing groups where possible, to try and ensure their sustainability. However, in some cases where women participate less in group spaces, it has been reasonable to set up new groups or to work with groups that were previously active but are now dormant. Again, approaches flex to country contexts and choices on how to work are governed by factors including presence of existing women's groups and ways in which they currently organise. In the case of Mali, where Women Lead works with the Musow Ka Jigya Ton (MJT) solidarity groups, groups are networked and federated, and some Women Lead activities are organised across as well as within groups. As a result of this, tools have been adapted to enable **cascading of information** up and down CARE networks of MJTs with a **high number** of Women Lead groups (more than 700 groups in 200 networks).

Women Lead groups, including community-based women-led groups and women's collectives, have **different levels of exposure** to collective organising. They also sometimes comprise established leaders, crisis responders (such as in the Philippines) or members with previous experience in community committee structures, as well as women without any exposure to participation and decision-making spaces. Women across the groups have different experiences of participation, and this influences the activities that they seek to prioritise. In some cases, women seek to address immediate needs such as livelihoods or literacy. In Arua, Uganda, a high proportion of South Sudanese participants prioritised psychosocial support before other activities so they could address the trauma they had experienced after leaving home.

Furthermore, members of Women Lead groups across the pilots display an important **age diversity**. Groups include those with a mix of younger members being mentored by older women or being integrated into VSLA groups; adolescent girl-only groups in Niger¹⁴ and Uganda; groups where members attend with their infants; and a group where a mother and her adolescent daughter attend jointly. Where Women Lead has directly engaged with these adolescent girl groups, tools have been adapted to speak specifically to the needs of adolescents. Activities designed to reach adolescent girls specifically include the sensitisation of

parents on young girls' schooling; raising awareness on schooling in general by the education inspectorate, authorities and Women Lead participants; and ensuring the inclusion of adolescent girls in village assemblies.

Variations on leadership and participation opportunities

Existing participation mechanisms and frameworks also vary across the pilot settings, as does the accessibility of power-holders and decision-making settings.

In contexts with formal humanitarian responses in place, community committees serve as consultation and decision-making fora. Remote locations, or those without humanitarian actors present, report fewer/different opportunities to engage. While Uganda is known for elected refugee representation mechanisms (such as the Refugee Welfare Council, or RWC), in the Philippines Women Lead, together with its implementing partner PKKK,¹⁵ has created its own disaster risk reduction committees and planning processes. Meanwhile in Colombia, Mali and Niger, spaces for participation emerge through direct engagement with humanitarian and governance actors (local authorities, international organisations, NGOs).

The way CARE supports participation spaces for women also differs according to context, and according to who holds power. In Niger, for example, local religious leaders hold considerable power in communities where Women Lead operates and can help shape social norms. CARE has worked with imams to gain their support for greater women's participation, and these actors have incorporated statements on enhancing women's participation into their religious services. In Colombia, by comparison, direct engagement with men through groups has been a more appropriate approach to gaining allyship and making space within public forums.

Several participants reported that being a member of a Women Lead group offered opportunities to shape and develop their leadership and participation skills. This is particularly true in those groups that register formally as associations and progress to being community stakeholders that capture funds and implement projects.

WHAT OUTCOMES HAVE WE SEEN FROM WOMEN LEAD IN EMERGENCIES ?

The Women Lead MEAL Framework outlines six domains of change against which this evaluation looks to substantiate outcomes.

Figure 3: MEAL Framework domains of change



Confidence, knowledge and self-efficacy

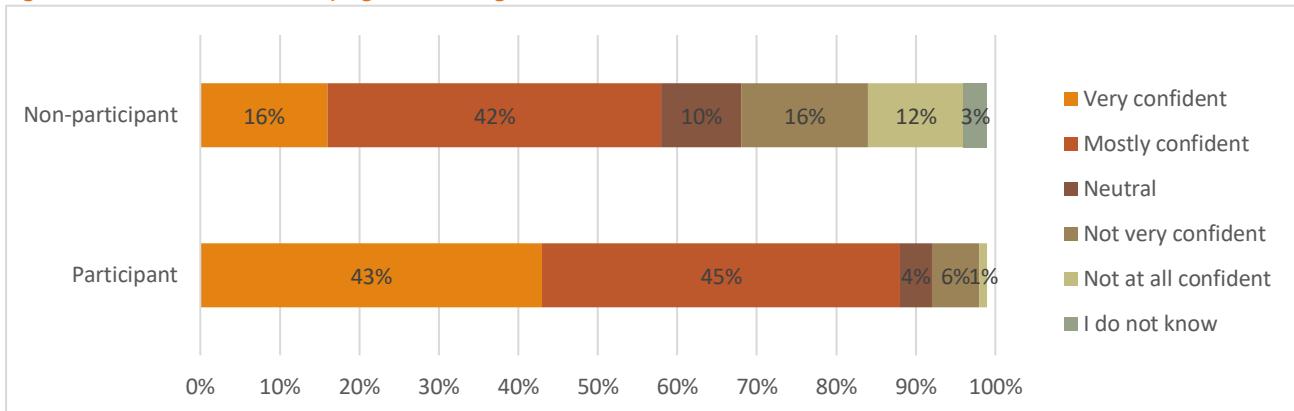
This evaluation finds consistent evidence that Women Lead prepares participants to be able to meaningfully participate, lead and influence within their communities. Key findings are as follows:

- The tools and approaches employed through Women Lead appear to have a positive impact on women's confidence, knowledge and self-efficacy. This is particularly true with regard to the flexibility given to participants to identify their own needs.
- This increased confidence, knowledge and self-efficacy appears to lead to women feeling more confident participating and taking action, including in spaces traditionally occupied by men.
- However, there are some indications that some women lacked confidence even towards the end of the project. Further exploration of why this is or what might work for different groups could be helpful.

The tools in the 'Reflect' and 'Analyse' steps are fit for purpose and support marginalised women to analyse localised barriers to participation and to address them through collective means. Building on their self-identified capacity-strengthening needs, Women Lead enables a diverse scope of training, awareness-raising and skills development that mobilises women into collective action. Across locations, we see evidence of increases in knowledge and confidence, both from participant testimony and from the quantitative evidence available.

In Diffa (Niger), survey data suggested that Women Lead group members were more likely to **feel confident in their knowledge of their rights** (88%) than non-participants (58%).¹⁶

Figure 4: Confident that I know my rights, Diffa (Niger)



When asked whether they felt **confident expressing their views**, 77% of Women Lead participants in Niger reported feeling very confident or confident, compared with only 49% of non-participants who said the same.¹⁷ When asked about their **confidence knowing their rights**, 88% of Women Lead participants felt confident that they understood their rights and entitlements, compared with only 58% of non-participants.

This quantitative indication is further strengthened by testimony from community members that specifically spoke to the influence that Women Lead had on them in terms of knowledge, confidence and self-efficacy:

I received a lot of training that allowed me to develop my leadership but also to overcome my shyness thanks to CARE's Women Lead in Emergencies project. (WL group member, Niger)¹⁸

We used to be ashamed to speak in front of the men. It was considered by the community as a lack of shame. But is it something to be ashamed of? No, not at all. It is to defend our rights and to participate in all decisions concerning us. Now we women are not afraid to defend ourselves when a decision does not suit us. We will say it out loud because our rights are known, and we know the ways and means to claim our rights. And all this is thanks to the Women Lead in Emergencies project. (WL evaluation, Niger)¹⁹

In Kyangwali, Uganda, evaluation questions focused on confidence in being able to address community needs collectively. Women Lead participants were more likely to feel confident in collaborating with other women to address community needs, with 76% of participants expressing confidence in this compared with 68% of non-participants. Again, participants emphasised the impact that the Women Lead approach had had on their knowledge and confidence, and the degree to which this had then affected their willingness to speak out.

The knowledge I have in leadership has helped me so much to gain confidence in myself. Before joining the Women Lead group, I could not even speak before people at all because back home in South Sudan and according to our culture, men are the only people allowed to speak in gatherings and even make decisions for the home. I was always shy but all this has been taken away by CARE efforts in the trainings I have attended. (FGD, Omugo 4, Rhino Settlement, Uganda)

Our confidence and courage has been built especially at the leadership and decision-making spaces. We can boldly address people on several issues and have been able to believe in ourselves. We have also been able to learn that what a man can do, even a woman can do. There is a big difference between us and those who are not Women Lead members. (FGD, Omugo 5, Uganda)

We can also see evidence on this in other locations. In the Philippines, 91% of Women Lead participants agreed or strongly agreed that they could collaborate as a community to improve their quality of life, and

88% agreed or strongly agreed that they could collaborate with other members of their community to address a community need. Qualitative evidence frequently makes a direct connection between greater confidence, a belief in leadership skills and knowledge, and taking a more active role in decision-making. In Pamplona, Colombia, Women Lead was associated with more proactive participation and collective action, as this quote suggests:

We are women leaders in emergency... we have the capacity to say: I have a voice and a vote, I am not going to stay stagnant... to be able to say that I have my skills and knowledge and that at any time I can go anywhere to participate, because we have the capacity to work for gender equality. (WL Group 1, Colombia)²⁰

This evaluation further confirms that **participation skills and information on how to engage with duty-bearers mobilise women for collective action** to claim rights and access services. From the analysis of primary and secondary data, numerous **examples** emerge of how Women Lead groups have used their planning, engagement and advocacy skills to secure access to basic services, such as to health and land for their households and others in their communities. The provision of knowledge mobilises women to claim their rights, as the following example from Colombia shows:

You [CARE] empowered us, you helped us to go to the Mayor's Office to demand our rights. We were victims of violence 20 years ago. They had never looked for us, we didn't know where to go. There are many programmes, but you gave us the support we needed to move forward and give our children, our families and our community a better life. (WL Group 6, Colombia)

These examples demonstrate how women are able to (re)claim their voices, which have been ignored and silenced. It is through the 'Co-create' and 'Act' steps – accompanied by CARE project teams – that women **engage collectively in meaningful ways** and **overcome barriers** such as shyness or lack of confidence, as the following quotation from Uganda shows:

The activities of Women Lead groups are very relevant because right now in our community, women are actively taking part in community development. [...] We are so engaged in leadership that we no longer have that fear to stand and speak before the community and address them on several issues. We boldly speak with confidence and our voice is heard by both men and women in our community. Even men now encourage us to lead, to contest for leadership positions in the RWC cabinets at all levels. (WL group member, Omugo 5, Uganda)

These different quotations **reveal the transformative potential of Women Lead**. In Colombia, the CARE Women Lead team indicated that, at the beginning of the project, women did not recognise themselves as leaders, and that the 'Co-create' step in particular facilitated recognition of their own rights. This in turn enabled empowerment, community integration and confidence.²¹

Despite significant progress, findings from Niger identify a **notable disparity in terms of self-confidence** among respondents from three Women Lead groups, with some women not speaking in meetings. Similarly, a participant from the Philippines indicated that 'Some [women leaders] have grown to be comfortable, a few were quiet until the end.'²² Despite notable stories of change, not all participants develop confidence at the same pace, and some participants may require a longer-term engagement, a more sustained process or face-to-face sessions (as opposed to virtual meetings). The Colombian assessment also notes that 5% of women, especially undocumented migrant women from Venezuela, have not been able to integrate effectively into the community, which then limits their recognition as women leaders.²³

With regard to the women's confidence, knowledge and self-efficacy component, this evaluation confirms that four of the five steps in the Women Lead model (Analyse, Reflect, Co-create and Act) demonstrate 'high levels of effectiveness.' Furthermore, triangulation of qualitative and quantitative data confirms that Intermediate Outcome Indicator 1 – 'Women having greater confidence and greater self-efficacy' – demonstrates 'outstanding achievements.'

Personal change story: Pasifique (Tungane WL group, Uganda)

Pasifique joined the Tungane women's group soon after her arrival at the settlement from the Democratic Republic of Congo. The group has 25 members and meets every Friday to save together. As part of Women Lead, the group took part in training related to GBV and women's leadership. Pasifique was able to reflect on her own experiences: '*I am telling you that the violence I have suffered is beyond my age.*' Even before the conflict in Democratic Republic of Congo, she dropped out of school at an early age and was forced into marriage. '*But through CARE's work especially I joined the group, I learnt new ideas.*' At first, Pasifique was reluctant to speak up in group discussions: '*I used to come and just listen without participating, though reflecting about my life and when I would go back home, I would reflect further.*' Gradually, her confidence grew to a point where she felt equipped not only to participate but also to help others: '*Right now, if we receive new arrivals, I know how to support them.*' She adds: '*Through home-to-home activities we share information on GBV, where to report and also encourage others to join groups.*' Now, Pasifique is an active member of the Tungane women's group and has even been selected by the group to be its vice-chairperson. She feels she has changed at a personal level: '*I have gained knowledge on how to manage GBV, how I can position myself for leadership, built my self-esteem and gained community trust through the activities I am involved in.*'

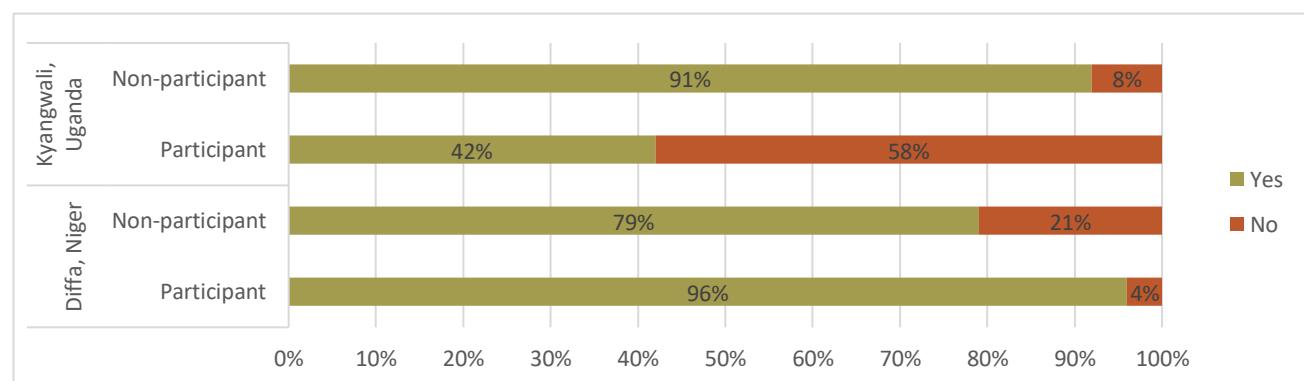
Women's presence and meaningful participation in decision-making

This evaluation finds evidence of a notable increase in women's presence and meaningful participation in community decision-making forums. Key findings are as follows:

- The Women Lead model and approach normalise women's presence in decision-making spaces, and we can see evidence of women's increased presence and meaningful participation.
- However, the aberrant finding from Kyangwali on participation (outlined below) should be investigated further. In particular, exploration should occur regarding how women choose what spaces to participate in and why.

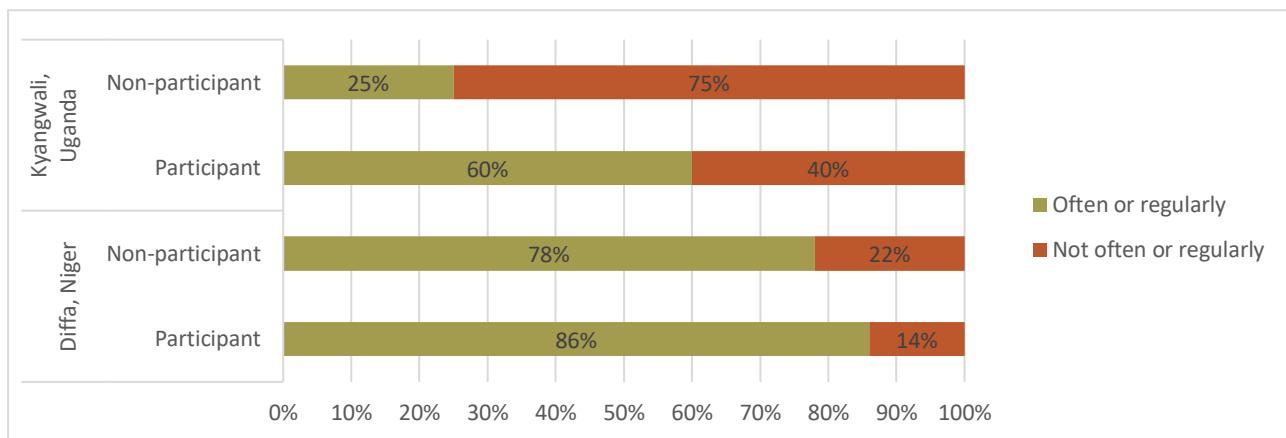
With regard to quantitative indicators, in both Niger and Uganda participants were asked about their attendance at formal meetings taking place within their community. In Niger, Women Lead members were considerably more likely to attend formal meetings than non-participants, a trend that was reversed in Uganda. In Kyangwali (Uganda), 42% of Women Lead members attend formal meetings compared with 91% of non-participants. When we probed this further, the following answers were provided: 'lack of information' and 'busy with other tasks.'

