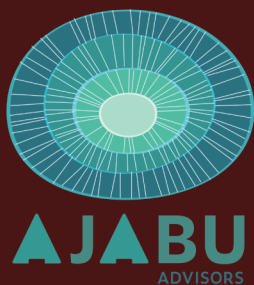




Final programme evaluation of Evidence and Collaboration for Inclusive Development (ECID)

September 7th, 2021

ajabuadvisors.com



Consortium Partners:



Country Partners:

Myanmar

Alliance Myanmar – Yangon
Civil Authorized Myanmar (CAN Myanmar)
Civil Rights Concern (CRC)
Kachinland Research Centre (KRC)
Myanmar Physically Handicapped Association (MPHA)
Phandeeyar Foundation
Local Resource Centre (LRC)

Nigeria

Civil Rights Concern (CRC)
Hope for Communities and Children's Initiative (H4CC)
Hope Givers Initiative (HOG-I)
Institute of Development Studies
DEAR Africa (GNDR rep.)
Justice Development and Peace Commission (JDPC)
Aid Foundation
Legal Awareness for Nigerian Women (LAWN)

Zimbabwe

Deaf Zimbabwe Trust (DZT)
Federation of Organizations of Persons with Disability of Zimbabwe.
Mutasa Youth Forum (MYF)
Ntengwe for Community Development (GNDR Rep.)
Poverty Reduction Forum Trust
Women and Law in Southern Africa (WLSA).
Women's Academy for Leadership and Political Excellence (WALPE)

This independent evaluation was funded by Christian Aid and conducted by Ajabu Advisors. The evaluation team was led by Chris Allan and A. Scott DuPree with country experts Deepty Tiwari and Nang Shining for Myanmar, John Olufemi Osuntoku for Nigeria, Chamunogwa Nyoni and Tomson Dube for Zimbabwe, and project support and information design by Atalie Pestalozzi.

Cover photo by Bridget Mukuli. Women gather around a borehole in Binga district, Matabeleland, Zimbabwe where people face water crisis due to poor rains.

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List of Acronyms

CBO	Community Based Organisations
CSO	Civil Society Organisation
DFID	UK Department for International Development
ECID	Evidence and Collaboration for Inclusive Development
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
GIPP	Gender, Inclusion, Power and Politics
GNDR	Global Network of Civil Society Organisations for Disaster Reduction
IDP	Internally Displaced People
KII	Key Informant Interview
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LILO	Look in Look Out (Frontline AIDS curriculum)
M&E	Monitoring and Evaluation
MPHA	Myanmar Physically Handicapped Association
REL	Research, Evidence and Learning
SDDirect	Social Development Direct
TPI	The Partnering Initiative
WALPE	Women's Academy for Leadership and Political Excellence
WLSA	Women and Law in Southern Africa

Executive Summary

In Myanmar, Nigeria and Zimbabwe, the Evidence and Collaboration for Inclusive Development (ECID) programme sought to “contribute to the poverty reduction, realisation of rights and improved wellbeing of over two million people, with a focus on the most marginalised, including (but not limited to) women and girls, LGBTQI people, ethnic minorities and people living with HIV” (ECID UK Aid Connect, Proposal Form, 2019). In September 2019, FCDO approved £7.6 million in funding for the three-year programme (November 2019 - October 2022) based on the results of a co-creation period that began in late 2018 and extended to September 2019.

The consortium was led by Christian Aid and included the African Women’s Development and Communication Network (FEMNET), Frontline AIDS, The Global Network of Civil Society Organisations for Disaster Reduction (GNDR), On Our Radar, Open University (OU), and Social Development Direct (SDDirect). The original consortium also included Maxwell Stamp (which exited due to internal issues in 2019), Ipsos Mori (which exited in 2020 by mutual agreement to limit scope of work and use them as needed) and Womankind (which exited in 2021 due to new work that limited its ability to participate).

Going beyond traditional programming, ECID sought to understand the complexities of how systems exclude people and ways in which data can be used to inform better decision-making. By engaging with people directly to identify their service provision needs, such as health, education, or water access, ECID worked to empower these individuals to raise their collective voices to engage with decision makers at all levels on these issues.

In April 2021, FCDO announced an early closure for its funding of ECID and other consortium initiatives under UK Aid Connect. As such, the ECID programme is ending in August 2021, more than a year before its planned close of activities. Christian Aid commissioned this final evaluation of the ECID programme to assess the quality of the interim results and activities against nine evaluation criteria: partnership, consortia approach, gender equality and social inclusion (GESI), impact of the closure, adaptive programming, effectiveness, responsible data management, innovation, and value for money.

Overall Evaluation

Overall, this evaluation found that the ECID Consortium was on the path to achieving the outcomes envisaged under the three-year programme working with a theory of change that was valid and that developed enthusiasm among local partners and duty bearers. The Consortium itself was inhibited by design issues and management challenges that were exacerbated by budget revisions, COVID-19 restrictions, and a coup d’état in Myanmar in 2021. However, it produced tools, research and products that were useful to three country programs.

Findings

1. **Partnerships:** Partnerships with 22 local partners (and three subgrantees of these partners) in all three countries were built and implemented successfully but were interrupted before the expected end by early closure.
2. **Consortia Approach:** While Christian Aid was successful overall in coordinating members toward the

Consortium's goals and shared Theory of Change, it was beset by budget cuts, consortium design issues, management challenges and the COVID-19 pandemic that impacted its ability to effectively use all its members expertise, networks, and institutional resources.

3. **GESI:** The Gender Equality and Social Inclusion (GESI) process stands out as high quality and effective. The GESI scans, Gender, Inclusion, Power and Politics analyses (GIPP), and baseline developed from the perception survey were solid products on which to base programme efforts and to support local discussion, advocacy, and community action.
4. **Impact of Early Closure:** The early closure of the ECID Programme will have, and is already having, significant impacts in each country. In very different contexts, the perception of broken promises, lack of resources, and the urgent need to address continuing discrimination against the target populations of this programme has evoked responses ranging from resignation to anger. As one Consortium member put it, "The early closure led to the worst possible form of aid and developmental work... The result is everything the British public complains about in aid" (Consortium member).
5. **Adaptive Programming:** Adaptive programming was strongest in supporting programme adaptation to new evidence in the GESI strategy, but also enabled local research that was connected to activities and programmes.
6. **Effectiveness:** Early results and some process outcomes suggest the programme was on a useful trajectory to be an effective solution to enhance service delivery for marginalised communities in the three countries.
7. **Responsible Data Management:** On the global level, ECID was effective in mainstreaming Responsible Data Management principles and practices, though it struggled to find suitable platforms for storing and using data.
8. **Innovation:** In the three programme countries, the overall programme was itself an innovative solution to gather and use community level data to improve services for marginalised communities.
9. **Value for Money:** Along the four parameters of Economy, Efficiency, Effectiveness, and Equity, the programme achieved considerable economy in procurement and financial management, did not attain efficiency because of a top-heavy consortium, and appears to have been on-track for effectiveness had it not suffered early closure. Equity was its finest point, emphasizing the involvement of and services for marginalised people, strengthening their organisations, and boosting the capacity of CSOs and duty bearers to serve them.

Conclusions and Lessons Learned

The evaluation team concludes that the ECID programme made an important difference in reaching and assisting marginalised populations in Myanmar, Nigeria, and Zimbabwe. However, this conclusion is complicated by several factors.

The most important factor affecting programme results is the early closure, which cut the programme short at, arguably, the worst possible time. Having carefully laid the ground for stronger civic action and sensitised duty bearers with data collected with the marginalised communities themselves, the third year was critical for bringing about the actual results. The initial results in the second year, while small, suggested ECID was moving in the right direction. While we have no data to predict what 2022 results might have looked like, both the action plan results and the endline survey indicate it is quite possible this would have amounted to a much greater scale with deeper impact, moving from process outcomes to a higher level of significance.

Lessons Learned

1. A **continued presence** through a local Christian Aid office in Myanmar, Nigeria and Zimbabwe or working with partner organisations could be of great assistance in providing strategic support that will help sustain some of the work started in ECID.

2. Programmes such as ECID should put **more focus on resource mobilisation** from more than one donor, especially for in-country work, to build resilience to unexpected shocks.
3. A **learning session on building effective consortia** for interested staff and leadership of all the ECID Consortium can provide concrete lessons on building a strong engaged consortium—establishing principles and roles, avoiding overlapping roles and a process agreed to in the beginning for addressing changes to financial resources or programming—that will help in the design and implementation of future consortia-led efforts.
4. **FCDO can also learn lessons** from what happened in this initiative to enact smoother policies that help to buffer partners from unforeseen funding changes and ensure that new efforts will build on the work to assist marginalised populations in its future programming. Three questions that emerged in interviews it might consider in future programming:
 - How can it encourage the participation of Southern organisations directly in consortia to build strong North/South partnerships?
 - Can it be less prescriptive in how consortia are structured to allow for building organic relationships and developing stronger partnerships?
 - Can it play a greater role in brokering relationships with other donors to promote more diversified funding of large programmes and reduce the risk from its own budget changes?
5. **Communications materials and data compiled in this programme need to remain accessible** and further developed where possible, to assist local partners in this programme and to draw conclusions that can help shape future aid and philanthropy programmes. As a corollary, supporting some transitions (such as support of local organisations who will continue this effort) might lead to the sustainability of efforts like the community reporter networks created in Zimbabwe and Nigeria.

I. Introduction

Increased political polarisation and global challenges, such as climate change and health pandemics have complicated and raised the urgency of eradicating poverty among marginalised populations. Starting in 2019, the COVID-19 pandemic laid bare the vulnerability of these communities. They suffered higher fatality rates and devastating economic consequences from health-related restrictions on their jobs and incomes.¹ Understanding causes of marginalisation and the changes needed to address them requires the ability to simultaneously monitor and act on the complex factors at play, as well as to make sure that services are those needed and demanded by the communities themselves.

With a £1.28 million grant from the UK Aid Connect initiative of the UK Department for International Development (DFID), now the Foreign, Commonwealth and Development Office (FCDO), Christian Aid and its partners, tackled these issues by convening local organisations in Myanmar, Nigeria, and Zimbabwe in 2018 and 2019 to co-create a theory of change and collaborative programming. The result was the Evidence and Collaboration for Inclusive Development (ECID) programme that would “contribute to the poverty reduction, realisation of rights and improved wellbeing of over 2 million people, with a focus on the most marginalised, including (but not limited to) women and girls, LGBTQI people, ethnic minorities and people living with HIV” (ECID UK Aid Connect, Proposal Form, 2019). In September 2019, FCDO approved £7.6 million in funding for the three-year (November 2019 - October 2022) programme.

ECID was a consortium led by Christian Aid and included NGOs, network organisations and consulting agencies: African Women’s Development and Communication Network (FEMNET), Frontline AIDS, Ipsos Mori, The Global Network of Civil Society Organisations for Disaster Reduction (GNDR), On Our Radar, Open University (OU), Social Development Direct (SDDirect), and Womankind. The original consortium also included Maxwell Stamp (which exited due to internal issues in 2019), Ipsos Mori (exited in 2020 by mutual agreement to limit scope of work and use them as needed) and Womankind (exited in 2021 due to new work that limited its ability to participate).

Going beyond traditional programming, ECID sought to understand the complexities of how systems exclude people and ways in which data can be used to inform better decision-making. By engaging with people directly to identify their service provision needs, such as health, education, or water access, ECID worked to empower these individuals to raise their collective voices to engage with decision makers at all levels on these issues.

By working with civil society, whether local community organisations or larger national networks, and other actors from local to global level, the programme encouraged and facilitated partnerships, collaboration, and collective action among civil society, communities, local or national authorities and other stakeholders to address issues prioritised by marginalised people. ECID used an adaptive approach to ensure data and evidence generated was used to inform timely updates to the programme design, adaptation, and implementation. At the same time, a focus on learning and in-depth research provided a depth of insight

1 According to the 2020 Sustainable Development Goals Report, “Although the Novel Coronavirus affects every person and community, it does not do so equally. Instead, it has exposed and exacerbated existing inequalities and injustices. In advanced economies, fatality rates have been highest among marginalised groups. In developing countries, the most vulnerable – including those employed in the informal economy, older people, children, people with disabilities, indigenous people, migrants and refugees – risk being hit even harder.”

into individuals' experience of marginalisation.

The overall environment for ECID was difficult to say the least. The pandemic prompted a patchwork of rules that closed offices and made both travel and in-person meetings difficult or impossible. A coup d'état in Myanmar on February 1, 2021 led to severe restrictions and uncertainty that made progress on such issues as accountability extremely complicated. In Zimbabwe, continued political uncertainty after the end of the long rule of Robert Mugabe in 2018 also impacted what was possible to achieve.

In March 2021, FCDO announced an early closure for its funding of ECID and other consortium initiatives under UK Aid Connect. As such, the ECID programme is ending in August 2021, a year before its planned close of activities. This final evaluation of the ECID programme was commissioned to assess the quality of its interim results and activities against nine evaluation criteria: partnership, consortia approach, gender equality and social inclusion (GESI), impact of the closure, adaptive programming, effectiveness, responsible data management, innovation, and value for money.

II. About the Evaluation

A. Scope of the Evaluation and Evaluation Questions

As part of the final evaluation activities undertaken by the Consortium, this evaluation was carried out in July and August 2021 by a team of seven evaluators at Ajabu Advisors LLC, led by Chris Allan and A. Scott DuPree and including: John Olufemi Osuntoku (Nigeria), Rev. Tomson Dube and Prof. Chamunogwa Nyoni (Zimbabwe), Deepty Tiwari and Nang Shining (Myanmar), and Atalie Pestalozzi providing project management, editing and design assistance.

Evaluation questions addressed in this evaluation were determined by the ECID Consortium and are in the table below.

Evaluation criteria	Evaluation questions
Partnership	EQ1: To what extent were partnerships between project's partners (including research partners) and civil society (including duty bearers) successful? <i>Successful = effective communication, transparency, coherence in the work conducted, appreciation of the added value of one another.</i>
Consortia approach	EQ2: What was the added value of the ECID Consortium approach in delivering the ECID Theory of Change? EQ3: To what extent was the ECID Consortium approach successful? <i>Successful = effective communication, transparency, participatory approach to decision making, coherence in the work conducted, appreciation of the added value of one another.</i>
GESI (Most marginalised)	EQ4: How effective was the ECID project in reaching and positively impacting the lives of the most marginalised groups in all three countries? EQ5: To what extent has the ECID Consortium been effective in mainstreaming GESI in its work (inc. looking at the GESI scans and the LILO approach)? <i>Based on the GESI strategy, mainstreaming was aimed as below:</i> <ul style="list-style-type: none">• <i>Mainstream GESI within the programme's organisations and institutions (looking inward).</i>• <i>Mainstream GESI across programme delivery in each of the three countries to achieve transformative change.</i> <i>Use evidence to support collective action to facilitate GESI transformative outcomes and a positive enabling environment for women and girls and other marginalised groups in each of the three countries.</i>

Impact of the closure	<p>EQ6: To what extent is the early closure of the project impacting the sustainability of the results achieved to date (inc. the data work)?</p> <p>EQ7: What is the potential impact of the early closure of the project on the most marginalised people targeted by each of the three countries?</p> <p>EQ8: To what extent is the early closure of the project affecting the ECID Consortium relationships with different stakeholders (duty bearers, CSOs, CBOs, communities)?</p>
Adaptive programming	<p>EQ9: To what extent has the adaptive programming approach adopted by ECID supported the project's effectiveness?</p> <p>EQ10: How successful was the ECID project in dealing with recurring changes in budget and timeframe?</p>
Effectiveness	<p>EQ11: To what extent has the ECID programme achieved changes contributing to the ECID Theory of Change (achievements against the log frame)? What is the relative effectiveness of the different ECID strategies?</p> <p><i>ECID strategies being:</i></p> <ul style="list-style-type: none"> • <i>Support access and collection of quality data,</i> • <i>Build capacity for communities and CS actors (inc. advocacy work),</i> • <i>Foster new ways of working amongst stakeholders (inc. movement strengthening work)</i> • <i>Encourage research, learning and adaptation, Overarching GESI strategy.</i>
Responsible data management	<p>EQ12: To what extent has the ECID Consortium mainstreamed a responsible data management process in its data work?</p> <p>EQ13: What was the role of the 'Communication work' in the responsible and sustainable delivery of the data workstream on ECID?</p>
Innovation	EQ14: How successful was the ECID Consortium in proposing and testing innovative solutions aiming to address development problems?
Value for Money	EQ15: To what extent has the ECID programme achieved value for money according to the VFM framework developed?