Figure 5: Attendance in formal spaces, Diffa (Niger) and Kyangwali (Uganda)



This is particularly interesting when considered alongside information on regularity of attendance. In both Niger and Uganda, Women Lead members are more likely to attend meetings regularly – in Uganda considerably so. Of those Women Lead members who attend formal community meetings, 60% attend regularly, compared with only 25% of non-participants. As such, although Women-Lead participants are less likely to attend formal meetings in Uganda, those who do attend go more regularly than do non-participants.

And in both Niger and Uganda, Women Lead members are more likely to speak in public meetings than non-participants (77% to 49% in Niger and 83% to 73% in Uganda). In Niger, where Women Lead members were asked to reflect on the impact that Women Lead had had on their confidence to speak in public meetings, 80% of women stated that their confidence had increased a great deal since taking part in Women Lead, 18% stated that it had increased a little and only 2% stated that they felt less confident.



The finding on lesser attendance by members in Uganda requires additional exploration and research; however, consideration should be made of the emphasis that current Women Lead monitoring puts on ‘formal community decision-making spaces.’ While there are many possible explanations for this disparity, including inherent biases in the comparison without available baseline data, CARE team members questioned whether it was possible that women did not prioritise such decision-making spaces, or that women had sought other decision-making spaces through direct engagement with power-holders or through the convening of their own spaces. The team queried whether women might be searching for not just presence in such spaces but rather ‘meaningful participation,’ and the quality of formal meetings as a decision-making space may have an impact on this. Project monitoring and indicator frameworks for capturing how women choose to participate, in what spaces and why would help in exploring this area further.

Indeed, qualitative data from Kyangwali, Uganda (where the survey was conducted), shows clear evidence of higher-quality participation by women:

Yes, I have noticed changes in this community whereby women have been empowered to speak out and express their minds publicly. [...] It's from the participation with the Women Lead groups that I managed to emerge as the RWC III of this refugee settlement because I was a member of one of the Women Lead group and because of the empowerment and motivation trainings and exposure to leadership skills I was trained about. It turned out positive for me and I am proud to say that so many women look up to me. (RWC chairperson KII, Kyangwali, Uganda)

The observation that women are more visible and participate more frequently was also indicated in a focus group discussion (FGD) with Role Model Men in Kyangwali:

Women before were not allowed to speak in public or at a gathering of men, however ever since the women joined the Women Lead group programme they are listened to and they are allowed to share their concerns. (FGD Role Model Men, Kyangwali, Uganda)

Women are more trusted these days unlike before when they were not allowed to participate in any leadership position but these days we have seen them emerging successfully in leadership positions in churches and other positions in the community. (FGD Role Model Men, Kyangwali, Uganda)

Complementary information from Colombia, Mali and the Philippines confirms the proactive engagement of Women Lead participants in diverse community-based decision-making spaces. In 2021, 84% (666) of participants in the Philippines and 89% (67) in Colombia reported 'actively participating in decision-making spaces (meetings, within other groups/organisations) over the past six months.'²⁴ Women agreed that decision-making in the context of their action plan implementation was essential to bringing their voice and vote to the fore, hence the attribution of increased participation to Women Lead. The CARE Mali team highlighted that attending and proactively engaging in community committees and collaborative project-planning processes with donors was particularly important in this respect.

In Niger, a capitalisation/learning workshop analysing action plan activities describes women's participation in local decision-making bodies as 'effective and of high quality.' In consequence, women have more respect and their point of view is taken into account.²⁵ This is confirmed by qualitative data that demonstrates the degree to which increasing women's participation can be seen to normalise it within their community. For example:

Before, when a woman went to the chief's court, we wondered what she had done wrong. Nowadays women are fully involved in the decision-making process. The fact that a woman is seen in the court of the village chief is no longer an extraordinary thing. She participates or presides over an activity (FGD participatory change, Diffa, Niger)

This pattern of proactive engagement is consistent with other contexts, such as the Philippines, where women present and discuss their projects (in GBV watch groups) with the local authority (*barangay*) councils.²⁶ Indicators demonstrate a consistently high response rate – between 88% and 92% – across the four indicators relating to meaningful participation. Women Lead members reported being **comfortable attending and speaking up** during community meetings, and that they felt heard by their leaders and other stakeholders in these spaces. When asked whether they felt able to **meaningfully participate in community meetings** with other institutional actors, the endline shows an increase to 97% of respondents from 92% at baseline. In the context of Colombia, the endline also showed an increase, to 46% of respondents who mentioned that they **felt recognised as leaders in the community**. This is because they have the ability to speak in public, mobilise others, work for their communities and participate more actively in decision-making spaces.

The context-specific **significance of women's enhanced presence** in decision-making spaces appears to be higher for Women Lead participants in Mali, Niger and Uganda, where the idea of women equally and meaningfully participating is often referred to as '**unprecedented**'. This is in contrast with Colombia and the Philippines, where endline evaluations suggest that high levels of self-efficacy or belief of living in a 'democratic system' prevail among participants. The **extent of transformative change** experienced in terms of participation opportunities emerges when contrasting the current situation to pre-Women Lead settings, described in detail in different RGA-Ps ('Analyse' step):

- **Uganda:** While women from rural locations in South Sudan were previously unable to attend or speak at community meetings , as of 2021 refugee women **hold formal leadership positions** as block leaders or elected members of the RWC.

- **Niger:** Before Women Lead, women rarely frequented public spaces and gatherings, owing to a lack of permission from husbands, domestic chores or a reluctance to express themselves publicly. As of 2021, they **contribute to community decisions and are called upon for solutions** by their male peers.

The **significance of meaningful participation** across pilots also became evident in the self-assessment exercise called the '**Ladder of Participation**.' This exercise explored levels of civil engagement by Women Lead groups, as perceived by Women Lead members in Niger and Uganda and by CARE local teams across the remaining pilot countries.²⁷ In remote communities where local authorities are absent, Women Lead groups describe their role as 'direct and with autonomous control' (the Philippines). This is Step 8 on the Ladder of Participation, which is the highest step on the scale. In Niger, Women Lead groups assess their engagement as 'working independently.' Different Women Lead groups opt for 'delegation of power' (Step 7) and 'partnerships' (Step 6) when describing their improved relationships with local authorities. This includes, for example, through meaningful and unprecedented engagement in crisis committees (Mali), collaborating with different representative structures (Uganda) and collaboration between Women Lead groups and the army in joint health brigades (Colombia). The Ladder of Participation, which was a collaborative exercise between participants and team members, confirms there were notable changes in substantive and meaningful participation, which then contributed to a sense of achievement and purpose. *However, this evaluation also reveals that, in practice, Women Lead groups **transcend the formal (government-led)/informal (civil society-led) divide and engage in a range of different ways not formally captured by the indicators** – including when registering their groups or creating new decision-making spaces.*

With regard to women's presence and meaningful participation in decision-making, this evaluation confirms that the Women Lead model demonstrates 'high levels of effectiveness' and outcomes show 'significant progress.' Qualitative and quantitative data confirms an increase in meaningful participation of women as well as acknowledgement of women's leadership by community members. The evaluation also shows that Women Lead groups hold the potential to be particularly transformative through the inclusion of **marginalised voices and vulnerable groups**. It is evident that **Women Lead's flexible and interconnected interventions contribute directly to the success of Intermediate Outcome 2: 'Women (girls) participate in decision-making spaces and take up leadership roles.'**

Women's formal and informal leadership

The Women Lead approach contributes to **more women taking up both formal and informal leadership roles** in their communities. Key findings are as follows:

- The Women Lead approach appears to contribute to women taking on more leadership positions.
- Women Lead members acknowledge that their Women Lead group, association or organisation offers key opportunities to practise participation skills and assume leadership roles (levels of formalisation and registration as unexpectedly positive consequence).
- The increased visibility of women taking leadership positions can have the effect of further legitimising women's participation.

Leadership within the Women Lead context can take many forms, and for this reason this section seeks to break down the influence Women Lead has had on:

1. Leadership at community level;
2. Women leaders standing for elected positions;
3. Women as leaders in and models for gender equality.

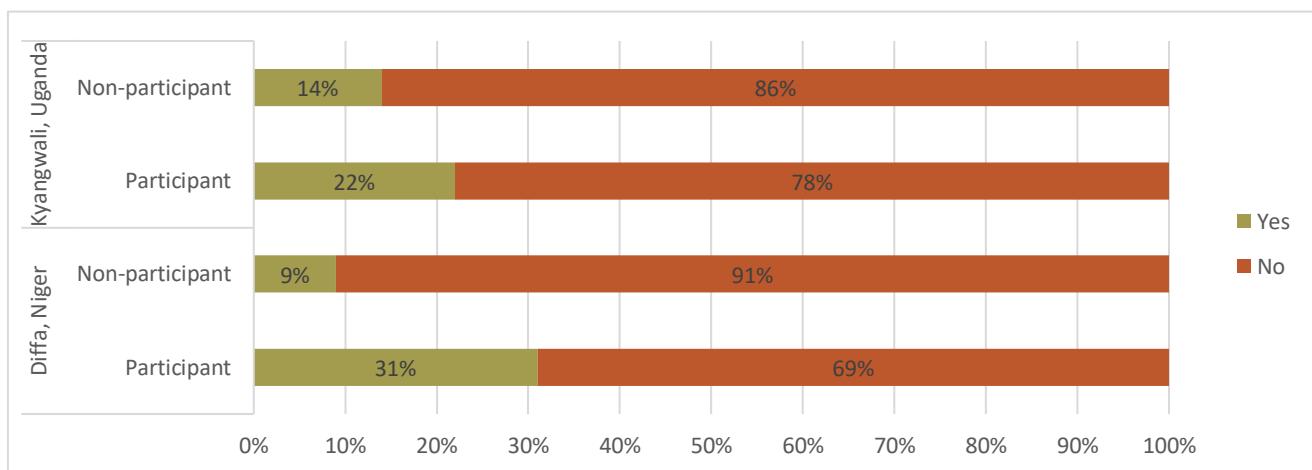
Leadership at community level

Women assume a variety of leadership roles and responsibilities at community level but also within their Women Lead groups, associations and organisations.

Women who take part in Women Lead are assuming leadership positions. In Colombia, **40% of the 75 Women Lead** participants reported holding leadership positions in different community participation spaces, such as the victims' roundtable; community action boards; and the labour, reconciliation and tourism committees, among others. Prior to Women Lead, only 21% of these women had held leadership positions, demonstrating a 19-percentage point increase in women holding leadership positions.

We can also see from survey data that Women Lead participants in Niger and Uganda are more likely than non-participants to hold leadership positions.

Figure 7: Holding a leadership position in the community, Diffa (Niger) and Kyangwali (Uganda)



In Diffa (Niger), Women Lead participants are also considerably more likely to have requested the position rather than being asked to take it on; members in Kyangwali (Uganda) are marginally more likely to self-nominate for the leadership position (in local council and community groups).²⁸

Interestingly, women members acknowledged that their **Women Lead group**, association or organisation offered **key opportunities to practise participation skills and assume a leadership role within the group**. Through these groups, and the negotiation that occurs within them, women can strengthen their leadership and negotiation skills and build the confidence to take on opportunities outside their group.

In 2021, a mapping exercise of seven Women Lead groups in Kyangwali,²⁹ Uganda, revealed that 27% of members held a leadership role (40 out of a total of 149 members, including from church and faith-based groups). The gap assessment further identified several groups led by **one strong leader through a vertical decision-making structure**, which would indicate a need to work more around leadership styles and in connection to power dynamics within groups. Similar patterns emerge in Mali (seniority) and Philippines (education level).

Nevertheless, we do see Women Lead functioning as a platform for women to assume a leadership role within their community. In Niger, Women Lead groups described collectively taking men aside in their community to successfully dissuade them from marrying off their daughters at too young an age,³⁰ while in Uganda women have taken on roles as mediators in local conflicts and household disputes, and as educators to young people on aspects of sexual health:

We collect the adolescent girls and also boys and speak to them about the sexual and reproductive health issues; what they should do when those biological changes like menstruation happen to them. (FGD SSD women's group, Omugo 5, Uganda)

And we can see that membership of Women Lead groups and the increasing visibility of women can also have an impact on the perception of women as leaders:

If there is a vacancy in the RWC cabinet, they look for Women Lead members to participate in some of the roles there. Priority in leadership positions is given to the members of Women Lead in case there is an opportunity. (FGD, Rhino Settlement FGD, Omugo 4, Uganda)

Women leaders standing for elected positions

The leadership pathways that participants choose depend on locally available participation mechanisms. With regard to **formal representative and elected positions**, several Women Lead members in Uganda have been elected to leadership positions within the **self-representation structures available to refugees** (with a quota system in place), through working on their platform and publicly campaigning.

In Colombia and Niger, we can also see evidence of participants aspiring to hold elected positions and stand in municipal elections. However, there can be challenges to such political participation: in the context of the Philippines, election season brings with it the challenge of co-option of women-led activities, creating alliances for political campaigns that are partisan.

The potential to support women standing for elected positions should be viewed as an important longer-term aim for Women Lead, because of the implications it has for institutionalising women's participation. The Women Lead global team should consider how to support this more substantially with political participation, inclusive governance and transformative tools informed by insights from the different contexts.

Women as leaders in and models for gender equality

We can see examples of Women Lead groups making **substantive contributions in terms of gender equality** across our five pilots. In some cases, women use their leadership roles in order to represent and push for action on issues including women's rights and GBV.

For example, in Mali, a Women Lead member who became the president of a rural women's network has been involved in the implementation of a new law that grants women ownership over land.³¹ In Pamplona, Colombia, the organising of Women Lead groups has been viewed as unprecedented: '*Before Women Lead there was no group working with women to defend their rights.*'³² In Uganda, the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister asked the women's groups to participate in a panel of refugee women during International Women's Day celebrations in March 2020, themed 'I am Generation Equality: Realising Women's Rights.' Thus, Women Lead groups are starting to advocate for women's rights and gender equality, while establishing relations with humanitarian actors. This highlights and supports the position that Women Lead can become a platform for engaging more broadly with the humanitarian sector.

Outside of broader work on women's rights, action on GBV has been a particular focus of many groups. In Uganda, women's groups have worked to set up safe spaces, while in the Philippines some Women Lead groups have been involved in establishing GBV watch groups. In Niger, women's groups have successfully lobbied power-holders to provide enhanced policing in the face of high levels of sexual and gender-based violence (SGBV).

With regard to women's formal and informal leadership, this evaluation confirms that the Women Lead model demonstrates 'elevated levels of effectiveness.' In particular, the 'Analyse' step generates knowledge on context-specific barriers and supports women to conduct a stakeholder analysis, while the 'Co-creation' and 'Act' steps generate opportunities to further develop skills and strategise to better engage power-holders.

In terms of progress against outcomes, this evaluation finds ‘significant progress,’ particularly with regard to women assuming leadership roles, including elected and formal positions, which is unprecedented for members of Women Lead groups. However, attention must be given to differing leadership styles and intra-group power dynamics – namely, how to adequately install rotating leadership roles and how to include younger voices in leadership and group structures.

The next implementation period can consolidate the transformative potential of Women Lead, focusing on the substantive contributions of women leaders and advancing effective outcomes in relation to women’s rights, gender equality and inclusive humanitarian response mechanisms.

Women take collective action

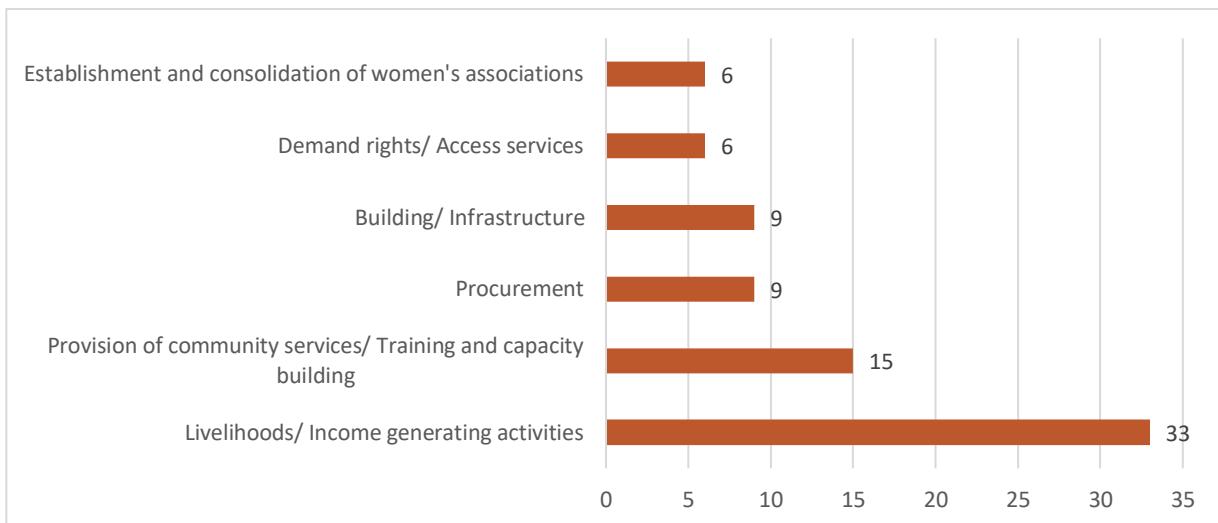
Key findings are as follows:

- There is substantial evidence that Women Lead offers an important platform for collective action for women in crisis. Beyond this, the process of planning and taking action has important outcomes in itself, helping women put the skills they have built into practice, including skills in participation, building alliances and stakeholder engagement.
- As a result of action plans implemented by women’s groups, intertwined outcomes emerge at group, community and humanitarian response level.
- However, a lack of thorough documentation means that, while there are clear examples of successful collective action, it is not possible to systematically assess their full impact.