B. Methodology

Ajabu Advisors reviewed both international and country-specific documents, conducted semi-structured interviews with key informants including representatives of Consortium members, project staff, partners, and other stakeholders. These interviews were used to discuss outcomes harvested by ECID, generate additional outcomes, and answer the evaluation questions. The analysis also integrated and considered concurrent evaluation products: action plan analyses, an endline perception survey, focus group discussions, and stories of change while meeting the agreed upon deadlines for deliverables.

Due to the ongoing pandemic, phone or digital contact was used primarily, including for interviews and feedback on country reports. Limited in-country physical interviews were conducted in Nigeria and Zimbabwe. The evaluation process was designed to maximise input and engagement of staff and stakeholders throughout the evaluation period, though demands on staff time limited their ability to respond to queries or participate in discussions. Steps in this process were:

- **Desk-based document review** of all project reports, M&E framework and data, performance monitoring plans (PMP), internal documentation of activities and their outputs, and other data generated by ECID for the project. A list of 82 documents reviewed, shared by ECID staff and in

interviews, is provided as Annexe 1.

- **Outcome Harvest Review, Refinement and Verification.** The Ajabu Advisors team used ECID's ongoing outcome harvesting list, added additional outcomes gathered from interviews and document review, and attempted to validate existing outcomes with local partners and country staff. Given the intensive work around the early closure, country programme staff could not participate in a full refinement and validation of the outcome harvesting spreadsheet, or clarify many questions about them in time for this analysis. Staff, partners, and in some cases duty bearers did give some feedback that helped to verify some of them. As such, the team made use of the best developed outcomes in assessing progress.
- **Interviews with Key Informants** including staff, partners, beneficiaries, and others. The Ajabu Advisors team conducted 50 semi-structured interviews (Annexe 2 List of Interviews, Annexe 4 Interview Guides) with Consortium members and interviews with local staff, partners, and duty bearers in each country: Myanmar (10), Nigeria (9) and Zimbabwe (19), Consortium members (12). COVID-19 outbreaks, power shortages and political issues were limiting factors.

Given the service delivery and partnerships focus of this programme, the sampling universe was derived from the staff of participating organisations and counterparts in the government who are aware of the programme's efforts. This purposive sample was chosen to allow for a diversity of perspectives from all Consortium members, a significant percentage of local partners and a few duty holders. Beneficiary perspectives were derived largely from Radius, Action Plans, and other reports from ECID. The list of interviews (Annexe 2) was suggested and finalised with Christian Aid staff.

- **Sensemaking Workshops.** Originally, three sensemaking workshops were envisaged, one per country, to provide feedback on draft country reports. However, given the rapid timeframe and closing of the programme, this process was altered to collect feedback by sharing the reports with Christian Aid and local partner staff and through phone sessions with local staff and partners for oral feedback.

Ajabu Advisors collected data for this evaluation in compliance with Christian Aid standards. Evaluators asked for the explicit and informed consent of those being interviewed (see Annexe 5) and this report, along with the country reports anonymises quotes and references to protect the privacy of respondents. The team also followed the responsible data plans as enumerated in section 6 of the Terms of Reference. Personal, identifiable data will not be shared and will be deleted within three months of completion of the evaluation.

The evaluation faced some limitations in the short timeframes for collecting and analysing data as well as in the timeframes for commenting and feedback. Because other evaluation materials were being collected at the same time, it was sometimes difficult to include everything comprehensively and know when draft data was updated. In addition, COVID-19 was a major issue in Myanmar and Zimbabwe particularly, impacting both the ECID community in those countries, as well as our own evaluation team.

III. Findings

Overall, findings indicate that the ECID Consortium was on the path to achieving the outcomes envisaged under the three-year programme, working with a Theory of Change that was valid and that developed enthusiasm among local partners and duty bearers. The Consortium itself was inhibited by management and leadership issues, exacerbated by budget revisions and COVID-19. However, it produced tools, research, and products that were useful to three country programs. The early closure of the programme impacted the sustainability of results, harmed the trust among marginalised populations in this and similar programmes, and undermined the reputation of Consortium members, local partners, and UK Aid in the three countries.

ECID was able to adapt to changing budgets, the exit of Consortium members and the impacts of the COVID-19 pandemic. But all these changes came with costs to its overall capacity to meet the needs of the programme. It was most effective at enabling local partners and action through its local offices, but it could have done more with more stable funding and less restrictions from COVID -19 and political instability. ECID was highly effective at laying foundations for research and data collection and allowing flexibility in the country programmes and among Consortium members. Reducing budgets forced it to eke out maximum value for money, providing economy in production of programme products. Early closure muddles the assessment of its overall value, but our team found that the programme performed very high in reaching levels of equity as a central pillar of its Theory of Change.

These findings are covered in more detail in each of the following sections built around the evaluation criteria provided by the Christian Aid monitoring and evaluation team.

A. Partnership

EQ1: To what extent were partnerships between project partners (including research partners) and civil society (including duty bearers) successful?

Partnerships with 22 local partners (and three subgrantees of these partners in Myanmar) in all three countries were built and implemented successfully, but interrupted by early closure before the expected end of the programme in October 2022. In all three countries, interviews with civil society and research partners revealed a shared understanding of the programme goals, a commitment to carry out and learn from activities, and good results in terms of action plans, advocacy, radius stories, and CSO training, despite programme cuts and changes.

Coding interviews for success factors (as defined in the evaluation questions provided by ECID) across all three countries, revealed that staff, local partners and duty bearers rated all elements of success—communications, transparency, coherence and the appreciation of value of one another—as effective or very effective (on a scale of very effective to not effective). This is reinforced by many of their comments during interviews:

I feel that it [the ECID programme] enforced transparency because the CBOs [working with us] were able to have direct communication with Christian Aid and were able to raise their concerns directly with it. (Local Partner, Myanmar)

Handholding and the provision of timely feedback by Christian Aid worked well for our partnership... The only thing that didn't work well was the abrupt nature in which the project ended. (Local Partner, Nigeria)

The project really focussed on this idea of partnership. There were trainings relating to the different partnerships and how to make partnerships work. The knowledge we gained will help us as an organisation to make our partnerships more fruitful, and for them to work better. So, this is a very effective strategy. (Local Partner, Zimbabwe)

In fact, the only criticism of the programme's approach, raised in Nigeria, was the perception that the policies and administration of Christian Aid support were onerous and time consuming, "At times there are tendencies for planned activities to slow down due to the administrative and approval process from Christian Aid" (Local Partner, Nigeria).

Duty bearers collaborated with the partners through workshops, meetings, use of data collected and research. In all three countries, these collaborations produced concrete outputs that duty bearers felt were positive for service provision to marginalised communities. One example is:

In Mutasa District [in Zimbabwe], the Ministry of Women Affairs, Small and Medium Enterprise Development reported added value in WLSA's [a local partner] sanitary pads project in partnership with the Minister of Health and Child Care (Duty Bearer, Zimbabwe).

It was difficult to interview some duty bearers because of the end of the programme (some felt it was no longer relevant) and political instability in Myanmar. However, those who spoke with us emphasised positive outcomes of the partnerships.

Civil Society and Research Partnerships

Myanmar	Nigeria	Zimbabwe
National or Both States 1. Alliance Myanmar – Yangon <ul style="list-style-type: none"> Northern Spectrum Phoenix Mogaung Shwe Lin Yone 2. Civil Authorized Myanmar (CAN Myanmar) 3. Civil Rights Concern (CRC) 4. Kachinland Research Centre (KRC) 5. Myanmar Physically Handicapped Association (MPHA) 6. Phandeeyar Foundation Kayin 7. Local Resource Centre (LRC)	National or Both States 1. Civil Rights Concern (CRC) 2. Hope for Communities and Children's Initiative (H4CC) 3. Hope Givers Initiative (HOG-I) 4. Institute of Development Studies Anambra 5. DEAR Africa (GNDR rep.) 6. Justice Development and Peace Commission (JDPC) Kaduna 7. Aid Foundation 8. Legal Awareness for Nigerian Women (LAWN)	National or Provincial 1. Deaf Zimbabwe Trust (DZT) 2. Federation of Organizations of Persons with Disability of Zimbabwe. 3. Mutasa Youth Forum (MYF) 4. Ntengwe for Community Development (GNDR Rep.) 5. Poverty Reduction Forum Trust 6. Women and Law in Southern Africa (WLSA). 7. Women's Academy for Leadership and Political Excellence (WALPE)

Table 1. List of Local Partners by Country

1. What were the partnerships?

Partners were selected in the implementation phase "based on the populations identified in the [Gender, Inclusion, Power and Politics] GIPP" (ECID Document, Community Engagement, 2020). In general, partners participated in programme implementation or in specific research projects. The three research partners (identified in the Y1Q3 annual report) are bolded in the table above. Many of the partners participated in the co-creation phase. Partners also followed Christian Aid's partnership assessment

process – partner organisational, capacity and risk assessment (POCRA).

2. How were the partnerships supported?

Partners received funding to undertake aspects of the development of in-country activities: research, community empowerment, training and advocacy related to ECID. Country teams ensured their work was coherent with programme goals through ongoing monitoring (Annual and Quarterly Reports). Interviews showed that local partners shared the overall goals of the programme and built from and integrated programme products like the baseline, data collection and the GESI scans. Local offices provided some overall assistance and training to a few other organisations that were not partners to help move the programme forward.

3. How well were the partnerships managed?

Overall, local partners expressed that there was good and open communication with the local Christian Aid offices. Some local partners and Consortium members, however, felt that they could have been more centrally engaged from the beginning and it would have been better to “build the programme from the ground up” (Local Partner and Consortium Member Interviews). Despite early closure, some partners finished initial products (action plans and research reports) tailored to ECID goals and intended outcomes, but much has not been finished or was being finished during this evaluation. For example, in Nigeria and Zimbabwe, local partners accomplished CSO trainings, research, and GESI analyses that will need to be incorporated into new activities and programmes if they are to be used and relevant to future work.

“
*The project really focussed on this idea of partnership.
There were trainings relating to the different partnerships and
how to make partnerships work.*

– Local Partner, Zimbabwe

Duty Bearer Partnerships

It was difficult to assess the strength of duty bearer partnerships from interviews. In fact, for the most part, the relationships with duty bearers were not technically “partnerships” but some form of collaboration or open dialogue in getting services to marginalised populations.

The challenge of including duty bearers in these partnerships meant making sure that their feedback and buy-in came at appropriate times, which was not easy. “There were challenges due to poor internet technology infrastructure and administrative protocols...no access to internet for communication, and some government offices still require hard copy documentation for correspondence” (Local Partner, Nigeria).

While interviews indicated that duty bearers strongly appreciated the collection of data to inform policy, the data collected was not always well enough tied to their needs. Most interviews indicated data was appreciated but could have been improved with better collaboration:

Sometimes we are excluded in important activities that could have helped to improve [data relevance] to the state. ... [In a specific survey] we were able to identify some gaps [in data] which we would have been able to avoid based on our previous surveys of that nature in the state. (Duty Bearer, Nigeria)

In Myanmar, because of the political upheavals caused by the coup, the work to build partnerships with duty bearers was very challenging. Nonetheless, our team found that there were significant outputs from these partnerships that provided new data, action plans and commitments from duty bearers. However, these partnerships took significant time to build, and partners will now have no resources to complete their commitments (Myanmar Country Report, see Annexe 7).

B. Consortium Approach

ECID Theory of Change

The ECID Theory of Change proposes that (1) improving access to quality services, (2) the engagement of citizens and marginalised people in decision-making, (3) increased effectiveness of civil society, and (4) greater accountability of duty bearers will lead to poverty reduction, realisation of rights and improved well-being of the most marginalised.

While Christian Aid was successful, overall, in coordinating members toward the Consortium's goals and shared Theory of Change, it was beset with significant issues around budget cuts, consortium design, management challenges, and the COVID-19 pandemic that impacted its ability to effectively use all its members' expertise, networks, and institutional resources. This is particularly true in making better use of the network organisations, engaging members in decision-making and leadership, and incorporating some local partners in the consortium structure at an earlier date.

In January 2020, a new Consortium manager took over and began making changes to address these issues by improving the structure and partnerships among members. Interviewees acknowledged these changes and felt Christian Aid was making a good effort, but that the issues around clarity and communications continued. Changes included developing partnership principles, which were drafted but not finalised, and increasing the regularity of meetings. These changes were welcome, but did not resolve the significant issues related to the design of the Consortium.

By April 2021, three members had left the Consortium bringing it from ten to seven members. Maxwell Stamp exited due to its own internal issues in 2019, Ipsos Mori exited in 2020 by mutual agreement to limit their scope of work and shift them to a possible role as resource organisation, and Womankind exited in 2021 due to new work that limited its ability to participate. Several of the remaining members noted that the programme had become a smaller part of what they do; it was difficult to deal with its many meetings, and they felt they did not have much influence over it. Following on a "Consortium Health Check" produced by The Partnering Initiative and Bond in 2021, Christian Aid responded to concerns raised by consortium members and attempted to improve communication and the management structure. However, the continuing budget reductions and early closure complicated this course direction.

Organisation	Roles/Expertise ²	Products/Tools ³	Status
Christian Aid, Lead	Building capacity to connect data to advocacy at scale. Coordination and management, country offices	Coordination, local offices – worked on all tools/products.	Member
African Women's Development and Communication Network (FEMNET)	Building capacity to connect data to advocacy at scale.	Advocacy for services	Member
Frontline AIDS	Engaging the most marginalised to ensure their voices are at the heart of the programme.	LILO	Member

2 Expertise digested from ECID Document, UK Aid Connect proposal form 2019.

3 This is not a comprehensive list. Several members collaborated on the different products and tools—it is meant only as an illustration.

Ipsos Mori	Expertise in quantitative design and professional data collection.		Exited November 2020
Maxwell Stamp	Strengthening capacity to work in partnership with government.		Exited 2019
On Our Radar	Develop solutions to bridge communication gaps between isolated groups and influential communities through mobile platforms.	Radius	Member
Open University (OU)	Lead role in evidence and knowledge generation and dissemination via their online platforms and open access publishing.	Ethics Data Panel, supervision of literature searches and research projects	Member
Social Development Direct (SDDirect)	Bring political economy analysis to support actors to negotiate the advocacy bottlenecks and barriers and connect with GESI.	GESI Scans, GIPP analysis	Member
Global Network of Civil Society Organisations for Disaster Reduction (GNDR)	Building capacity to connect data to advocacy at scale.	How to Strengthen Collaboration , with The Partnering Initiative (TPI), global network of member organisations	Member
Womankind	Engaging the most marginalised to ensure their voices are at the heart of the programme.	Movement Building Framework	Exited April 2021

Table 2. The ECID Consortium

EQ2: What was the added value of the ECID Consortium approach in delivering the ECID Theory of Change?