The process of planning and taking action takes place as part of the ‘Co-create’ and ‘Act’ phases of Women Lead, and action planning tools are provided to assist groups in this process. This evaluation finds **action plans to be a conducive tool** to identify and address women’s context-specific needs, priorities and solutions. In addition, through the **process of developing and implementing** plans, the women put a range of participation skills into practice, build alliances and engage with stakeholders. **The sense of achievement motivates women to transfer these participation skills to other participation settings.**

This evaluation looked to map the types of actions that groups had focused on through a review of action plans. However, while information was available for 78 action plans, documentation was not consistent across countries. Although all Women Lead groups develop action plans – some are written, others are developed in an oral format – not all of these are accounted for in the comparative matrix (Table 9)³³ and therefore the thematic analysis cannot be exhaustive. It is recommended that the global team focus future efforts on the development of usable tools for action planning that groups can use to **document** this step of the model.

Figure 8: Overall trend in Women Lead action plans (total 78)



The comparative analysis of action plans reveals the following **shared priorities**: first, **livelihoods and income generation** emerge across contexts as a key mobiliser for collective action. The context of the COVID-19 pandemic also shaped women's choices towards livelihood-focused actions plans. Second, Women Lead groups use their activity budgets to **invest in and build community infrastructure** – such as classrooms, safe spaces and health centres. Third, a cross-cutting priority relates to **addressing GBV**, through the creation of awareness-raising, trainings, referral pathways and GBV watch groups. **Country-specific patterns can also be observed and are explored more in Table 9.**³⁴

Table 9: Comparative matrix of action plans – type of activities

Type/activities	Niger	Uganda	Mali	Philippines	Colombia	Tonga
# Direct (2021)	1,606 women/girls + 90 men	Arua (2021) Kyangwali (2021)	2,000	798 women + 53 men	75 women + 14 men	Information not available
Livelihoods	Rain-fed agricultural production, purchase of seeds and other agricultural inputs; installation of grain mills to reduce domestic tasks for women and generate income for them.	Group savings pot for business development and providing loans to group members.	Entrepreneurship training, techniques for managing and storing cereal banks, acquisition of market gardening area, food processing, breeding, dyeing fabrics, small business, agriculture.	Rice retailing, mini-grocery, livestock feed retailing, selling of fish, provision of sewing machines, sari-sari store, soaps, vegetable garden.	Income generation, livelihood opportunities, trainings.	Vegetable garden and selling produce; loaning scheme (of gardening and cooking equipment).
Improving communities: infrastructure	Fencing-off a market garden, water point, construction of classrooms for a school, improved village sanitation.		Creation of a market garden perimeter, grain stores.	Women's multi-purpose centre; water system, provision of nebuliser and medical kits, herbal garden, internet station.	Safe spaces, organisation offices, referral services.	
Improving communities: contributions, awareness-raising, service	Advocating to power-holders to increase protection from SGBV in refugee camps; collective reporting process enacted to reduce underreporting because of shame.	Sensitising women on protection rights and engaging men and boys through Role Model Men; GBV in the community.		Prevention of GBV, night watch groups, awareness-raising; SRHR.	Children's rights, support to victims of armed conflict, GBV, working with parents, health brigades.	Clean-up efforts after cyclone.
Priority topics	Lack of water; advocating for land for farming; supporting candidates in municipal elections; income generation.	Women's leadership in emergencies, GBV, SRHR, child protection, legal rights and services, psychosocial support and tribal reconciliation.	Food insecurity, flooding, managing, GBV cases, obtaining land allocation documents.	Livelihoods, GBV prevention, strengthening organisation (creation of headquarters), potable water.	Child protection, referral pathways.	
Training, capacity-building, knowledge	Women's leadership, participation and decision-making; women and elections in decentralised context; resilience; livestock feed for fattening.	Training in group savings, creating VSLAs, business skills, functional adult literacy and leadership.	Women's leadership, public speaking, civic rights and duties, including voting and standing for election, literacy classes, lobbying and advocacy.	SRHR, GBV, disaster risk reduction and management, financial literacy; life support (for community health workers).	Certification on child rights, first aid, emergency protocols, sanitation for food distribution, psychological support, SRHR.	
Participation and leadership	Community committees; temporary budget committee of mayor.	Standing for elections; participating in women's conferences; Women's Forum during '16 Days of Activism'; mentoring new WL groups and supporting girls' groups.	Flood management; local safety committee and risk and disaster management committee; organising local women to take part in typhoon response activities.	Formalising women's organisation, disaster risk reduction committees, resilience.	Entrepreneurial support, formalisation of women's groups.	Building block associations on previously dormant groups.
Engaging stakeholders	Advocating before authorities (water point, classroom construction); engaging with NGOs, village chiefs and town hall.	Asking questions and raising concerns with humanitarian partners and extending role Model Men activities.	Community committees and participation spaces at all levels; direct engagement with donors; representation structures such as RWC.	Women's groups to fight against GBV violence in the community and involving the district police focal person.	Local authorities, mayor's office, UN, international NGOs.	Having space and approaching government officials.

This evaluation finds that the implementation of action plans has considerable impact in terms of improvements at the community level. Qualitative and quantitative data confirms a notable increase in Women Lead members' engagement with **local authorities and stakeholders**, to claim rights and advocate for their (and their community's) needs and wants. The fluid process whereby women move from one successful advocacy effort to another one – referring to 'pride in achievement' and 'sense of purpose' – would indicate that **participation and leadership skills developed** around action plan implementation **further build skills and legitimacy, and provide motivation for women to continue activities.**

Key trends in the actions that groups have chosen include the following:

Organising solidarity activities and providing peer support by providing direct, timely and relevant support to marginalised and vulnerable community members

In some cases, this support was provided directly to Women Lead members; in other cases, it addressed a broader demand in the community. In Uganda, Women Lead groups engaged in activities including providing psychosocial support, working with couples to address issues of GBV in the household and mediating intra-community tensions. In Niger, we can see evidence of solidarity activities as women advocate against the early marriage of girls in their communities. Women in Niger also offer solidarity to women who have experienced SGBV by organising groups of women to accompany those who want to report incidents and seek support. By doing this, the wider community will not know who was affected and survivors can avoid shame and stigmatisation.³⁵ In Colombia, Women Lead groups also perform the function of providing peer support and organise collective grief sessions to help address the trauma of GBV.

Improving living conditions through successfully advocating power-holders and investing in community infrastructure or changes in services

Improving available services and infrastructure has often been a focus of women's actions. In some cases, this has involved women themselves using their activity budget to establish useful community services. This includes, for example, building a women's multi-purpose centre and internet station (the Philippines); building herbal and vegetable gardens on public land for the benefit of communities (Tonga, the Philippines); and building women's self-spaces (Uganda).

However, in other cases, the focus has been on advocating to power-holders and service providers to make changes to improve services. In Uganda, we can see clear evidence of this in the story of the group that successfully advocated humanitarian response actors to move a food distribution site closer. The community and humanitarian actors both took notice of the boycott planned by the women's group and addressed the issue.

In Niger, we see considerable evidence of these kinds of actions: for example, 10 advocacy actions were undertaken in 2020 that focused on improved access to services and resources such as water and the construction of a public dumping ground for management of household waste.³⁶ In one instance, a Women Lead group advocated for access to clean drinking water, first with the Mayor's Office and subsequently with UNHCR. This process eventually enabled the granting of access to clean drinking water to more than 700 people, through the construction of a water supply system. The significance is expressed by community members in the following terms: '*We now have time for other activities because we don't have to wait at the water point*' and '*Knowing I have access to water gives me peace of mind.*'³⁷ A particular consequence of women's visible action is the acknowledgement by men at community level.

Reducing tensions at a community level, contributing to enhanced community cohesion by creating opportunities for exchange and integration

In Uganda, the South Sudanese Women's Faith Group began taking action to encourage dialogue and reconciliation between the Dinka and Nuer tribes in Omugo settlement. They called for a meeting with their Nuer cultural leaders and elected representatives to present their idea for reconciliation with the Dinka

tribe, which have been taken forward, with support from the Office of the Prime Minister (case study). In Colombia, Women Lead groups actively rolled out measures against xenophobia towards Venezuelan migrants, improving relations at community level as well as with local authorities.

Prioritising GBV prevention and mitigation as cross-cutting priorities

Action plans frequently focused on the 'provision of community services' to address **violence against women and intimate partner violence**. Acknowledging GBV was a cross-cutting priority.

Women Lead groups frequently looked to raise awareness of this issue, disseminating knowledge on how to report incidents and access services. This was consistently identified as an action across groups and across our pilots, and we can see many ways in which groups have tried to address this: through mediation, sensitisation, dance and music. This peer engagement helps reach women where they are. In Uganda, one group member stated:

Once we realised that GBV was rampant, it helped us compose songs and dramas and we perform these for the community members. Now GBV has greatly reduced in our community.
(WL member, Omugo 5, Uganda)

And there was evidence that the role of Women Lead groups reduced reliance on the processes of humanitarian stakeholders, which are not considered to be timely by the communities they are supposed to serve:

Before there were many cases of domestic violence reported at office of the RWC 1 chairperson, even at night. But with training most cases are now solved in the community by Women Lead members and Role Model Men. We no longer have to wait for the RWC. (WL member, Omugo 4, Uganda)

Similarly, in Colombia, two Women Lead groups joined forces to provide GBV referral services through their organisation *La Casa Amiga del Carmen*.

In addition, Women Lead groups frequently seek to influence power-holders to hold perpetrators accountable and take action to try and stop GBV from occurring.

Women Lead groups have successfully engaged duty-bearers to conduct recurrent awareness-raising activities by means of a community GBV mechanism (Circle of Macina, Mali), and to raise awareness and advocate for securing sites through night patrols (in Diffa, Niger). In Biliran, in the Philippines, groups have engaged in prevention of GBV through the creation of GBV watch groups,³⁸ not only providing trusted support to community members in need but also disseminating information in local languages and referring women and girls to more specialised services. The outcomes in terms of increased perceptions of safety are directly linked to this Women Lead initiative and have contributed to more confidence in reporting GBV incidents and a reduction in victim blaming by communities.

This evaluation finds that Women Lead action plans **considerably benefit affected communities**, beyond the limited scope of direct group members. Depending on the specific country contexts, impacts can benefit **household members** of different ages (children, adolescents, spouses and the elderly), **community members** (the poor and marginalised who gain improved access to services) and **power-holders** who shift their attitudes and are better able to respond to the community's needs. By influencing decisions at the **humanitarian response level**, Women Lead has an even higher beneficiary reach and the potential for considerable long-term impact. This can be seen, for example, in action plans helping create a clean water supply for 700 people a day (Niger), or a Women Lead member supporting funds for out-of-school children to access school supplies after being elected to a school management committee (Mali).

With regard to **women taking collective action**, this evaluation confirms that the Women Lead model demonstrates '**high levels of effectiveness**.' The 'Analyse', 'Co-create' and 'Act' components are interconnected and reinforce each other. The piloted and tested tools set women on a path towards collective action. Women Lead's innovative approach of shifting power to affected women – deciding on actions and controlling activity budget – is confirmed.

Furthermore, there has been **significant improvement** in terms of progress against outcomes – namely, the increase in the number of women successfully claiming their rights and advocating for their needs and wants. Women taking action effectively advances their collective empowerment, and enables them to practise their participation skills and subsequently to transfer those skills to advocate for other needs that may arise.

The comparative analysis of action plans further reveals that **women's priorities do not necessarily focus on influencing humanitarian actors**. Rather, they have a broader focus, comprising direct service provision (e.g. Women Lead groups assuming roles of crisis responders) or responding to their members' livelihood needs. This evaluation finds that tools to support effective advocacy and influencing could further advance women's substantive engagement with power-holders for meaningful outcomes.

Shifting norms and engaging men

The Women Lead MEAL Framework understands shifting social norms in terms of Higher-Level Outcome 2: 'Women model participation to their communities, influence norms on women's leadership and encourage others to participate.' This means that this outcome is most likely to materialise in mature groups.

In a context of pervasive patriarchal mindsets and gendered inequalities, this evaluation finds as follows:

- There are early indications of women's participation being normalised, and understanding of this will be enhanced by more systematic use of the Gender-Equitable Men (GEM) Scale developed by the global team but not rolled out to all pilots by the time of this evaluation.
- Women's successful action has the effect of legitimising women's further participation in decision-making spaces and, in some cases, men have sought women out to ask them to represent community interests.
- However, reluctance around women's participation is still present among some men, and it is possible to find evidence of patriarchal backlash. More concerted action to tackle this could be facilitated through greater learning around and dissemination of effective 'Engaging men and boys' approaches.

The different RGA-Ps ('Analyse' step) confirm that **men's attitudes and behaviours constitute barriers** to women's participation in all pilot countries – with empowered women often seen as a threat to men. Men often have a final say over women's freedom of movement and, consequently, women's participation (for example the Philippines). Furthermore, men continue to be **blockers of and resisters to women's participation and leadership**.

Across pilot settings, Women Lead contributes to **normalising and legitimising women in leadership positions**; however, evidence related to this is not well documented because assessment of changes in men's attitudes has not been a major focus of quantitative monitoring and evaluation until this point. However, this is being addressed by the global team's rollout of new 'Engaging men and boys' MEAL tools and guidance note.

Nevertheless, we can see some indications of changes in men's attitudes from available qualitative data from Niger and Uganda. And in some cases we see active examples of men's views on women's ability to lead changing. One qualitative example of this, among several others, comes from Niger, where men found difficulties in advocating to power-holders for a waterpoint for their camp and turned to women for help:

The water point in the camp is the result of a fight that the women had led and that we were not able to lead. And it's the only water point for a thousand people. It's a success! The women are proud that they were able to succeed at something that meant so much, not just to their group, but to their whole community. (Village chief, Niger)³⁹

This is important because it demonstrates a cyclical dimension to women's legitimacy and participation. Women Lead can help women build legitimacy to lead in their community, which can help them access leadership positions. Taking on those leadership positions also helps them build further legitimacy.

The increased acceptance of women in the public sphere further contributes to shifts in traditional norms – for example the increasing participation of women in joint community meetings in Bangaza (Niger):

Now women are asserting themselves to be represented in a responsible way at meetings. Their points of view are taken into consideration, and the men have also understood the necessity and importance of involving women in decision-making. [...] Men used to ask women 'Wa ya Gayaceki' or in other words 'Who invited you?' but now men encourage and motivate women to participate. (Bangaza Zinder participatory FGD, Niger)⁴⁰

Where Women Lead has **proactively engaged male power-holders** and **secured their buy-in to support women's participation**, this evaluation finds incipient shifts in social norms. Practical examples of achievements from Niger include **imams holding sermons** to explain religious texts and their interpretation on the meaningful participation of women in household and community decision-making; and the increased acceptance of **fathers towards girls attending village assemblies**, thus increasing their voice and decision-making. Participants consulted in the Niger evaluation understand the increased community acceptance to be a direct result of their enhanced skills and capacities – provided through Women Lead.⁴¹ This has enabled them to better engage with **male relatives and traditional, communal and administrative authorities**.

However, despite this, it is still the case that some men refer to the costs of women's participation, in particular the degree to which it pulls women away from the home. In Bangazar Zinder, three women left the Women Lead group because their husbands were unhappy with their participation in a market garden. According to their custom, a woman should not work with the hoe, as it is a tool reserved for men.

In Uganda, where the project has engaged men and boys through working with 'Role Model Men,' to train and sensitise them on issues of gender equality, a similar mix of findings emerges, with some evidence of changes in social dynamics:

Women and girls no longer ask for permission to go anywhere. [...] You know according to our culture, men are supposed to be the overall decision-makers and they dictate everything even where the woman is going, she is supposed to first ask for permission. Right now, since women have been empowered and the Role Model Men approach, these mindsets are changing slowly. (Male chair, Ariaze A, RWC 1 KII, Omugo, Uganda)

Role Model Men in FGDs also spoke about changes in their own perceptions of women's roles:

Since I got the training under 'Role Model Men,' I changed. Right now, I can even support my wife to do some domestic work, we discuss everything together, I even apologise when I do things out of my way. We are better than we were before the [Role Model Men programme] and [Women Lead]. (FGD Role Model Men, Ariaze A – Rhino Settlement, Arua, Uganda)

In the same FGD, one role model man described how a cultural exchange with Women Lead groups in Kyangwali had helped him question his own social norms:

We have been taken for exchange visits in other places and we learned other people's cultures. In Kyangwali we were taken and observed that men there fetch water for their homes, which was different from in our culture, where a man can't fetch water. Right now, I fetch water, even

sweeping the compound, I do all. My mindset was completely transformed to be more supporting. (FGD Role Model Men, Ariaze A – Rhino Settlement, Arua, Uganda)

However, again, a change in mindset is not universally observed, and some men feel resentful of the project effects on gender roles:

We still have some men who do not perceive the project as making positive contributions, because men are used to seeing women in the kitchen and doing all domestic work. (Man, Omugo 5, Uganda)

Some men feel inferior seeing their wives shining by taking decisions and participating in community activities. (Man, Omugo 5, Uganda)

Some people think the project is interfering with their cultures. Some people strongly believe in their cultures, the same way Christians believe in their Bible. They think the project will destroy their culture. They feel it is a threat to their culture. (Man, Omugo 5, Uganda)

Role Model Men in Uganda have in some cases been stigmatised as ‘weak’ or ‘unmanly,’ while men in Colombia share the challenges experienced to overcome their *machista* mindset and deeply engrained gender stereotypes.

What emerges is a pattern of nascent changes in social norms that is mirrored in the other pilots. In Colombia, participating men provide indirect accompaniment as household members, while in the Philippines men and youth have contributed to the development of a communal garden and deep well excavation.⁴² This evaluation confirms changes in attitudes and buy-in of men at community level as a notable contribution directly linked to Women Lead and connected programmes. Men directly linked to Women Lead are often less likely to block women’s participation and more likely to buy into their leadership and actively support them.

At the same time, the shifting of social norms is a long-term aim and one that frequently comes with steps forward and back, because loss of power is uncomfortable. Consequently, the **assumptions in the theory of change around the need to engage men are accurate** and the tools put forth are relevant-specific programme design. However, these resisters and blockers would need to be directly and strategically engaged, as social norms are not likely to change through ‘*women modelling participation*’ only.

The Women Lead project – while including ‘Engaging men and boys’ as a mandatory step – has frequently taken an approach that asks women to choose how to engage men and boys. Although this may be positive from the perspective of ensuring women-led approaches that are flexible to context, there are also limitations to this. There are few practical examples that teams can build on, and engagement with men and boys does not appear to have been a priority learning area: this means that, although teams may develop best practices, there has been little scope to share experiences on this, and to document advances. In some cases, these activities have not been adequately resourced, hampering the depth of engagement undertaken. A greater degree of guidance or examples on how and when to engage men and boys could help make engagement with men more systematic and strategic, which would be **beneficial to addressing patriarchal backlash**. Concerted and ongoing efforts, as well as accompaniment and resources, are required to maintain and increase the critical support of male supporters and allies.

With regard to shifting norms and engaging men, this evaluation confirms that the Women Lead model demonstrates ‘elevated levels of effectiveness.’ More impact is evident with people around shifting social norms on women’s leadership at community level. However, shifting persistent structural gendered inequalities and patriarchal mindsets requires a more sustained and tailored engagement of men in their different roles. Furthermore, assessment of progress against outcomes indicates a ‘modest improvement’ with regard to shifts in social norms and, importantly, notes that men participating in Women Lead groups report shifting perceptions of women as leaders, women’s participation and traditional gender norms.

Though mandatory in each context, the approach to engaging men is too loosely applied and not strategically linked to Women Lead programming. There is little structured learning from promising activities – such as positive concepts of masculinities, critical self-reflection and couples' dialogue – to enrich the toolkit. While the global team has now sought to embed the GEM Scale into its monitoring frameworks, this had not yielded consistent data by the time the project began. No differential or age-specific guidance and practices could be identified targeting or engaging boys (though guidance and promotional material recurrently refer to 'Engaging men and boys').

Achieving better humanitarian responses

The Women Lead theory of change and the corresponding results framework assume a strong connection between women's collective action and improving humanitarian responses or influencing humanitarian stakeholders. This constitutes one of the highest levels of outcome and therefore is considered one of the most difficult and long in term to achieve. **This evaluation finds that:**

- **There are clear examples of women successfully influencing the actions of humanitarian responders and power-holders. This appears to be connected to:**
 - A better understanding of how the humanitarian system works;
 - Sharpened participation and leadership skills;
 - Women's groups being better connected to stakeholders and decision-makers.
- **Despite notable contributions, the extent to which affected women influence humanitarian decision-making and improve humanitarian responses is still limited. Among the reasons for this are that:**
 - Opportunities and spaces to influence humanitarian decision-makers are not readily available.
 - Women Lead groups do not necessarily focus all their efforts on influencing humanitarian stakeholders but on how women can address their own needs and support their peers independently of them.
 - Women Lead activities are often reactive forms of participation focused on problems. More could be done to further institutionalise women's participation.
- **Unpacking how Women Lead groups participate, lead and influence and how effectively they engage with humanitarian stakeholders needs to be further conceptualised in the next implementation period.** Monitoring data on how (and how effectively) Women Lead groups engage decision-makers throughout the action plan implementation and beyond is not currently systematically captured.

Women Lead appears to influence humanitarian responses specifically in two ways:

1. By supporting women to engage with and influence power-holders and stakeholders in the humanitarian response and successfully advocate for their needs and wants;
2. By supporting women as responders and as providers of peer support.

Capturing evidence of successful influencing can be challenging. Such successes frequently take a long time to materialise, and they cannot be measured using quantitative indicators in the way that changes in confidence or self-efficacy can be. However, it is also the case that the Women Lead global team does not currently have a systematic approach to capturing these outcomes that has been easy for women to use. While the 'Act' and 'Learn' phases of Women Lead do include tools for capturing this, as with action planning, documentation by women's groups has in some cases been a challenge, and therefore there is a greater need to develop approaches that can be more systematically embedded without overburdening women.

Attempting to capture the impacts of these actions also highlights the degree to which ‘direct’ and ‘indirect’ beneficiary distinctions are inadequate when considering the impact of actions by women. While women in groups themselves might be considered ‘direct’ and others in the community ‘indirect,’ this does not account for the substance of change communities experience. In a community where women’s groups successfully argue for clean water, the broader community of potentially thousands experience this impact as substantial and meaningful. For this reason, in the context of this programme, it would be helpful to attempt to understand, through effective tools, the wider impact of advocacy efforts and to value this not as ‘indirect’ but rather as substantive change. This will enable a greater understanding of the value of a project.

Influencing humanitarian stakeholders

The Women Lead team conceptualises humanitarian actors/stakeholders as those who perform a role as a power-holder and/or a duty-bearer within humanitarian emergencies or crisis-affected contexts, and particularly those who provide direct humanitarian relief or response. For this reason, Women Lead covers considerable breadth of humanitarian actors, and this extends not just to international NGO actors but also includes civil society organisations and municipal, administrative or government actors.

As is explored in greater detail below, the Women Lead programme could do more to understand this breadth and diversity of actors and to embed this thinking more within programme strategies and the theory of change. While the systematic capturing of influencing successes has been limited, we can see clear examples emerging from the pilots of women effectively advocating to and influencing these stakeholders.

CARE’s accompaniment of groups has been identified as playing an important role in ensuring that Women Lead groups have access to spaces in which they can advocate to power-holders and duty-bearers. Successes from such women’s advocacy include the following:

Advocating for improved targeting and response for marginalised and vulnerable population

We can see evidence in Niger of women’s greater participation in and influence over humanitarian targeting criteria, which has been a focus of multiple groups.

Women have a watchful eye on all the selection activities of the beneficiaries for humanitarian assistance. If they have complaints, need more information, or other requests, they refer to the implementing partners or make complaints to the communal and administrative authorities to better understand or to put them in their right.⁴³

One example of the success from this can be found documented within CARE Niger’s Advocacy and Influencing Impact Reporting Tool,⁴⁴ which details action taken in Djambourou district, in a neighbourhood that recently developed organically and therefore has no formal recognition from the local authorities. Even though there were 2,660 people living there, without recognition or a chief the community had no ability to seek humanitarian relief. The women of the Haské Nour Women Lead group developed a list of the 380 households in the neighbourhood and took it to the mayor, with the support of local men. The process of gaining recognition took four months, with several round trips to engage relevant authorities, but they were eventually successful. Since that time, the community has been able to receive humanitarian assistance: vulnerable people have received cash transfers, and additional support has been provided to people with disabilities and to children.

Similarly, in Uganda, Women Lead groups indicate that the quality of humanitarian response targeting has improved:

Humanitarian actors have shown respect for women, people with special needs, pregnant women, for example when it’s time for receiving the cash transfer aid the pregnant women are considered important and are served first. (Women Lead member, Kyangwali, Uganda)

And women themselves now have the ability to access cash transfers:

Women have also been given ability to access and receive the humanitarian aid from the supporting organizations [...] unlike before where men thought they were the only gender allowed to receive the cash fund from World Food Programme. (KII RWC III chair, Kyangwali, Uganda)

Successfully holding humanitarian stakeholders accountable

Women Lead groups across the different pilot settings have organised to influence power-holders to meet their obligations when service provision is not sufficient or is of a lesser quality than expected. An example of this relates to a Women Lead group in Omugo settlement in Uganda successfully advocating for an accessible food distribution site:

Omugo had an opportunity for a distribution centre but it was in Omugo 1 I think, which is far away from Omugo 4, so the women and of course other committee members had to protest through their leaders. We were able to write a memo just to show to that the distances they are going to travel to that side to collect food is very long which means they will spend much of this for transport, then at the end of the day no food or too hungry. (KII, Siripi Zone Yoo Basecamp, Omugo 4, Uganda)

Women employed different strategies to achieve their goal: engaging humanitarian actors directly, establishing alliances with the RWC leaders and Role Model Men in the community and creating pressure to organise a peaceful sit-down strike. Eventually, humanitarian agencies engaged in direct dialogue with the community and, as a result, started distributing food directly in Village 4 in February 2020.⁴⁵

We can see similar stories from Niger, where many groups chose to focus on water provision because of poor water access in many camps and settlements. Groups in Guidan Kadji, Tam, Djambourou, Ambram Ali and Malan Blamari have all chosen to visit local authorities and have successfully demanded the provision of boreholes or water pumps for their communities:

Ga Touwo ga rouwa! How happy we were when only three days after we had gone to ask for water at the town hall of Mainé, we found the drilling team working on the site. (Women Lead group member, Niger Evaluation, 2021)

Other successful advocacy can be observed in women requesting public waste management infrastructure to improve sanitation, and women working with local authorities on issues of land rights and successfully achieving the transfer of land rights to women.

Supporting safety

Women Lead activities across the different contexts confirm that GBV is a priority concern for women and girls, and collective action is a powerful mechanism to address this. Among the different achievements identified are Women Lead groups in the Philippines advocating for the creation of **women and girls' safe spaces within camp sites** by engaging camp coordinators and local government officials, as well as raising these concerns in disaster risk response planning activities.⁴⁶ This inclusion has the potential to make future humanitarian responses safer for women and marginalised groups.

Similarly, Women Lead groups in Niger have successfully advocated for a local NGO to set up a **child-friendly safe space to keep children occupied and safe outside of class**. We can see the degree to which – as in the case of Djambourou's recognition – women have shown persistence in trying to achieve their aims.

In Niger, cases of rape in homes at night were rampant. Women were frightened and survivors were not given the support they needed. A Woman Lead member was able to mobilise the other women of the group to go to the village chief's house to discuss the issue. However, the village chief would not hear their

concerns. So the women took the issue to law enforcement and the Gendarmerie Department of Mainé Soroa. They were successful in securing action:

I was able to overcome my silence and I was the first to mobilise the women. Our voices were heard by the authorities who agreed to patrol every night to prevent men from entering our houses This was my greatest achievement, I was not afraid or slowed down by anyone. I spoke in public and in front of everyone in order to defend our rights. (Lami Case Study, Niger)

These combined measures resulted in a reduction in sexual harassment of young girls in the refugee and displaced persons' site.⁴⁷

Delivering humanitarian support and services

Women Lead groups also use their activity budgets and action plans to directly respond to the humanitarian needs of their peers, rather than influencing duty-bearers. This implies a meaningful contribution to Higher-Level Outcome 1 – '*Women's groups take collective action and shape aspects of the humanitarian response*' – in the sense of Women Lead groups engaging in the following two ways:

As connectors Women Lead groups link the humanitarian response better to affected communities

When participating in consultations, women's groups provide inputs into and contribute to more effective humanitarian responses while also influencing humanitarian delivery punctually. In addition, Women Lead groups provide peer support, accompaniment and referrals, enabling affected people to access humanitarian response services.

'Newer' Women Lead groups, such as those in Colombia and the Philippines, have seized the opportunities to establish and improve relations with local authorities and humanitarian actors and to create communication channels. The improved access, paired with Women Lead groups establishing themselves as actors in their communities, increases the opportunities for influencing and having a say in decisions that affect women's lives. Enhancing women's understanding on how humanitarian responses work has also prepared them to convey their concerns more effectively and formulate their priorities with more clarity - thus increasing the chances of effectively influencing humanitarian actors (Colombia).

The 'older' Women Lead groups in Niger and Uganda demonstrate achievements in terms of influencing, such as incipient changes as a result of their advocacy and adaptation of plans (including correction of beneficiary targeting, realisation of infrastructure) by the mayor's office and humanitarian actors, to respond to women's requests (holding of extraordinary budgetary sessions of the council, setting-up of infrastructure and services). Thus, there are incipient achievements with regard to influencing humanitarian responses, and advances in terms of changing unaccountable governance and decision-making structures.

In these more mature pilot groups, participants are beginning to express interest in further institutionalising their participation⁴⁸ and CARE can help support this by considering how to integrate tools and approaches from existing CARE inclusive governance frameworks, such as Community Score Cards or Participatory Budgeting. This may help progress the Women Lead model from a 'cycle' to a 'spiral,' building participation up and out.

As crisis responders Women Lead groups directly support their peers

Several Women Lead groups have put their skills into practice and repurposed their activity budgets to respond to the COVID-19 pandemic. They have manufactured liquid soap and face masks, trained others to do the same and disseminated information (Uganda). They have organised community pantries that have turned into a source of immediate provision of necessities (the Philippines). They have offered nutritional support and food distribution to children in need and thus supported vulnerable households (Colombia).

In some cases, Women Lead groups have used their activity budgets to pay for community response infrastructure. For example, in the Philippines, activity budgets were invested in life-saving community

health, including life support training, provision of generators and manual blood pressure monitors to be used by the community, further building acknowledgement of women's leadership.⁴⁹

In Uganda, too, we see women taking an active role in the direct provision of services. In some cases, this has included being trained in delivering psychosocial support to survivors of trauma. In other cases, women have delivered education on SRHR to their peers.

In Colombia, the Philippines and Uganda groups have also started taking opportunities to formalise and register their Women Lead groups in order to be able to access funding and more easily provide services to members of their community. This also offers greater legitimacy when engaging with power-holders and decision-makers. This presents some early evidence of women beginning to convene their own spaces and develop their own infrastructures of decision-making and influence.

Local women and community-led humanitarian systems in the Philippines

With the help of a PKKK woman leader, the women leaders in Biliran were able to organise themselves and work towards having their association accredited. They attended seminars and capacity-building training, which enabled them to come up with disaster risk reduction (DRR) contingency plans. These women leaders put what they have learned to good use by initiating volunteer work with their *barangay*, which eventually came into fruition when they were able to organise Women-Led DRR Committees in their local communities. These formations represent community-based women-led actions which women are the leaders who identify the risks, plan and make decisions.

Women Lead is beginning to show evidence of supporting women to access spaces to influence humanitarian decision-makers. We can also see evidence of women operating as responders in their own right, both informally and, increasingly, formally.

However, there are opportunities for CARE to strengthen this aspect of the programme and to more systematically ensure that channels are in place to feed women's insights back into the humanitarian system. This might include the development of more systematic engagement plans to ensure that CARE is using its power to maximise opportunities for women to access spaces of power and decision-making. It may also include exploring the inclusion of existing CARE tools to institutionalise women's participation more systematically. This will help ensure women's groups can be forward-looking and less reactive in their participation.