Consortium members' expertise in diverse areas provided added value to delivering the ECID Theory of Change. They brought specific expertise on research (GESI/GIPP, Baseline survey, community voices) and the ability to reach marginalised groups such as women (SDDirect, FEMNET and Womankind) and people living with HIV/AIDS (Frontline AIDS). They also provided advocacy skills and community engagement expertise (Christian Aid and GNDR), enabling the programme to build trust and action within marginalised communities. Tools such as the GIPP (developed by SDDirect), Radius (developed by On Our Radar), and the ECID Ethics Panel (developed by Open University and Christian Aid) provided a solid base for the delivery of the programme. As per the programme proposal:

*This Consortium has the capacity and capability through **the direct and extended networks of its members** to work at different levels (local, district, state, federal/national, regional and global) and in different spaces (at community level, with local and national government, academic, national and multi-lateral development partners). (UK Connect Proposal Form)*

While the Consortium brought this suite of services and tools needed to test ECID's Theory of Change, it did not end up coming together as well as expected. Better use of the networks of Consortium members, more

stable budgets, and better management were cited as needs by all members. Consortium exits from Ipsos Mori and Womankind required Christian Aid to redistribute or take over some functions such as design of data collection with communities, and movement strengthening. Yet budget cuts narrowed the scope of involvement of many of the members. These cuts shaved too much to expect the same results.

EQ3: To what extent was the ECID Consortium approach successful?

While the Consortium approach produced a good base on which to support initial outcomes, it was hampered by a number of factors, mentioned above, that reduced its effectiveness.

In terms of the success factors—effective communication, a participatory approach to decision-making, coherence in the work conducted, and appreciation of added value of one another—the consortium approach was not successful. A few quotes of consortium members are illustrative: “everyone thought everyone else was giving 100 percent,” “there were tensions because we did not appreciate very well how network-based organisations function,” and “[We do similar work to another member.] It was not really clear who was doing what,” “for better or worse, there were concerted efforts on Christian Aid’s part to engage with all of the stakeholders...I think there is a lack of processes to do this effectively, other than endless working group meetings.”

Nevertheless, although the consortium did not successfully congeal, in terms of results, most interviewees felt it was largely on-track to deliver on its intended outcomes in its third year. Some highlights of success drawn from interviews and The Partnering Initiative (TPI) analysis were:

- **High-quality Consortium products**—GESI Scans, GIPP analysis, stories from Radius community reporters, and the Baseline Perception survey were cited as high-quality and actionable by Consortium Members and Local Partners.
- Consortium members demonstrated **strong understanding and commitment** to the programme’s goals, objectives and strategies, as shown in interviews and documented in the Consortium Health Check by Bond and TPI.
- **Local partners felt supported by the training, research, and tools** they needed. Most local partners interviewed did not have much to say about the Consortium although they felt they received useful tools and information through it. The programme was largely viewed as Christian Aid since the local offices were Christian Aid staff.

It was effective when [Consortium Members] would come in from time to time and give us that third eye, or outside perspective, in terms of what we’re doing, and it also informed learning. The quarterly learning meetings amongst the partners, and the ‘critical friends’ aspect, I think we did well there. (Local Partner, Zimbabwe)

- An outcome list compiled as part of the M&E efforts showed that the programme was moving beyond outputs to have **some initial outcomes at the local level** (see Section E - Effectiveness for an analysis).

However, reaching a level of scale and synergy in activities was hampered by design issues, donor requirements, management problems and the COVID-19 pandemic:

- Almost all interviews suggested that issues around the **design of the Consortium** constricted its ability to congeal and support “organic” synergies among its members. Members cited:
 - The perception of **confusing and overlapping roles**. Nearly all interviews with Consortium members described this issue. It was unclear to many, which working groups they needed to participate in. For cross-country activities (the consolidated data portal, the Radius data and research), it was not clear the purpose and audience of these products, and in some cases even who was leading them.

There was a lot of time when not much was happening... There were misunderstandings over whose roles things were. There has been quite a lot of this. (Consortium Member)

- o The Consortium was **too big and Northern focussed**, while the work that mattered was on the ground in the three countries. As interviews pointed out, the consortium design was influenced by donor concerns (more on this below).

The Consortium was too big and not clear on what each member was doing. Because of the size, coordination was hard. [Nobody was sure] why all the members were here, and it was not initially centred around a problem on the ground. (Consortium Member)

- o **The exit of three members** and a perception of other members that their **roles were limited** by a reduced budget. According to interviews, Ipsos Mori and Maxwell Stamp were unavoidable losses to the Consortium based on changed priorities or internal problems in these organisations. According to the TPI/Bond report, Womankind felt that it was not being fully utilised.
- According to interviews, influence and requirements from FCDO for the design of the Consortium led to some of the design issues. Interviews with Consortium members suggested:
 - o FCDO's requirements were perceived as **prescriptive**, making it difficult to set up the Consortium in ways that made sense to its members. Interviews felt that FCDO stipulated details including its priorities for marginalised communities and Consortium structure that the Consortium needed to meet. Ironically, according to one Consortium member, feedback from FCDO indicated that the Consortia composition was one of the success factors in being chosen for support.
 - o The preponderance of Northern NGOs could have been reduced if FCDO had been **willing to take a risk** with greater Southern NGO participation as part of a localisation agenda. Several interviews suggested that there had been a desire on the part of Consortium members to include Southern counterparts more significantly in the Consortium from the beginning.
 - o An approach that had **promoted partnerships with other funders** around the programme might have reduced the risks from budget cuts. In several other Christian Aid programs, such as STAR Ghana, the inclusion of other donors alongside DFID (FCDO) built more resilience and sustainability, even when one donor exited early (the Danish International Development Agency, in the case of STAR Ghana).
- The continued **budget cuts and narrowing of programme** goals and activities. After the co-creation phase in 2019, members were unaware of FCDO funding limits for the implementation phase, and many submitted plans far too ambitious for the eventual budget.

Several interviews suggested that the way these proposals were reduced was unclear. Then in August 2020, FCDO ordered another 20 percent in budget cuts. Christian Aid attempted to maintain as much funding as possible for country programmes, so northern Consortium members had to absorb most of the cuts and reduce their roles. The stability of resources impacted agreements and affected the buy-in of all the Consortium members. These changes in turn made the challenge of Consortium management increase as more and more of the responsibility fell on Christian Aid (more on this in Section D. Adaptive Management, EQ10 on adaptation to budget cuts).

- Christian Aid, as the lead organisation, made some early **errors in managing the diverse Consortium**, especially during the co-creation phase. "We had not understood fully how to work with network organisations" (Consortium Member). It made improvements and changed the Consortium manager at key points in the implementation. The development of partnership principles that better defined how members worked was a key improvement—although it could not change the perception of some members that their roles had already become too narrow to warrant more significant engagement. While many interviews point this out, some interviewees also acknowledged that the Consortium was "making significant improvements through 2020... the working groups became forums for learning and developing innovation" (Consortium Member). Some of the areas cited as needing improvement were:
 - o A perception that the Consortium **did not make full use of member organisational strengths and networks**. Several members had existing expertise and relationships through work with

organisations and networks in-country and regionally which they felt would have assisted in advocacy and community engagement. However, members had neither the resources, because of budget cuts (Consortium member interview), nor the space in the programme to bring these assets to bear. While nearly all supported the principle that budget cuts should protect in-country programmes and partners as much as possible, the result was to further restrict consortium member activities (Consortium member interview).

- o There were **too many meetings without clear leadership in priority areas** that consumed valuable time. As some members said, these meetings would have been more welcome if they felt they were playing more central roles but, as their roles narrowed, they did not feel they could contribute. Participation by the various partners was needed for seven groups: three on governance (steering group, coordination group, learning group), and four working groups (communications, data, GESI, and policy and advocacy). Given the complexity of the programme, overall meeting time and participation needed greater focus.