With regard to achieving better humanitarian responses, this evaluation confirms that the Women Lead model demonstrates 'moderate levels of effectiveness.' This evaluation also notes that, despite promising advances, change is more challenging to achieve at impact and higher-level outcome levels. Across the different pilot settings, the Women Lead model and approach set groups in motion to advocate for change. Notable improvements in terms of influencing comprise groups voicing concerns, filing complaints, mobilising to address safety consideration and holding stakeholders to account for their responsibilities to uphold rights and provide services. To date, influencing efforts of Women Lead groups are more reactive (in terms of righting wrongs) than proactive (forward-looking planning). Furthermore, assessment of progress against outcomes indicates a '**modest improvement**' with regard to outcomes in terms of overall improvement of humanitarian responses. Insufficient comparative information is available from the humanitarian stakeholder perspective in terms of how effective the engagement of Women Lead groups is in their respective context, and whether and to what extent influencing has any longer-term impact in terms of shifting incentives. There is scope and opportunity for CARE to weigh in more systematically to influence change and effectiveness. However, when assessed from the perspective of affected women (and in comparison with pre-Women Lead settings) – in the case studies, Most Significant Change and outcome harvesting exercises – the '**significant progress**' needs to be acknowledged in terms of participating, leading and influencing.

Summary of outcome materialisation

Table 10 presents summary of the two separate but intertwined layers of assessment along the six change domains: a) **effectiveness of the Women Lead model** and **approach** and b) **progress against outcomes/change**, with more detailed justifications at the end of each change domain section.

Table 10: Summary of Women Lead model assessment

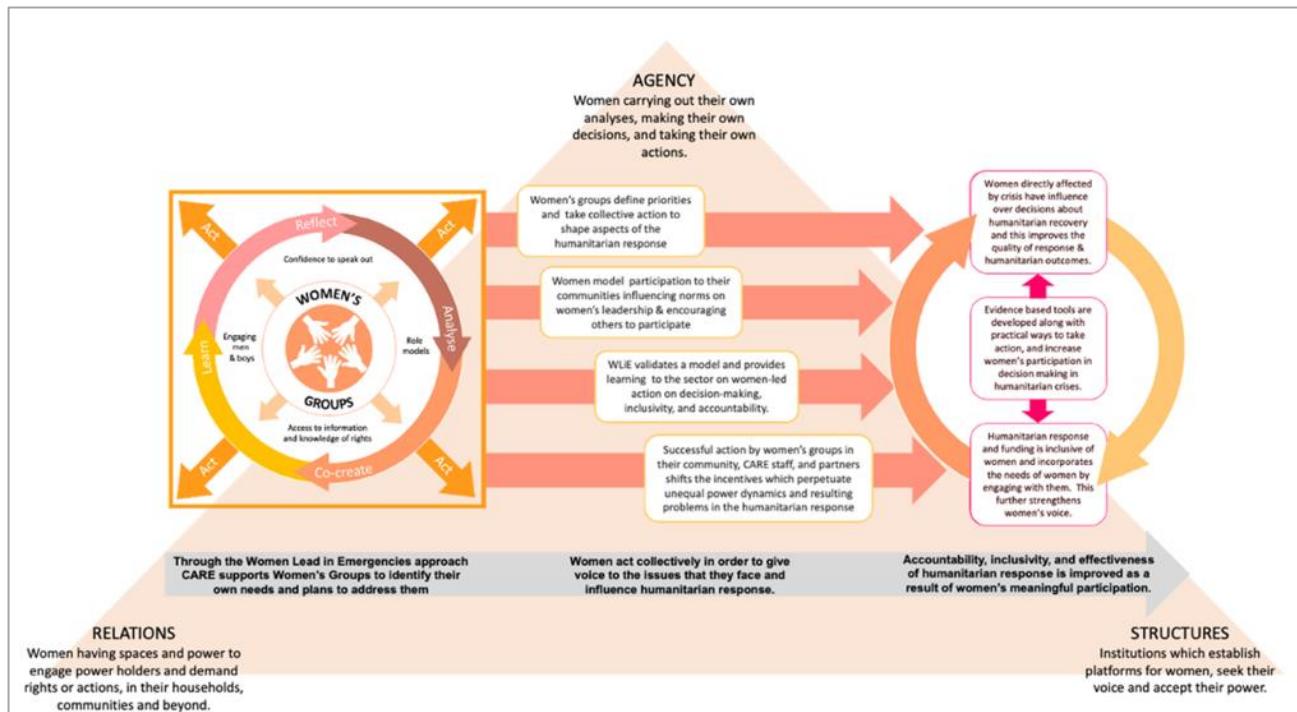
Effectiveness of Women Lead model	High levels	Elevated levels	Moderate levels	Low levels
Progress against outcomes/change	Outstanding achievements	Significant progress	Modest improvement	Activity but no changes
Women's confidence, knowledge and self-efficacy	✓	✓		
Women's presence and meaningful participation in decision-making		✓	✓	
Women's formal and informal leadership		✓	✓	
Women take collective action		✓	✓	
Shifting social norms and engaging men			✓ ✓	
Achieving better humanitarian responses			✓	✓

HOW CHANGE HAPPENS

The Women Lead theory of change

This section contrasts the Women Lead programmatic assumptions of how change occurs with the pilot implementation, to identify the areas of strength and weakness. It provides inputs on areas that require attention in future revisions of the theory of change.

Figure 9: Women Lead theory of change



Strengths of the theory of change

- **The theory of change accurately reflects intertwined causes of women's marginalisation and tokenistic inclusion.** The RGA-P applied in all pilots provides clear contextualisation of the obstacles that face women's leadership and informs the subsequent steps.
- **It correctly assumes prerequisites for collective action.** Women Lead groups identify their own needs and priorities, and have the capacity and financial means to address them on their own terms. Their ownership of the activity budget and the freedom to address prerequisites strengthen the appropriateness of interventions.
- **Multi-layered change and intertwined outcomes** result across the domains of CARE's Gender Equality Framework: Build Agency – Change Relations – Transform Structures. However, the role of CARE teams in strategising, accompanying and generating opportunities could be more visible.
- **The interconnected logic of the five-step model works** in practice and supports Women Lead participants in collective action. 'Engaging men and boys' and 'Enhancing peer learning, networking and movement-building' are more than cross-cutting components. Together with 'Networking among WL groups,' these support pillars need to be reflected in the theory of change and adequately resourced in practice.
- **Assuming Women Lead groups as stakeholders and partners** – with lived experience and knowledge to prioritise and define their own actions – contributes to the model's transformative potential. The

insights and learnings from Women Lead groups need to be used more strategically to inform and influence humanitarian response and stakeholders in line with the localisation agenda.

- **The strategic role of the toolkit**, building on effective practice and learning, is confirmed. The tools and guidance currently comprising the ‘toolkit’ are helpful but a complementary repository and/or living document could capture learnings from practical implementation to serve other settings. Documenting substantive content on participation, leadership, influencing and engaging men/positive masculinities is encouraged.

Weaknesses of the theory of change

- **The theory of change overestimates the realistic role affected women play in influencing top-line decisions** about humanitarian recovery, quality of response and humanitarian outcomes. It would benefit from unpacking the domains of influence in the context of humanitarian responses and distinguishing influencing at a project/programme and local level, versus humanitarian outcomes.
- **An overgeneralised understanding of humanitarian actors** does not distinguish between local government, national NGOs and international NGOs/organisations, and omits tailored strategic engagement for change. Unpacking ‘humanitarian actors’ will help in grasping differential enablers of and barriers to change in terms of localised engagement, tool development and potential alliances.
- **It does not adequately capture different contributions of Women Lead groups outside of the humanitarian response**, responding by themselves to needs and providing peer support. The transformative aspect of Women Lead groups’ priorities and ways of working could be better captured, systematised and used in influencing the humanitarian sector (locally and globally).
- **It omits the role that CARE plays in making change happen.** This is particularly with regard to CARE’s role in accompanying, advocating and networking, and using CARE’s standing and power to connect Women Lead groups to the humanitarian response/local governance. CARE should be included systematically, as a stakeholder with multiple roles, in reflections of how change occurs.
- **Influencing social norms requires more than showcasing women as role models** and encouraging others to participate. Multi-pronged, concerted and principled engagement with blockers and resisters is required and needs to be included in the theory of change.
- **There is not enough representation of the cyclical nature or non-linear aspects** of impact. The continuation of several Women Lead groups for subsequent cycles warrants reflections on when to close cycles, how to exit and ways forward (including tools such as training of trainers and mentoring). A depiction of a spiral rather than a cycle is encouraged, if possible – an upward, forward-moving expanding spiral. Furthermore, diverse engagement strategies with Women Lead groups, as well as exit strategies, should be included

The review of the theory of change demonstrates **high levels of consistency** between the marginalisation of affected women and mobilising them for collective action. There is a **logical link** between the five Women Lead empowerment components (or steps) and the continuously evolving **toolkit and guidance**. The model’s implementation lives up to the **innovative aspirations of shifting power** – defining priorities, control over budgets, decision-making – towards affected women, who engage in collective action to advocate for their needs. **Transformative assumptions hold**, as affected women have a greater say over decisions that affect their lives, bring improvements to their communities and have an incipient influence on improving humanitarian responses.

The key weaknesses of the Women Lead theory of change is its **overly abstract** understanding of humanitarian responses, stakeholders and decision-making processes. While Women Lead groups are better prepared to engage with power-holders around their needs and priorities, their expected role to *‘have influence over humanitarian decisions on recovery, improvement of the quality of response and humanitarian outcomes’* is removed from their reality. **Intermediary steps need to be introduced** to enable

women to move from influencing decisions that affect their lives, towards influencing decisions that affect the humanitarian recovery, response decisions and humanitarian outcomes. Unpacking how different Women Lead groups engage and participate, within and outside of humanitarian responses, will help **CARE teams proactively enable influencing opportunities** within the humanitarian sector at local and global levels.

Preparing conditions for women's participation

Evidence is present that the Women Lead model and approach contributes to change by **preparing and accompanying** women's groups in humanitarian settings to **collectively overcome barriers** to meaningful participation. Regardless of whether the barriers result from structural (gendered) inequalities and/or are compounded by the different humanitarian crises, the following three entry-points prepared the conditions:

Livelihood and income generation

When crises hit, women's livelihood concerns often prevent them from participating in decisions that affect their lives. Women Lead enables joint **livelihood and income generation efforts** – which constitute 42% of 78 Women Lead action plans – while also generating conditions for participation (financial and economic autonomy).

- **Fewer worries, more independence:** In Uganda, the adapted Women Lead approach supported existing village savings groups with women's empowerment and leadership training. This led to notable changes in savings culture and allowed members access to loans, which in turn improved conditions for participation: '*[We were able to] borrow money in order to start our personal businesses. Women can now take care of their homes financially without necessarily asking from their men*' (FGD WL group, Omugo, Uganda).
- **Incipient success leads to acknowledgement:** In Mali, Women Lead capacity-building in agro-processing and conservation techniques doubled women's yield of groundnut paste, resulting in an increase in income, an enriched household menu⁵⁰ and improved acknowledgment of women in their communities.
- **Building networks, enhancing resilience:** In the Philippines, activity budgets enabled women to work in agriculture, livestock and retailing opportunities, building alliances with stakeholders and contributing to community resilience, and to collectively respond to the COVID-19 pandemic.⁵¹
- **Advocating and negotiating as part of livelihood project:** In Niger, a Women Lead group successfully engaged with authorities and international stakeholders to obtain a mill, which improved living conditions and reduced the domestic chore burden.⁵² Livelihood opportunities resulting from women's action plans have also had a positive influence on household decision-making and contributed to enhanced self-esteem, increasing attendance at community activities and disposition to speak up in meetings.

Skills training and capacity-building

Affected women often feel they need **access to information, to build their knowledge and develop skills** before being able to participate in decision-making spaces or engage power-holders in meaningful ways.

In addition to the different training sessions offered, Women Lead aspires to address educational barriers women have identified, through, for example, life skills training (including in adult functional literacy and numeracy) as well as financial inclusion and training on saving and business skills. In Uganda, the ability to read and write basic English is important to both women's confidence and their ability to participate in community meetings and other public fora. By December 2020, there were 1,716 women and 345 men attending functional adult literacy in Omugo and Siripi settlements.⁵³ While Women Lead frequently

engages in directly addressing these educational barriers, often through complementary programming, more deliberate efforts can be made in future implementation phases to generate conditions for participation.

In Colombia, practical information and knowledge on how the political and governance system works, as well as the importance of active citizenship, raised necessary awareness among women to participate more actively in existing spaces or to establish relationships with decision-makers.

Engaging men as partners, supporters and allies

Women Lead contributes to change by involving men to work jointly with women, to advance gender issues and shift power imbalances. A common finding from the RGA-P in all communities piloting Women Lead is that men's behaviour and attitudes are a fundamental barrier to women's leadership and participation.⁵⁴

Women Lead groups engage men in different ways. For example, in Niger, 90 **male leaders** have been chosen to accompany the 9 groups (10 per group). Through fortnightly meetings with these leaders, Women Lead members discuss issues of concern and thus have joined forces to advance women and girls' leadership in the community. In turn, Mali and Uganda have involved men at the request of affected women, ensuring that women drive the selection of so-called '**men committed to gender equality**', who support the promotion of women's and girls' rights, have experience in fighting violence against women and girls, and advocate for women's access to decision-making bodies. Their selection by women implies a necessary power shift towards women themselves.

In Colombia, **husbands of members form part of two Women Lead groups**, and having male allies and their explicit support when engaging humanitarian stakeholders or addressing gender inequality makes all the difference. Also in Colombia, men have engaged in a separate **curriculum working on positive masculinities** and have developed a social media campaign to curb violence against women.

In contexts where Women Lead engages **with husbands of participants** – be it through orientation sessions, couples' dialogues, joint training or capacity-building, or through mixed-gender Women Lead groups – there have been notable (incipient) positive changes at household level. Women Lead group members in Colombia, Niger and Uganda speak of more **harmonious relations, active listening and joint decision-making**. This evaluation finds compelling evidence that Women Lead groups consider the engagement with men relevant to their enhanced participation.

- **Early signs of shifts in husbands' attitudes on women's participation:** Women Lead members report that men's attitudes are more supportive, encouraging women to attend community meetings and showing a greater disposition for collaborative work, more information-sharing and joint decision-making. '*My wife is a member of the group (nsonga mbere) and when she comes back from the meetings and trainings she shares the information with me on what they have been trained about*' (PWD Representative RWC III, Uganda).
- **Some acknowledgement of women's capacities:** In Tonga, Women Lead group members reported that they were working more closely with their husbands and their family to rebuild and improve their lives after the disaster. '[*We are*] very happy because they [the men] started to recognise that women can do something. Women asked men to help with making the fence around the vegetable garden and then men saw that they were doing something new' (female community representative, Tonga).⁵⁵
- **Men increasingly assume some domestic chores:** Several instances of increased collaboration in the household were reported.⁵⁶ In Colombia, 94% of participants in the internal Women Lead evaluation (2020) considered that the men in their household supported their participation in this group and/or as a community leader: '*In my house the men are very supportive, they take care of the children and take care of the cooking*' (WLiE, G4, Colombia). Similarly, the Niger evaluation highlights husbands encouraging women to participate in community meetings, men looking after children while their wives go to meetings and others who remind their wives of the time of the meetings (so that they go)

while also assuming some domestic chores.⁵⁷ Men are shown to have greater awareness of the need to collaborate, to involve the women in the reflections, to actively listen and to involve women in joint decision-making. Overall, women also confirm that they feel more respected.