Another complicating factor in the management of the Consortium was the global COVID-19 pandemic. This meant members had to substitute in-person meetings with virtual meetings, adding logistical complications, and reducing the amount of coordination that could be expected. The pandemic also affected Zimbabwe and Myanmar seriously at different moments, limiting the work that could be done due to illness and, in one case, prompting the exit of an important local partner, the Phandeyeer Foundation in Myanmar, which said it no longer had enough staff to run the programme (Quarterly Report, Y2Q2).

“
Although the consortium did not successfully congeal, in terms of results, most interviewees felt it was largely on-track to deliver on its intended outcomes in its third year.

The issues with the Consortium identified above could seem like a “perfect storm” that weakened collaboration among a very experienced and capable group of organisations. In considering the relative importance of these issues, we feel that the budget cuts are the most significant, as these made management changes very difficult to have their intended impact, and refocused resources on the local programmes—a decision that was seen as correct by everyone we interviewed and is borne out in the programme results achieved. Clearer roles from the beginning would have made it easier for the Consortium to move forward with reduced resources, and the attempts to get “partnerships” in the Consortium right was an important learning development that can be used to assist future efforts.

The Health of the Consortium

An in-depth study of Consortium health based on feedback from all members was undertaken by Bond and TPI and released in January 2021. As it stated:

It is often difficult to find an appropriate balance between centrally led and more collaborative models of Consortium working. However, in the case of ECID, a lack of clarity and different sets of expectations about what ECID is or could be seems to be putting a strain on some working relationships which, ultimately, will impact on the ability of the Consortium to optimise its outcomes. (ECID Consortium Health Check)

Almost all the interviews with Consortium staff referred to the study. It identified some of the positive aspects of the Consortium, like those highlighted above, but found very mixed results across the four building blocks of Consortium health – Foundations, Consortium behaviour and culture, Structures and processes, and Consortium leadership. As an example of the results, Table 2 below shows the results of the surveys of each organisation for the first building block, Foundations. In the table, high marks are indicated in dark

green and light green and low marks in red and yellow. Areas of concern include 'Right' expertise, Sufficient resources, Transparent decision-making, and Clear roles & responsibilities. Areas of strength include Shared Theory of Change, Complementarity is valued, and High-level commitment.

	Shared vision	High-level Commitment	Sufficient resources	'Right' expertise	Clear roles & responsibilities	Mutual support to achieve collective goals	Transparent decision-making	Shared Theory of Change	Complementarity is valued
Woman Kind (2.3)*									
Frontline AIDS (3.1)									
Femnet (2.6)									
SDDirect (3.6)									
GNDR (2.3)									
On Our Radar (3)									
Xtian Aid (3.3)									
OU (3.3)									

Table 3. Building Block - Foundations (Consortium Health Check)

*numbers in brackets indicate the average score per organisation for all indicators in the Building Block. Scores out of 4.

Christian Aid reported making changes to the structure and operations of the Consortium to address perceived power imbalances. It was particularly the members with smaller budgets and those that were networks – FEMNET, Womankind, and GNDR – who cited these issues most strongly. Changes attempted to address “the need for greater coordination between working groups,” such as quarterly working groups moving to monthly. The feeling that this fix may have exacerbated the sense of “too many meetings” (particularly challenging with COVID-19 restrictions and many staff working from home) was echoed across interviews with Consortium members.

Since these changes were implemented starting in January 2021, it is unclear that they have had sufficient time in which to bear fruit. Knowledge that the programme would end early came in March 2021 and the programme shifted to meeting as many commitments as it could before the August closeout.

Some of these issues would have been far easier to handle were it not for the top-heavy design at the Consortium level when much of the work needed to happen in the country programmes.

While our team notes that attempts were made to fix these issues at the Consortium level, we feel that these efforts were unlikely to succeed given the challenge of managing them with budget cuts, COVID-19 and the design issues we have noted. We have heard from several interviews that the same good results that were achieved could have been accomplished with a smaller global consortium that better integrated local partners into the design for the whole Consortium decision making, implementation, and learning structure.

C. Gender Equality and Social Inclusion (GESI)

The tools and process of the Gender Equality and Social Inclusion (GESI) initiatives of ECID stand out as high quality and effective. The GESI scans, GIPP, and baseline developed from the perception survey were solid products on which to base programme efforts and to support local discussion, advocacy, and community action. Action plans, outcome harvesting and community reporting through Radius demonstrated that the approach produced some results and would likely have produced more as these plans ramped up in 2021. As this work was interrupted by the announced programme closure and complicated by the COVID-19 pandemic, it is impossible to say for certain how much more would have been accomplished.

EQ4: How effective was the ECID project in reaching and positively impacting the lives of the most marginalised groups in all three countries?

The programme was effective at reaching out and working with the marginalised groups defined by the baseline and chosen by local offices. Initial outcomes show some positive action and results (Action Plans Combined Data Set as of August 2021). In the case of Myanmar, some headway was made on reaching some of the more marginalised groups; while in Zimbabwe and Nigeria, people with disabilities and women were chosen and were, arguably, less politically sensitive but nevertheless key marginalised populations on which to focus.

“Plead that ECID should come again. If with the little period we have achieved a lot of successes, imagine what will happen if it is extended?”

– Focus Group Discussion Anambra

Baseline Perception Survey

Marginalised groups were defined based on a baseline perception survey that was carried out by Christian Aid offices in each country and that enabled the programmes to consider both the most marginalised groups in each country and some of the ways by which they are discriminated against. The target groups are illustrated in Figure 1.

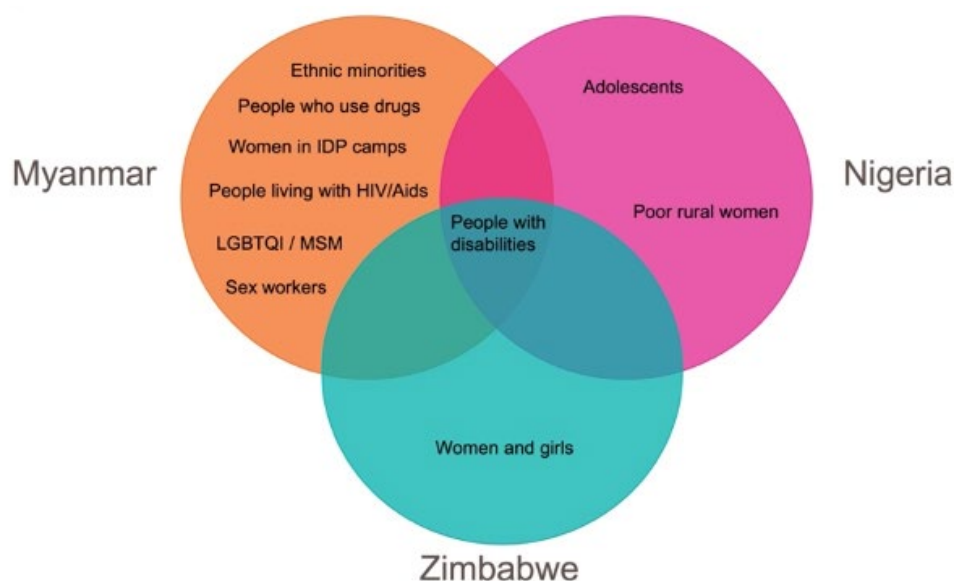


Figure 1. Target Groups (ECID Annual Review, GESI Session, PPT)

Evaluation interviews with local partners and the 111 reported action plans (Action Plans Combined Data Set), suggest ECID made an impact with with these groups and that this impact may have increased in scale, if the programme had not undergone early closure:

- **Concrete results.** While the scale of some of the reported projects was not very large—one action in Myanmar resulted in 24 walking assistive devices supplied to people with disabilities who had been using bamboo.⁴ Many projects can be seen as milestones in service provision, policy advocacy or data

⁴ Local Partner MPHA did data collection to identify people with disabilities in nine targeted villages of Kayin State. Among the 170 respondents, 26 people with disabilities were identified using bamboo sticks as assistant devices for

collection with broader impact that would require accompaniment and additional steps. For example, an “unfunctional health centre” in a community in Nigeria received three nurses and additional drugs in an effort to improve it “thereby making the centre more functional with greater patronage.”⁵ An analysis of these action plans indicates that:

Impact varies according to context and depends on the situation from which the marginalised groups are departing from in the first instance. In the analysis, we found more direct service delivery from partners to communities in Myanmar compared to more mature multi-level advocacy to public authorities in Anambra, Nigeria. (ECID Learning Review Action Plans-August 2021 Draft)

- **Glimmers of Progress.** As a follow up to the baseline perception survey, an endline perception survey was taken in August 2021 of 1019 respondents in the three countries (of which 742 self-identify as members of marginalised groups). The results indicate that 27 percent of respondents perceived an improvement in access to services they needed (Figure 2). While this cannot be directly linked to the contributions of this programme, it is a heartening early result.