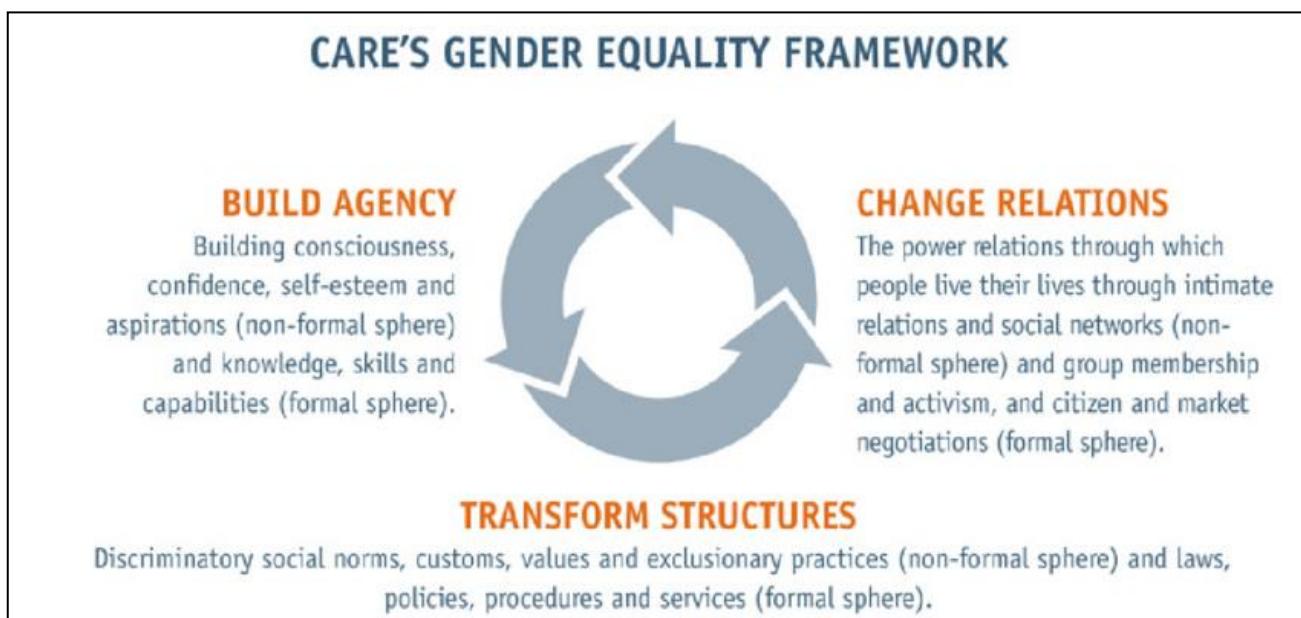
- **Self-reflection and commitment to continue engagement:** In Colombia, male Women Lead participants shared: 'I feel proud to have participated, it has left me with a lot of reflection on how to treat women [...] and I have changed a lot' (male, Women Lead, Colombia). Furthermore, demonstrating a commitment to working with younger generations, 'For me it has not been easy, but I have learned a lot, we have to have the courage and educate boys and girls from a young age, we have to teach them and try to change the mentality, because you women deserve to be treated well' (men's group, Women Lead).⁵⁸

This section has looked at multiple and intertwined entry-points in which the Women Lead model and approach contribute to change by setting the stage and preparing the conditions for women's participation.

Multi-layered change: agency, relations and structures

The Women Lead approach further contributes to multi-layered and intertwined changes by demonstrating a strong alignment with CARE's Gender Equality Framework (Figure 10). The purpose of this section is to complement the more visible (previously addressed) Women Lead components with less visible, unintended and/or unexpected changes across the three layers within the Framework.

Figure 10: CARE's Gender Equality Framework



Build agency

Building agency in the context of Women Lead means that 'Women have the knowledge, skills, confidence, and awareness to be able to effectively participate and lead in humanitarian decision-making, preparedness, response and early recovery.' Women Lead contributes to change at this level through:

Acknowledging that complex consequences of crises on women and girls, such as mental health and wellbeing, can be addressed collectively

- In **Colombia**, Women Lead participants reported how a shared sense of purpose had supported women to overcome suicidal thoughts, attempts of self-harm, and feelings of isolation and depression.

- In **the Philippines**, women who ‘usually stayed home and would not go out’ reported that, after peer support, ‘life now is worth it,’ as well as feeling more respected by community members.
- In **Uganda**, women spend less time consuming alcohol and engage in more productive tasks such as handicrafts (weaving baskets) or working on their businesses to boost their savings.

Developing gender awareness, strengthening self-worth and working towards greater autonomy, mobilising women to assert their rights as women, and working for gender equality

- In **Uganda**, community awareness-raising sessions on women’s rights and intimate partner violence have used in songs and dramas, with important multiplier effects.
- In **Colombia**, information sessions on GBV have helped enhance women’s self-worth, supporting them to claim their rights to a dignified life and greater autonomy⁵⁹ while also improving interpersonal relationships: ‘[CARE] taught us how to realise if we are suffering from GBV, they talked about gender stereotypes, they taught us about co-responsibility.’⁶⁰
- In **Niger**, work with girls’ groups has enhanced women’s self-confidence to speak in public, developing their leadership skills and raising awareness on girls’ rights to education.
- In **the Philippines**, participants have started speaking about the different ways in which they have been marginalised and discriminated against by men in their communities (which is considered unprecedented by the CARE project team).

Across the different pilots and in accordance with the localised barriers they face, Women Lead participants **undergo personal transformation through the collective empowerment process**. This was confirmed in consultations with local Women Lead teams and is captured in the following quote from Colombia: ‘[We note] a transition in women who were shy and submissive to women who recognise themselves as leaders.’⁶¹

Change relations

‘Change relations’ means that ‘Women have the peer support, networks and access to decision-making spaces and institutions necessary to effectively participate and lead in humanitarian decision-making, preparedness, response and early recovery.’ Women Lead contributes to changes in terms of:

Women acknowledging the strategic importance of working with others, confirmed by improvements in a range of indicators (that vary across contexts) to measure changes in collective ways of working

- In **Niger**, ‘Women are aware of their collective power, 61% of members and 57% of non-members recognise that they can only change things if they work together. Similarly, 69% of women say they are very likely to work with others for the benefit of their community.’⁶²
- In **Colombia**, where a baseline was conducted, 95% of respondents considered teamwork to be relevant, to plan and achieve common objectives (December 2020). At the time of applying the baseline, 38% did not recognise that they worked as a team with other women (early 2020).
- In **Tonga**, 75% of survey respondents named increased cooperation between men and women within the community as a positive change that they were experiencing as a result of the project.⁶³

Enabling women’s groups to work with others, strategise, form alliances and build networks, thus improving the opportunities for engaging and influencing stakeholders

- Across the different pilot contexts, **networking** and **building alliances** is highlighted as a way towards **more effective collective action**, to gain access to services and enable better advocacy efforts. This in turn leads to more recognition from others in women’s community of their collective leadership.⁶⁴
- In Mali, Women Lead groups have stepped up cooperation with other local women’s organisations, which they previously viewed as rivals, to jointly achieve their advocacy goals.
- Newly established or **improved relationships exist with local decision-makers** and stakeholders to advance community improvements.

- Experiences of peer learning meetings in Uganda, and expressed interest from Women Lead groups in other contexts, point to the important potential of enhancing networks and exchanges across Women Lead groups from different settings.

Transform structures

'Transform Structures' in the context of Women Lead relates to systemic barriers being addressed so that formal/informal power-holders are accountable to women's rights, and actively provide the opportunities/space for women to participate and lead, and to be respected, listened to and have influence when they do. This evaluation finds that Women Lead contributes to transformed structures:

Formalising and registering of groups position them to engage with power-holders from a place of legitimacy, more able to participate in decision-making fora, ensuring they are better positioned to advocate for the changes they want to see in their lives

- In **Uganda**, the South Sudanese Refugee Women's Association has formally registered its group to become the first recognised women's community-based organisation in Uganda.
- In **the Philippines**, several Women Lead groups have gone through the accreditation process and formally registered their groups as associations. They have gone on to establish new partnerships and alliances in order to implement their Women Lead action plans.
- In **Colombia**, several women's groups have been officially certified as foundations or women's entrepreneurial associations, which enables them to independently apply for funds, implement projects and fund spaces to meet. This is significant, as women previously had limited exposure to collective organising.

The above demonstrates women's groups working to address unequal structures by convening their own spaces for decision-making and participation, to create new ways of engaging power-holders and duty-bearers.

Participation modes: exploring women's choices and priorities

This evaluation finds that humanitarian responses are not adequately prepared to engage with informal groups of affected women beyond consultations. This means Women Lead groups need to advocate for new spaces of engagement and channels of communication before they will be able to engage effectively with humanitarian decision-makers.

As highlighted above, how Women Lead groups engage with stakeholders needs to be unpacked. A more in-depth comparative analysis of women's choices is required to inform the review of the theory of change, in terms of the priority topic women decide on, problems they seek to address, their strategies of organising and modes of engagement with power-holders. This future research will also generate insights into intended higher-level outcomes and impact in terms of participation – namely, '*Women's groups take collective action and shape aspects of the humanitarian response*' and '*influence over decisions about humanitarian recovery*' and '*improvement of the quality of response and humanitarian outcomes*'.

Women Lead implementation is flexible and **shifts decision-making power** on whether, and if so how, Women Lead groups choose to engage with power-holders. The power to assign significance in a particular change or achievement remains with Women Lead groups – as explicitly noted in the MEAL Framework. Local context and available opportunities (or the lack thereof) necessarily shape the modalities of participation.

Moreover, **no single form of participation** is 'better' than any other in terms of addressing needs, and Women Lead needs to develop conducive and relevant tools for each participation mode. Also, **multiple**

forms of participation can be combined to achieve a single goal. This evaluation finds that **what women choose to address** in terms of causes and consequences of gender inequality is not necessarily sequential – first addressing ‘practical needs’ and then ‘strategic interests’ – but are intertwined. Identifying different modes of participation, tracking them over time and comparing them across contexts will yield further insights into **assessing effectiveness** in influencing humanitarian response quality.

Trends in participation choices

An analysis of trends in participation choices derived from action plans, activities and outcome harvesting exercises yields a list of possible participation modes.

1. Voice,⁶⁵ consultation and influencing: These participation choices enable women’s preferences, views, interests and demands to be heard collectively. They include the incipient influencing of power-holders. For example:

- **The Philippines:** Participation is seen in women’s action planning meetings, *barangay* dialogue and assemblies, and coordination meetings for emergency response. Some women officers who represent the women’s group participate in planning workshops and training of trainers for DRR meetings.
- **Mali:** Women Lead members are present in most community decision-making structures across the four implementation sites, with active participation.

2. Advocating for needs: This includes improving targeting strategies, influencing local elected officials/authorities to be more accountable and keep their election promises, and delivering on promises by NGOs. For example:

- **Niger:** Women’s groups have worked with authorities to register a community to ensure that they can receive humanitarian relief
- **Uganda:** Women’s groups successfully advocated for humanitarian response actors to move a food distribution site closer. The community and humanitarian actors both took notice of the women’s group’s planned boycott in Uganda. Action such as this can be a mode for a) building legitimacy in the view of others and enhancing acknowledgment (it led to changes in men’s attitudes), b) building a personal sense of what can be achieved among women and c) inspiration for other Women Lead groups.

3. Righting a wrong/addressing injustice: Women Lead groups directly advocate for change and engage in action. For example:

- **Niger:** Women’s groups have worked with local health authorities on addressing excessive maternity fees that leave women facing dangerous births without medical support.
- **Niger:** Work is underway to address GBV occurring within the community by ensuring police patrols.

4. Mediating issues: Women Lead members work within their communities, in some cases with local authorities, to mediate issues or find solutions:

- **Uganda:** Women’s groups have worked with the Office of the Prime Minister and others in order to mediate disputes over natural resources within the community – particularly among refugee groups.
- **Uganda:** Women have worked with couples to mediate intra-household disputes and to advocate against intimate partner violence.
- **Niger:** Women have worked with the community and young boys to address sexual violence against girls.

5. Direct delivery and problem-solving: Women first-responders⁶⁶ seek to respond to the needs of their peers, particularly where humanitarian stakeholders are not readily present, are unresponsive or are overly bureaucratic. Examples include:

- **Colombia:** Health brigades have been set up with the military.
- **The Philippines:** Barangay Health Workers (BHW) focused their action plans on health such as life support training, provision of generators and manual blood pressure monitors that can be used by the community.
- **The Philippines:** Groups are engaged in the prevention of GBV through the creation of watch groups.

6. Standing for election and institutionalising participation: Women serve as candidates and contest for elected positions. For example:

- **Uganda:** Members of the women's groups aspire to stand for the RWC, including for chair/vice-chair positions that gender norms dictate are usually reserved for men. Women have been formulating their candidacies and practising campaigning publicly in readiness for the next election for the first tier of the Refugee Welfare Council (RWC 1) in 2021.

This light-touch identification of how Women Lead groups engage with stakeholders needs to be further developed to adequately track advances, document achievements and draw conclusions on substantive contributions, effectiveness of engagement and transformative change.

LESSONS FOR IMPLEMENTATION

This section aims to understand the way in which the Women Lead programme has been implemented in the different pilot contexts.

Challenges

Below is a summary of the general challenges identified. Where relevant, the analysis includes consideration of CARE's mitigation efforts.

Patriarchal resistance against women's leadership: Restrictive gender norms and patriarchal attitudes and practices are deeply entrenched in communities and within participants' households. Women Lead proactively engages men to generate a conducive environment for women's meaningful participation, including involving the husbands of participants, collaborating with male community members to implement action plans and securing buy-in from community leaders as well as traditional and religious authorities accompanying the women's empowerment process. More proactive engagement with male resisters and blockers could include using 'Reflect' tools, testing positive masculinity manuals/toolkits in different Women Lead settings and documenting changes in men's attitudes and practices.

Challenges of operating in humanitarian contexts: Several monitoring reports reference challenges in access, movement restrictions, harsh weather conditions, general insecurity, attacks by armed groups, limited access to services and connectivity issues. Women Lead's flexible approach allows it to adapt to context-specific challenges and to different modalities of interventions – whether direct implementation or through partners – as proposed by CARE local teams.

COVID-19 restrictions: Across the different contexts, the effects of the COVID-19 pandemic disrupted processes and put implementation on hold. At the same time, several Women Lead groups responded to this health emergency using their skills and networks. Although the situation was challenging, the flexibility of the Women Lead initiative meant it was able to accommodate changes in programme delivery and adapt tools for remote programming, such as by connecting teams online.

Limited or inadequate resources: References to limited or inadequate resources emerged in several contexts. Insufficient **funding for action plans** in the Yassalam village network in Mali meant that needs could not be adequately addressed.⁶⁷ Women Lead members in Uganda also highlighted budgetary constraints in relation to the full implementation of their action plans. Similarly, in the Philippines, women's groups easily spent their allocated budgets; when they envisioned their plans without limits of theme or cost, budgets ranged from \$200 to \$2,000.⁶⁸ Several Women Lead teams showed an interest in opportunities to pilot innovations put forth in their action plans, which did not materialise as a result of limitations in funding. Several opportunities had running costs that would need to be accounted for more consistently, such as networking and peer learning activities among Women Lead groups. The women-led approach taken to '**Engaging men and boys**' means that budgets can be *ad hoc*. In Uganda, Role Model Men (running alongside Women Lead) recurrently stresses a lack of resources to complete their tasks, such as for transport and other costs, which can lead to the loss of members.

Considerations around time: Challenges with regard to time related to the potential overburdening of women in times of global pandemic. Across the different contexts, women had to take part in care work and support tasks for their children, limiting the time available to participate, which led to some women dropping out of the programme. In the Philippines, there was some hesitancy among women, often female heads of household, to join Women Lead groups, given the financial burden of providing for the household as well as carrying out their day jobs.

Factors of achievement

This external evaluation confirms that the five-step Women Lead model – comprising Analyse, Reflect, Co-create, Act and Learn as women's empowerment components – is **fit for purpose**.

The model and approach enable Women Lead groups to advocate for their needs and priorities through collective action. Each of the five steps has a clear logic, and in practice they complement and reinforce one another. The focus on working across the three areas of the Gender Equality Framework – Agency, Relations and Structures – makes space for progress from women that is not linear. Unlike more training-focused models, Women Lead looks to support action, where women want to pursue it, providing opportunities for them to put new skills into practice and further building skills and confidence and legitimacy among community members. The evident reinforcing nature of the different steps suggests it would be advisable to maintain the current approach in its full form rather than watering it down.

In particular, this evaluation finds a number of factors that make Women Lead a successful model to support women's collective action, participation and leadership:

Women Lead has intrinsic flexibility and is genuinely women-led

The provision of activity budgets and the focus on ensuring women choose what activities they do, makes Women Lead inherently flexible and adaptable to context. Women Lead groups – in all their diversity and context specific particularities - develop high levels of ownership of Women Lead. They engage with the model, they find the approach and ways of implementation useful, and they frequently develop identities as a 'Women Lead Member'. This flexibility also means the model works across different emergency and fragile settings, in a variety of implementation modalities. Accompaniment by local CARE Women Lead teams provides a conducive environment to engage in participation, leadership and influencing.

Women Lead has the ability to progress with women at their own pace and in the way most suitable to them

The Women Lead model evolves when implemented over more than one cycle or year. The flexible implementation is reflective of the different paces of learning and empowerment of affected women in emergency contexts. Some groups require more time than others, such as new groups that need time to build trust (Uganda); some members require more time to develop self-confidence (Niger). Similarly, some men require more time to change persistent attitudes of discrimination and subordination of women (Colombia). Some groups require additional cycles to sharpen the application of Women Lead approaches to their local context, have more impact and engage in more meaningful ways with decision-makers, whereas other groups consolidate after one cycle, formally register as associations and then are able to apply for humanitarian funds themselves and implement their own projects. These groups may require only a light-touch accompaniment. Some Women Lead groups take an interest in multiplying learning with other community members and replicating the content (Colombia). Others may mentor girls' groups or more recently established Women Lead groups. Still others appear to prefer networking with other Women Lead groups as a way forward.