Three focus group discussions (FGD) in Nigeria, conducted as part of the endline perception survey, showed that some beneficiaries were perceiving some change in their status and capacity, and others had not yet seen results. As one FGD member said:

Plead that ECID should come again. If with the little period we have achieved a lot of successes, imagine what will happen if it is extended? It needs to go beyond Anambra state to regional and then national level. Because a lot needs to be touched. (FGD Anambra)

- **Increased Capacity.** Interviews with local partners suggested a significant increase in their capacity to raise issues with duty bearers and assist community partners to do the same. In all three countries, local partners improved data collection skills. In Nigeria and Zimbabwe, community reporters were able to raise specific issues for their communities, and in Myanmar, local partners said they increased skills in surveying and psycho-social counselling that reached their constituents. In the perception of the community reporters, their reports led to 27 positive results in Zimbabwe and 19 positive results in Nigeria (Radius Project data analysis report – August 2021 draft). Figure 3 shows that in Zimbabwe, for example, these results were largely clustered around access to services (16 outcomes):

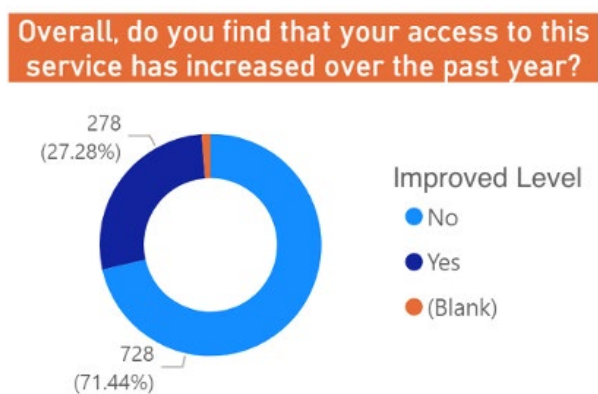


Figure 2. Endline Survey - Increase of access to services

walking. Prolonged use of bamboo sticks could be dangerous for them. Some people with disabilities had to use a cup because they could not go to the toilet without help. It was not comfortable and convenient to sit as cups were often broken. MPHA supported with proper assistant devices to 22 people with disabilities. Then, collaborations with other implementing organisations in those villages were conducted to get assistant devices for two more people with disabilities. Those involved in the action were MPHA, community leaders, civil society organisations, and the Ministry of Social Welfare (action number 80—ECID Learning Review Actions Plans -August 2021 Draft).

- 5 The primary health centre at Igbakwu village, Anambra State, Nigeria, was not functional because of lack of drugs and insufficient staff. The ECID advocacy team monitored the centre and reported to community leaders that supported advocacy to health authorities. This resulted in posting three more nurses and a steady supply of drugs, thereby making the centre more functional with greater patronage. Those involved in the action included the ECID team leader and members in Ayamelum’s Local Government, who advocated the traditional ruler and traditional council members, the Town Union Executives, and the Head of Department for Health in Ayamelum. people with disabilities, women and youth were involved (action number 34—ECID Learning Review Action Plans-August 2021 Draft).

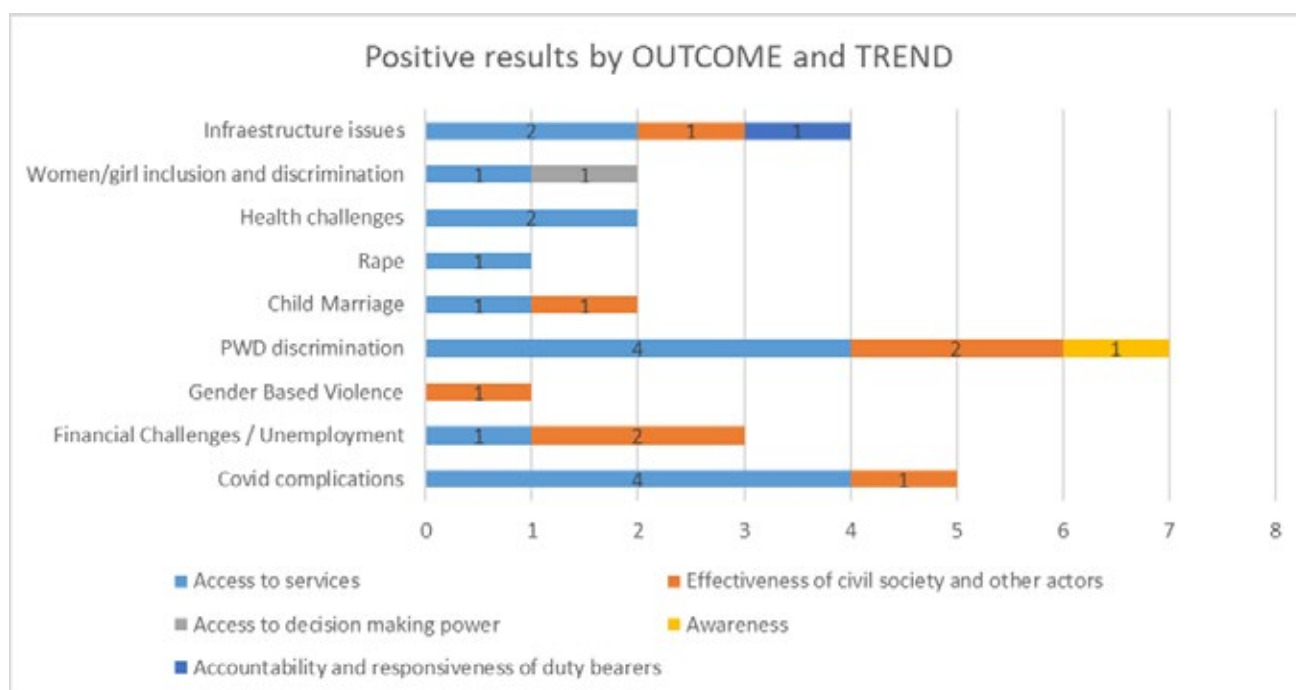


Figure 3. Community Reporter's Perception of Positive Results in Zimbabwe (Radius Project Analysis)

- **Cultural shifting and organisational capacity.** Change in behaviour and in institutional capacity to provide services to marginalised communities are aspects that must be sustained over the long run and are very dependent on culture, the politics of exclusion and public opinion.

In this way, it is not likely that much has significantly shifted because of this programme. However, interviews, the action plans and the perception survey illustrate that discourse has contributed to how marginalisation is viewed and to the capacity of marginalised communities to speak for themselves. This alone suggests that the programme Theory of Change was working on the right elements of change. However, as one interview with a Consortium member stressed, “Culture change doesn’t happen in two years” (Consortium Member).

Despite the early closure of the programme, our team found 55 possible outcomes—Zimbabwe 26, Myanmar 11, and Nigeria 18 (ECID Outcome Harvest – see Annexe 7)—that suggest the GESI strategy has had some impact on the lives of marginalised communities. A more detailed discussion of outcomes is contained in Section F. Effectiveness.