Women Lead includes an effective, practical and contextualised toolkit

CARE's flexible, contextualised, practical and consistent guidance notes and other tools are another factor of success. These are adaptable to the literacy level, different languages and internal group dynamics of different groups. Women members felt that the project approach was interesting and engaging, and fit with their learning pace and levels of understanding and leadership (Niger). Similarly, in Uganda, the use of drama, role play and songs – in a predominantly oral culture with multiple co-existing languages – helped overcome low literacy rates, as well as language barriers, mixing multiple nationalities, ethnicities and tribes. Hence, this evaluation confirms a high level of alignment with the theory of change that establishes

as a key objective: '*Evidence-based tools are developed along with practical ways to take action, increase women's participation in decision-making in humanitarian crisis.*' Over the years, availability in different languages has expanded and translations into local language has advanced.

Results can be achieved quickly

The assessment of this first phase pilot evaluation indicates that notable changes – including addressing complex and structural barriers to women's participation – have been addressed in a relatively short time. The experience of the Philippines demonstrates that impact is achievable in a short period – 60 days in Year 1 (2020) and 100 days in Year 2 (2021) in the context of COVID-19 restrictions. However, there are likely to be limitations to the nature of actions taken in such a short time. In the Philippines, groups opted for more direct action and less 'complicated' initiatives, prioritising their most immediate community and household concerns. Thus, action plans in the Philippines tend to centre on procurement and livelihoods: '*Some [Women Lead members] reported that, though they were excited with their project, they also felt pressured to comply with the time constraints.*'⁶⁹ Women Lead does, then, require time – likely around nine months – to ensure groups can progress through the steps, while developing capacity, interiorising learning, and implementing in practice and engaging with stakeholders. However, beyond this, timeframes can be flexible.

Opportunities for improvement

Considerable efforts have gone into understanding the practical implementation of the Women Lead model in local contexts. For a full breakdown of each of the different components of the five-step model, how it was implemented and opportunities for improvements, see Annex 2. Here, we outline some of the broader areas where there is the potential to refine and improve the model.

Opportunities to improve the model

The evaluation highlights a number of areas where Women Lead offers a model for working with women in crisis that is unlike any other available. However, with the increasing maturity of some of the projects, and to prepare effectively for rolling the programme out to new locations and incorporating it into new responses, there are opportunities for to strengthen some areas. Opportunities to consider include the following:

Introducing an additional layer of three 'support pillars' conceived to more strategically address barriers and seize opportunities⁷⁰

As the analysis above highlights, there is scope for CARE to add components that might address a gap in the current model or build on existing good practices. This evaluation highlights three core areas that run concurrently with the five steps, which may help accelerate progress by women's groups or address barriers more efficiently. This evaluation conceptualises these areas as supportive 'pillars' to the model. These three support pillars would require a budget line per location and enable cross-group activities.⁷¹

Three support pillars		
Engaging men as participants, supporters, allies and blockers	Addressing localised preconditions for meaningful participation	Enhancing peer learning, networking and movement-building
<ul style="list-style-type: none"> • A structured engagement with men in their different roles and capacities in relation to Women Lead is required. • The tailored ‘Engaging men and boys’ approach should be systematically linked to Women Lead, with documented gender equality goals and objectives. • Requirements: tools for differential engagement as husbands, as blockers, as allies and as participants. 	<ul style="list-style-type: none"> • Measures to enhance localised preconditions to women’s participation should be enabled upfront – rather than assuming them to be a result of action plans. • Act on the acknowledgement that addressing localised preconditions to women’s participation may be required to set Women Lead groups up for success (these can include access to and use of technology⁷² or building coordination spaces with decision-makers). 	<ul style="list-style-type: none"> • Women Lead groups derive motivation and inspiration from engaging and collaborating with other groups. • Elevating networking and peer learning to a support pillar can enhance the effectiveness of engagement and participation through joint strategising, multiplying learning, thematic exchange and networking (bilateral, intra-context, cross-border) while documenting and sharing best practices. • Over the long term, additional opportunities for Women Lead movement-building may arise.

Moving from a cycle to a ‘spiral’

The current model conceptualises Women Lead as a cycle. Once one cycle is completed, a group can move on to a new one with new actions. However, as explored above, this has its limitations. The existing Women Lead model can, in some cases, focus women onto reactive actions – actions taken to solve a particular problem in a community – rather than the institutionalisation of women’s participation. In addition, conceptualising ‘recurrent cycles’ can create dependency on the maintenance of CARE funding and limit full transformative potential of Women Lead. Progressing from cycle to cycle to support the regularisation of women’s participation is where the strength lies. We can see that there are indications that women wish to go this step further.

Women standing for election and forming their own formalised groups highlights a gap in Women Lead, which can be filled by supportive tools for participants asking ‘What’s next?’ By moving from a cycle to a spiral – one that can incorporate new tools and approaches to help at women’s own pace – CARE may be able to forge more consistent participation in decision-making, where women are not forced to take big actions in order to be heard but are more consistently part of the fabric of their community’s decision-making. CARE could draw on an existing set of tools designed specifically for this, including Participatory Budgeting tools, Community Score Cards and others, to test what might be effective in this next phase of the programme.

Formal post-Women Lead cycle vision strategies for CARE project teams could help groups define their next steps, and could potentially be included in the ‘Learn’ step. These visions should be developed in a participatory manner with Women Lead members to guide subsequent cycles and future engagements.

Opportunities to improve accompaniment

Women Lead groups, even in the same settings, are heterogenous and benefit from tailored accompaniment. The following are key areas where this accompaniment could be strengthened:

- **Ensure consistent minimum levels of support to facilitators:** Facilitation can be of varying quality, and facilitators receive varying levels of support. Ensuring minimum levels of support to facilitators on substantive content and concepts would help strengthen this accompaniment. In some cases, facilitators struggle with some of the more complex power-related concepts, particularly where they do not have a background in this area.
- **Ensure enough time to embed the concepts, particularly where there is language diversity:** Unfamiliar concepts around power and participation can be difficult for facilitators but also for community members themselves. In Niger, Women Lead members are described as needing a substantial amount of reflection exercises, iterative exchanges and capacity-building to fully engage with these topics.⁷³ Where language diversity is present, it is also important to embed enough time and support, including translated tools, to be able to meet the needs of these groups. Again, this will help ensure that key concepts are understood and that groups feel comfortable in the methodology.
- **Adapt application to oral traditions:** In Uganda, the local research team found that several Women Lead groups may not have entirely interiorised the five-step model, and may have confused the objectives of the steps. Groups appeared to find practical and interactive methods, such as drama and songs, to be a more effective way to instil messages. Documenting tools with this in mind will strengthen accompaniment.
- **Adequate support to newly established groups:** In Uganda, newly created groups often include people who do not know each other well, and there is a need to develop trust and to include additional components. This has required additional time, as basic agreements and conflict resolution mechanisms have needed to be installed.

Opportunities to improve resourcing

In data collected with project staff, it is clear that some Women Lead teams have been challenged in under-resourced projects. Problems include a lack of dedicated project staff and relatively small budgets for action planning. Women Lead does include a component of flexible funding, and this is important, given that flexibility is one of the programme's key strengths. Teams did identify, though, that in some cases a greater degree of flexible funding would help them address needs in ways that are appropriate to context.

Teams also suggested that a minimum of three full-time staff, with the knowledge, time and capacities to appropriately accompany groups, was needed to successfully deliver the programme.

In its pilot stages, there is currently no clear thinking on the minimum levels of resourcing for Women Lead projects. Therefore, going forward, it is important that CARE works with country teams to conduct a deep-dive into minimum resourcing needs, and strives to ensure the following:

- **Budget guidance** should be available to those writing bids or designing projects, which factors in the resources needed to be able to ensure high-quality accompaniment and minimum standards on areas such as 'Engaging men and boys', and which builds in flexibility and learning.
- **Financial resources for human resources** must also be available to ensure staff are trained and equipped with the skills necessary to be able to offer high-quality Women Lead support.

Opportunities for influencing the humanitarian system

Learning from the first phase piloting of Women Lead (2018–2021) reveals new perspectives on more effective humanitarian responses for affected communities. Mechanisms are needed for linking women's voice on response efforts, on their contribution based on lived experience and on localised learning back

into an improved humanitarian response design. CARE needs to be more explicit about its own role as humanitarian actor and leverage its own power more consistently to make space for women's groups. CARE should:

- Generate influencing opportunities for Women Lead groups so that the changes around response quality and humanitarian outcomes are more likely to be acted upon;
- Bring localised learnings from Women Lead groups to (international) humanitarian response, so Women Lead participants can engage with humanitarian and development peers, and other stakeholders and donors, to broaden the involvement of crisis-affected women within humanitarian decision-making.

CARE can also influence the sector by sensitising it to the Women Lead model, its potential impacts and its role in broadening participation in wider response. With the formal rollout of the toolkit and its availability on an open-access platform, CARE global teams can substantially advance their engagement with the humanitarian sector. This should be accompanied by a dissemination strategy regarding CARE position papers, training session plans and PowerPoint presentations, external communications briefs, external talking points and evaluations.

CONCLUSIONS

This evaluation assessed the first pilot phase of CARE's Women Lead in Emergencies initiative (2018–2021) in 15 different humanitarian settings in 6 countries. **The evaluation finds that the Women Lead model demonstrates notable impacts on the lives of crisis-affected women engaging in collective action to claim their rights, improve living conditions in their communities and influence humanitarian stakeholders.**

There is still work to be done to document outcomes more consistently and to improve the quality of data gathered. However, the indications from this evaluation are that this project effectively meets its intermediate outcomes (around increasing women's participation and leadership) and is seeing increasing progress towards higher-level outcomes (women successfully advocating for their needs and being more embedded in community decision-making).

Consequently, this evaluation recommends the consolidation of the Women Lead model to move from the pilot phase to the full rollout and scale-up in additional contexts, while actively engaging humanitarian peers. The cumulative experiences and outcomes of the Women Lead pilot have the potential to guide the humanitarian sector on effective approaches to ensuring greater participation of women and girls within humanitarian responses. However, there is a need to embed learning more thoroughly, both internally and in terms of dissemination.

Women Lead is effective

The Women Lead model and approach effectively address fundamental gaps in terms of inclusive and participatory involvement of affected women in the humanitarian sector, as well as barriers that prevent affected women from having a say in decisions that affect their lives. Women Lead, as five-step model and approach, aims to shift power to women, while also addressing the root causes of their marginalisation. It also offers a toolkit and guidance informed by best practice on approaches to advance effective and inclusive governance. These resources provide accompaniment and support to help women establish a way of working, and are adaptable to different contexts. This evaluation concludes that the Women Lead model and approach advance innovative aspirations, shifting decision-making power and ownership over activity budgets to affected women (see below). There are also clear indications that women's enhanced participation, facilitated by Women Lead, offers women new opportunities to participate. This has in some clear cases meant that women's needs and issues within humanitarian crises have been increasingly addressed.

Women Lead is innovative

Women Lead is different insofar as it effectively shifts power to affected women – namely, through generating space for women to work on their own priorities and needs, with decision-making power over their activity budget and voice on how they want to be supported. Written and practical guidance and tools exist for adapting each of the five steps to different contexts

Women Lead has the potential to scale up

This evaluation finds considerable transformative potential of the Women Lead model and approach, once applied comprehensively. The different steps complement each other, advance individual empowerment and enhance participation opportunities, as well as women's empowerment and gender equality. The Women Lead model and approach work best when applied fully. Attempts to water down the model, or to pick and choose certain elements or approaches, as a result of budgetary or time constraints should be avoided.

Women Lead should be socialised with the sector

CARE teams at the local and global level need to engage more consistently with the sector, to provide guidance on the potential modalities for ensuring greater participation and voice for women within humanitarian response. This implies ensuring humanitarian stakeholder live up to their international pledges and quotas for women's meaningful inclusion in consultations. This also refers to amplifying women's voices and making less visible actions known to communities and humanitarian actors, as well as documenting and disseminating comparative research into the effectiveness of Women Lead groups across the pilot contexts.

RECOMMENDATIONS

Model and toolkit

1. **Review and refine the Women Lead model:** The model would benefit from the addition of three supportive pillars, and from a conceptual shift from cycle to spiral, which can include more advanced governance techniques for interested groups that have reached a stage where this would be helpful. The development of handover and exit strategies would also be useful to ensure results can reasonably be maintained after a project ends.
2. **Update the Women Lead theory of change:** Weaknesses in the theory of change should be addressed, paying particular attention to unpacking participation to include Women Lead groups' formal and informal ways of engaging within and outside of humanitarian responses. Furthermore, how and how effectively Women Lead groups engage with humanitarian stakeholders needs to be further conceptualised. It will be necessary to introduce logical linkages between influencing humanitarian decisions that affect women's lives and those shaping the overall quality of the response.
3. **Review and complement the Women Lead toolkit** by developing corresponding guidance notes for the three supportive pillars: a) engaging men and boys as partners, supporters, allies and blockers, b) creating localised conditions for participation and leadership and c) networking, peer learning and movement building. Furthermore, consider including substantive content delivery (through a repository) as an additional toolkit component. This is important as new Women Lead initiatives, stakeholders and partners (as well as community-based facilitators or Women Lead members contributing as facilitators) require 'content' and need to know 'how to deliver it,' in addition to overall guidance, presentations and tools. Consider developing additional tools in line with the participation mode(s) highlighted, emphasising inclusive and participatory governance, transformative leadership, effective influencing and representative roles/running for elective positions. Roll out the plan to develop an accessible and open-source platform for the Women Lead toolkit.

Recommendations to enhance outcomes

4. **Ensure more robust MEAL frameworks are embedded:** Setting up monitoring and evaluation frameworks, and the integration of MEAL staff, was slow in the first phase of Women Lead. Building on the recent development of new tools and frameworks, Women Lead should work to ensure consistent integration of MEAL and the use of innovative approaches to capture higher-level outcomes, which can be difficult to capture using conventional methods. It would be helpful to integrate participatory videos, alongside outcome harvesting, within the 'Learn' component, to capture multi-layered changes and delve deeper into the effectiveness of participation and leadership, while documenting achievements from the perspective of Women Lead members.
5. **Continue to move from 'more' participation/leadership to 'more effective' participation/leadership – what it aims to do and how it is done:** Complement formal, institutionalised and elected positions with more informal leadership, reflective of leadership style and intra-group power dynamics, to make a substantive contribution with regard to women's rights, gender equality and inclusive humanitarian response mechanisms.
6. **Emphasise political participation and institutionalised leadership through elected officials:** The emergence of women running for positions as elected representatives is important from the perspective of institutionalising women's participation in the longer term. This could be supported more substantially using existing tools and expertise from within CARE to support the 'routinisation' of women's participation and their integration more systematically into community decision-making.
7. **Sharpen the 'Engaging men and boys' approach:** Systematise cross-country learning around positive masculinity, critical self-reflection, couples' dialogues and Role Model Men to inform tailored

engagement of men as partners, supporters and allies. Step up work to directly and strategically engage men as blockers of and resisters to women's participation, while consistently supporting male allies who are stigmatised as 'weak' or 'unmanly.' Develop differential, age-specific engagement tools for boys, male adolescents and young adults as future allies. Ensure this component is adequately funded within proposals and budgets.

8. **Plan for CARE's proactive engagement in generating spaces for affected women's voice** to be heard and acted upon by humanitarian stakeholders. Where relevant, seize opportunities to influence stakeholders and provide feedback insights into response quality and humanitarian outcomes. Develop a strategic donor and stakeholder engagement plan at the global and regional level.
9. **Ensure bold engagement with donors:** There is a need for longer-term process-centred funding, as well as flexible funding. Engagement with donors should seek to make clear the need for adaptive approaches to be funded flexibly.

Recommendations for adapting implementation

10. **Step up documentation of action plans and linked activities:** This will enable CARE to better understand the nature of women's choices and participation but also a greater degree of understanding of the true outcomes of actions. This will help CARE detail not only the changes women experience but also the impact on communities that benefit from the actions of groups. This will be important to influence humanitarian stakeholders and improve humanitarian outcomes.
11. **Ensure tailored accompaniment that is reflective of group dynamics,** acknowledging the heterogeneity of different Women Lead groups within the same context and allowing for women-led decision-making processes.
12. **Adequately resource CARE project teams,** enabling consistent and sustained engagement with Women Lead groups and connected 'Engaging men and boys' activities, unleashing the transformative potential of this integrated and innovative approach. Resource capacity-strengthening and peer exchanges (where feasible in-country with rotating hosts) to enable collaborative development of learning series.

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- CARE Uganda (2020) Arua Log Activity Progress and Reflections.
- CARE Uganda (2020) Women Lead in Emergency DRC Refugee Response, South West Uganda, APEAL Project Activities 2020. PowerPoint.
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- CARE Uganda (2021) Women Lead in Emergencies – Kyangwali, March.
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Videos

- He Vuelto A Nacer (Master)
- Emprendimientos (V12)
- WLiE (V13)
- Conoces la Estructura del Estado
- Migración
- Participación, Voz y Voto
- Sororidad
- Trabajo en Equipo
- Testimonials (10 WhatsApp videos)

ANNEXES

Annex 1: Action plans – country-specific trends

Type of activities	Colombia	Mali	Philippines	Uganda	Niger	Tonga	Total
Livelihood/income-generating activities	1	1	14	6	4	7	33
Purchasing/procurement			7	1	1		9
Building/infrastructure		1	6		2		9
Demanding rights/access to services	2	1			3		6
Establishment and consolidation of women's associations	2		2	1	1		6
Provision of community services/community matters/training and capacity-building	4	1		4	6		15
Total action plans considered	9	4	29	12	17	7	78
Total Women Lead groups	9	600+	30		29	7	

Annex 2: Summary of step by step of implementation in practice, with practical recommendations for improvement

WL step	How is it implemented in practice?	Recommendations for improvement
Analyse	<ul style="list-style-type: none"> Implemented with high levels of consistency across locations given the available tools. Implemented by CARE staff (Mali, Colombia) or implementing partners (Philippines). Identified by the Philippines team as difficult because of the time needed for a high-quality report to feed in to action plans. In Uganda, the RGA-P was conducted in February 2019 and updated in September 2019 and March 2020. 	<ul style="list-style-type: none"> More collaborative or participatory involvement of Women Lead groups in implementation and analysis of RGA-P.⁷⁴ Facilitate cross-country learning of teams on RGA-P implementation. Prepare tools to facilitate training of partners, and factor in global team accompaniment in writing process (Philippines).
Reflect	<ul style="list-style-type: none"> Significant variation in the degree to which CARE staff and other stakeholders participated. The Niger evaluation found a need for greater application of <i>Social Analysis and Action</i> to staff. In Uganda, participants identified this step as difficult because of the degree to which this consciousness-raising step can put them at odds with traditional norms. In the Philippines, it was adapted and applied together with partners. 	<ul style="list-style-type: none"> More consistent application of the <i>Social Analysis and Action</i> tool, documenting identified priorities to enable tracking and follow-up. Include more targeted explorations, such as power dynamics within Women Lead groups. Enable better documentation of 'Reflect' themes identified,⁷⁵ and tracking of changes in attitudes over time (staff, participants, others). Implement 'Reflect' sessions/tools also with blockers and resisters at community level, as well as humanitarian peers.
Co-create	<ul style="list-style-type: none"> The Co-create phase complements the Act phase but should be maintained as a distinct 'component' with its own tools. As per guidance, action plans do not need to follow conventional formats (diagram(s), picture(s), audio or video); this makes follow-up, comparative tracking difficult.⁷⁶ Considered crucial for being the step that 'meets affected women where they are' – in terms of their needs and gender consciousness – and rewarding for the team, as it accompanies groups to advocate for their needs. 	<ul style="list-style-type: none"> Better understand decision-making behind action plans, particularly in larger networks, and make decisions-making more inclusive (Mali). Comparatively track action plans in relation to process of development, thematic emphasis, types of activities, 'participation mode(s)' chosen and stakeholders. Add advocacy and organisational strengthening activities (suggested by local women), to enhance their capacity to manage and implement their own action plans (Philippines).

	<ul style="list-style-type: none"> The process is heavily dependent on group dynamics and levels of confidence and may require additional self-efficacy or group cohesion work to ready groups. 	<ul style="list-style-type: none"> Continue to ensure flexible applications of co-creation of action plans, as they differed among different groups.
Act	<ul style="list-style-type: none"> This step is highly flexible and adaptable, which is a key strength. The empowering potential is that the activity budget enables women to decide, manage and prioritise and mobilise their potential. However, there is no consistent tracking of actions at country level that could help substantiate impact better. Decision-making within the women's groups, particularly regarding their budgets, was conducted in a participatory and consultative manner. The Philippines women's groups leaned towards the pragmatic in the design, implementation and completion of their developed action plans, but more time is required. Standardised allocation of budget and funds for action plans (Philippines, Colombia) based on the idea of equal allotment and women being able to scale their visions up or down staying committed to visions. In Uganda, funds are insufficient. 	<ul style="list-style-type: none"> Follow up monitoring on action plans, and effectiveness of the measures. Work towards women's enhanced ownership of the budget, supporting and facilitating creation of bank accounts, etc. means of women to access and decide themselves, while ensuring adequate and flexible budget. Develop participatory tools to better capture and assess effectiveness of women's actions and activities in order to inform peer learning in terms of 'strategising', while also better tailoring CARE team accompaniment. Better link empowerment and agency elements to the process of developing and implementing action plans. Tools or approaches are needed that help women to move beyond one-off actions towards embedded/routine participation. Document how men support and collaborate with the implementation of women's action plans.
Learn	<ul style="list-style-type: none"> High level of variation to context, particularly with issues of COVID-19 mobility restrictions. Teams emphasise the importance of this being a self-directed, participatory process. 	<ul style="list-style-type: none"> Complement monitoring and evaluation tools with Women Lead self-and group assessment of action plans and modes of participation to feed into forthcoming cycles. Develop a tracking tool that captures impact and contributions of Women Lead actions to humanitarian response. Formal post-Women Lead cycle vision strategies. Document the groups that have been discontinued, and reasons for this (overburdening).
Engaging men and boys	<ul style="list-style-type: none"> Engaging with male community leaders to accompany Women Lead (Mali, Niger); husbands participated in training agendas. 	<ul style="list-style-type: none"> Use a more precise labelling of the engaging men as allies, supporters, blockers, husbands.

	<ul style="list-style-type: none"> • Uganda Role Model Men, combining training, reflection with men, couples' dialogues and male champions encouraging changes in perceptions and behaviours of other men in the community. • Development of a complementary curriculum on 'positive masculinities' with 15 men (Colombian nationals and Venezuelan migrants), active peer discussions and Facebook campaigns of members against violence. • Involving men as key informants for the RGA-P and in Women Lead orientations. 	<ul style="list-style-type: none"> • Ensure strategic linkages between Women Lead implementation and specific engaging men activities. • Trial the piloting of 'Reflect' components with men who resist women's equal and meaningful participation (blockers). • Document goals, track progress more consistently, apply the GEM Scale, to date only applied in Colombia and Mali.
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Endnotes

¹ CARE (n.d.) '[CARE Gender in Emergencies](#)'.

² CARE (2018) [Women Responders: Placing Local Action at the Centre of Humanitarian Protection Programming](#).

³ CARE (2020) [Where Are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them](#).

⁴ These include the Convention on the Elimination of all forms of Discrimination Against Women; the Women, Peace and Security Agenda (United Nations Security Council Resolution 1325 and subsequent resolutions); the Sustainable Development Goals (Goal 5); and the Grand Bargain Agreement.

⁵ Arnstein, S. (1969) 'A Ladder of Participation'. *Journal of American Planning Association* 35(4): 216–224.

⁶ The comparative outcome mapping matrix captured and validated project outcomes.

⁷ CARE (2021) Lessons Learned: Piloting the Women Lead in Emergencies Approach in Omugo Zone Rhino Camp Settlement, January 2019–March 2020. Learning Series Report 1, October.

⁸ These Women Lead groups are clustered in 203 networks, so called Musow Ka Jigya Ton (MJT) groups/networks that mirror Mali's administrative structure, with groups networking at commune, circle and region levels. They work in order to increase their solidarity and influence. These MJT groups all have governing bodies that are democratically elected, with statutory principles, regular meetings and members fulfilling different roles and responsibilities.

⁹ These include in total 15 Women Lead groups, 6 of them in Kyangwali (of 20 members each) and 9 of them in Arua (of 30 members each).

¹⁰ CARE (2021) Summary Niger, Zinder – March 2020–December 2021 (SFF Grant), Kariya, Salibase & Prames-B Projects.

¹¹ Humanitarian Advisory Group (2018) 'Tropical Cyclone Gita Response Program Evaluation'. November.

¹² CARE (2021) Engaging Men in Women's Equal Voice, Leadership and Representation. 7 December.

¹³ This section is based on the Women Lead summaries for each of the pilot countries.

¹⁴ CARE (2020) Women Lead in Emergencies Niger Summary. Draft, March.

¹⁵ PKKK is an NGO and a coalition of 326 rural women organisations from over 32 provinces in the Philippines. See CARE Philippines (2021) Women Lead in Emergencies: Year 1 Learning Report Philippines.

¹⁶ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019–December 2020 (translation from French).

¹⁷ CARE. Comparative Quantitative Findings Niger–Uganda. PPT.

¹⁸ CARE Niger (2021) Data from Participatory Evaluation Exercise.

¹⁹ CARE Niger (2021) Women Lead Participant Case Study, Niger Evaluation.

²⁰ CARE Colombia (2021) Informe de evaluación – Programa Mujeres Líderes en Emergencia (internal document).

²¹ Ibid.

²² CARE Philippines (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

²³ CARE Colombia (2021) Informe de evaluación – Programa Mujeres Líderes en Emergencia (internal document).

²⁴ CARE Philippines (2021) Sall Family Foundation Women Lead in Emergencies 2 Indicators (internal document); CARE Colombia (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

²⁵ CARE Niger (2021) Atelier de capitalisation de Women Lead au Niger.

²⁶ CARE Philippines (2021) Sall Family Foundation Women Lead in Emergencies 2 Indicators (internal document).

²⁷ The Niger and Uganda evaluation adapted Arnstein's (1969) eight-step Ladder of Participation to self-assess levels of participation and civil engagement of Women Lead groups, while proxy information provided by Women Lead teams were provided in Colombia, Mali and the Philippines. The scale describes citizen participants moving from the highest echelon of direct and autonomous control (Step 8) down through delegation of power (Step 7), partnership (Step 6), conciliation and involvement (Step 5) and consultation (Step 4). No groups described their involvement as non-participation: information (Step 3), decoration (Step 2), and manipulation (Step 1).

²⁸ However, in most cases both participants and non-participants were nominated by others and then elected to the role. When focusing on the leadership roles Women Lead members are holding in Kyangwali (Uganda), it is notable that participants are no more likely to be block leaders (than are non-participants).

³⁰ CARE Niger (2021) AIIR Tool, Child Marriage (internal document).

³¹ More specifically, Article 24 of the Agricultural Orientation Law No. 06-045/ of 5 September 2006 states, 'The State favours the installation of young people, women and vulnerable groups as farmers, in particular by favouring their access to production factors and through special technical or financial support mechanisms. A young farmer is considered to be any natural person, male or female, between the ages of 15 and 40, who is primarily engaged in agricultural activities.'

³² CARE Colombia (2021) Informe de evaluación – Programa Mujeres Líderes en Emergencia (internal document).

³³ Among the action plans with written documentation, several have goals and activities that fall into many of the established categories. For example, most action plans in Uganda focus on livelihood/income generation in the context of VSLAs, while also contributing to community awareness-raising, GBV prevention and women's rights, and strengthening their own organisations. For the purpose of establishing a general trend, the core emphasis registered in these cases is livelihoods. In other contexts, the same action plans are refined in the course of a second cycle; in these situations, only one action plan is accounted for. More recent tracking tools, such as the global actions repository (Niger and Uganda), capture adequate comparative information but still do not track all the other countries.

³⁴ This assessment is based on a comparative analysis of the pilot country summaries and reporting documents prepared by the local and global CARE Women Lead teams.

³⁵ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

³⁶ Ibid.

³⁷ CARE (2021) Women Lead in Emergencies, Preliminary Findings from Uganda and Niger (internal document).

³⁸ For the Women Lead group members themselves, their engagement as GBV watch group members has brought acknowledgement as valued actors in the community, as well as an increase in visibility thanks to new uniforms.

³⁹ CARE Niger (2021) Video documentation of Women Lead in Emergencies (internal document).

⁴⁰ CARE Niger (2021) Atelier de capitalisation de Women Lead au Niger.

⁴¹ CARE Niger (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁴² CARE Colombia (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021; CARE Philippines (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

⁴³ The Niger evaluation highlights how Women Lead groups in Tam and Guidan Kadji have pleaded for the inclusion of the most vulnerable people omitted from the initial targeting. The same kind of advocacy is currently underway with CARE and the World Food Programme to ensure that the Sabon Gari neighbourhood, whose population, made up of

internally displaced persons, has been omitted from the list of cash beneficiaries, is taken into account (CARE, 2021, Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French)).

⁴⁴ CARE (2021) Niger AIIR Tool (Djambourou recognition).

⁴⁵ CARE (2020) Women Lead in Emergency, Uganda (Arua) Summary (March 2020).

⁴⁶ CARE Philippines (2021) Women Lead in Emergencies: Year 1 Learning Report Philippines.

⁴⁷ CARE Niger (2021) Internal, Sall Family Foundation reporting.

⁴⁸ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁴⁹ CARE Philippines (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

⁵⁰ CARE Mali (2021) Modèle de mise à jour de Sall: Women Lead in Emergencies Humanitarian Response Transformation Project (17 June 2021).

⁵¹ CARE Philippines (2020) Internal Accomplishment Deck (internal document).

⁵² CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁵³ CARE (2020) Women Lead in Emergency, Uganda (Arua) Summary (March).

⁵⁴ CARE (2021) Engaging Men in Women's Equal Voice, Leadership and Representation (7 December).

⁵⁵ Humanitarian Advisory Group (2018) 'Tropical Cyclone Gita Response Program Evaluation', p. 25.

⁵⁶ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁵⁷ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁵⁸ CARE Colombia (2021) Informe de Evaluación – Programa Mujeres Líderes en Emergencia (internal document).

⁵⁹ Ibid.

⁶⁰ Women Lead Group, G6; CARE Colombia (2021) Informe de evaluación – Programa Mujeres Líderes en Emergencia (internal document).

⁶¹ CARE Colombia (2021) Informe de evaluación – Programa Mujeres Líderes en Emergencia (internal document).

⁶² CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019-December 2020 (translation from French).

⁶³ As part of the monitoring visit, 17 surveys (7 women, 10 men) were also conducted. CARE and MORDI (2019) Tropical Cyclone Gita Kingdom of Tonga, Women Lead in Emergencies Pilot. Final Report (January).

⁶⁴ CARE (2021) Women Lead in Emergencies – Transforming Humanitarian Response Project – Draft for Comment. Q4 and Annual Report for the Sall Family Foundation, 10 March.

⁶⁵ CARE (2020) 'Women's Equal Voice and Leadership'. Position Paper.

⁶⁶ CARE (2018) [Women Responders: Placing Local Action at the Centre of Humanitarian Protection Programming](#).

⁶⁷ CARE Mali (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

⁶⁸ CARE Philippines (2021) Women Lead in Emergencies: Year 1 Learning Report Philippines.

⁶⁹ CARE Philippines (2021) Narrative Reporting End of Year, Sall Family Foundation, Q4 2021.

⁷⁰ The Women Lead theory of change identifies these cross-cutting areas of focus to be confidence to speak out; access to information and knowledge of rights; engaging men and boys; and role models and solidarity.

⁷¹ In the same vein, learning from the Philippines also recommends to consider a reserve humanitarian/emergency response fund within the overall women lead budget, to be able to address women's immediate practical needs (e.g. a typhoon mid-implementation) while working with them longer term to address their strategic priorities (CARE Philippines, 2021, Women Lead in Emergencies: Year 1 Learning Report Philippines).

⁷² For example, the use of new technology was raised in two pilot settings and may constitute a precondition to learning and collective action.

⁷³ CARE (2021) Women Lead in Emergencies: Project Evaluation and Evidence Production, Niger. Project Period: April 2019–December 2020 (translation from French).

⁷⁴ Possibly also seizing the opportunity of Women Lead members in Uganda who were trained and participated in data collection for a RGA using CARE's new Fatima app, which uses voice recognition software to enable key informant interviews (KIIs) to be conducted remotely and to be recorded, transcribed and interpreted digitally.

⁷⁵ The application of 'Reflect' identified the tokenistic inclusion of women in different community committees (Niger), the underrepresentation of women among CARE staff (Mali and Uganda), and a further need to critically think about power and privilege (Philippines). However, not much documentation is available on how these restrictive or discriminatory values and norms were effectively challenged.

⁷⁶ The Uganda Learning Series picks up on this point and indicates that CARE project teams need to capture written documentation of action plans – namely, the process followed to create them, key stakeholders, progress markers and other relevant information to support the group's reflection.