EQ5: To what extent has the ECID Consortium been effective in mainstreaming GESI in its work (including looking at the GESI scans and the LILO approach)?

Evidence suggests that ECID has been very effective in mainstreaming GESI. As one local partner reported, “We’ve tried to mainstream [GESI language] across our programming. And it’s some of the major takeaways that we’ve had” (Zimbabwe Local Partner). While awareness of GESI was strong, time and monitoring how well it was implemented were a challenge for some:

They encouraged us to also mainstream the GESI principles, and also the safeguarding principles into our programming. So I think as a strategy, it worked well.... where I had challenges with each doing follow-ups or making sure that the standards are followed. (Local Partner, Myanmar)

The GESI strategy laid out how the programme would achieve equity and inclusion.

The GESI Strategy prioritises three strategic objectives each intended to support the programme with its ambition to be GESI **transformative**. The three-cross cutting GESI objectives, looking inward and

outward, are to:

1. Mainstream GESI within the programme's organisations and institutions (**looking inward**)
2. Mainstream GESI across programme delivery in each of the three countries to achieve transformative change (**looking outward**)
3. Use evidence to support collective action to facilitate GESI transformative outcomes and a positive enabling environment for women and girls and other marginalised groups in each of the three countries (**both looking inward and looking outward**) (ECID GESI Strategy)

To implement this strategy, three tools, along with a perception survey were implemented across the ECID programme: GESI scans enabled looking inward, GIPP analysis enabled looking outward and Look in Look Out (LILO) assisted in implementing activities to address both dimensions. These tools were cited widely by staff and partners and provided the basis for the focus and activities of local programs. GESI scans were produced for the Consortium in 2020 (Global, Myanmar, Nigeria, Zimbabwe), with the intention of updating annually. GIPP Analyses were produced in 2019 in all three country programmes with the intention of revising quarterly. We were not able to confirm how regularly either was updated.

The LILO approach was intended to provide the GESI strategy with a tool to actively shift perceptions of marginalised communities. It was developed by Frontline AIDS with its partners the Family AIDS Care Trust (FACT – Mutare, Zimbabwe) and Positive Vibes (Namibia). Its pilot in Zimbabwe was delayed due to COVID-19 travel restrictions (the workshops require face-to-face interaction) but was held over two workshops (15-19 March 2021) and (20-23 April 2021) led by FACT. Given the programme's early closure LILO has not been used in Myanmar and Nigeria. In the LILO workshop, both CSOs and duty bearers were trained as trainers on the methodology. Frontline AIDS found several promising trainers in the workshop.

How well were GESI tools received?

A 2021 review by SDDirect found that there was strong buy in and agreement among local partners to the GESI process as discussed above, although many felt that it was too early to comment and others were just coming on board, having struggled to adapt to COVID-19 issues. It was less clear how GIPP analysis was embedded in programming but almost all partners had their own GESI and safeguarding strategies (ECID Annual Review 2020, GESI Session, Power Point). The pilot LILO workshops in Zimbabwe were also cited in interviews as helpful for addressing the training gaps. In addition, interviews found:

Both Consortium members and local partners said the GESI process was strongly reflected in the programme and well received in their organisations:

From our point of view – a gender and social inclusion strategy was fundamentally embedded across the programme – that has been rigorously interpreted, adhered to and owned. (Consortium Member)

The GESI strategy was "effective. [Our organisation's] policies and guidelines include GESI. Our staff is also gender balanced. The same way as we approach a person with disability, we need

GESI Scale



Blind

Programmes/Interventions intentionally or unintentionally fail to acknowledge the role of exclusion.



Sensitive

Programmes/interventions include the assessment of and action to meet practical needs and vulnerabilities of marginalized groups within the process.



Strategic

Programmes / interventions explicitly addresses strategic gender and inclusion issues in its core accountability focus as well as the process.



Transformative

Programmes / interventions address broader power structures that underpin gender inequality and social exclusion, often through collective action and influencing the enabling environment.

Figure 4. SDDirect GESI Scale (summarised)

to involve our research guidelines accordingly, considering security of the person, gender components and sensitivity to the issue. [We consider] data protection for the marginalised community and reframe the questions when we are talking to them. (Local Partner, Myanmar)

My organisation now has a GESI strategy and GESI Policy. (Local Partner, Nigeria)

- The GIPP toolkit was cited by interviewees as an improvement for the sector in combining Political Economy Analysis with gender analysis – some said they expect it to become a standard setter.

ECID was designed as learning – we have been able to test and pilot that methodology. All of this is quite positive, an active, meaningful, and profitable outcome to create the contextual analysis for the programme. The GIPP toolkit can be adapted to all types of circumstances. (Consortium Member)

- An aspiration of the GESI process was to work towards a transformative level (See Figure 4) where GESI work would address the broader power structures. Some work enabled marginalised groups to seek elected offices (WALPE in Zimbabwe, for example), got them included in budget and policymaking processes and incorporated more regular, participatory data collection processes about the needs of marginalised groups. But in the short period of the programme, it is impossible to know how much of this will be sustained.

The interventions so far have raised the consciousness of people in power to begin to use data to inform their decisions and that focus should be on the most vulnerable people in the society. The voices of the identified groups from the communities have also found its way up to the policy makers. (Local Partner, Nigeria)

Initial scale of outputs of action plans is generally too small to suggest transformation. As one organisation in Myanmar said, it was able to provide counselling services for 15 LGBTQI people that changed their lives but,

When we compared this figure to the number of people facing human rights issues in the areas where ECID focussed, it's not enough. It's very important for our organisation to consider in future to provide support to the LGBT community. (Local Partner, Myanmar)

Some interviews also suggested that the early end of the programme brings a risk of backsliding on marginalised people's issues since they are more visible now that they have spoken out. There is a need to reinforce and institutionalise many of the initial gains to achieve longer term transformation.

D. Adaptive Programming

Christian Aid incorporated its adaptive programming approach into the programme design of ECID with a robust research, evidence, and learning (REL) agenda around providing feedback, iterative processes, and opportunities to focus and strengthen programming in all three countries.

We use an adaptive approach in the programme, ensuring data and evidence generated is used to inform timely updates to the programme design, adaptation, and implementation. At the same time, a focus on learning and in-depth research will provide a depth of insight into individuals' experience of marginalisation. (ECID Global Baseline)

The adaptive programming approach was structured along six axes in the Adaptive Programming document:

ECID Theory of Change

1. Reframing the Theory of Change to be simple but specific
2. Owning the Theory of Change at all levels

3. In Myanmar, trust and relationships must be built for change to happen

Adapting activities on ECID

4. Adapting as a Consortium
5. Adapting to context changing (COVID-19)
6. Adapting to new evidence⁶

This approach was strongest in supporting programme effectiveness in terms of adapting to new evidence (#6 above) in the GESI strategy discussed in Section C. GESI, but also enabled local research that was connected to activities and programmes. Many of the research products are only now being finalised. They may still be effective contributions to reaching and supporting service delivery for marginalised communities but only outside of the contours of the ECID programme since it is closing in August.

The programme was also open to reframing the Theory of Change itself, and carried out a workshop to come up with suggestions for refinement. We are not sure what this would have added. Local interviews with both partners and duty bearers strongly validated and agreed with the four central elements – (1) improving access to quality services, (2) the engagement of citizens and marginalised people in decision-making, (3) increased effectiveness of civil society, and (4) greater accountability of duty bearers) – to improve services for marginalised communities. This result suggests that the Theory of Change resonated with local thinking and could continue to influence the way they approach the issue. It highlighted the need to improve the clarity of advocacy strategies and incorporate movement strengthening strategies (Consortium Member).

Interviews commented largely on the ability of the programme at the local level to adapt to two large-scale challenges—COVID-19 and budget cuts—to ensure programme delivery, learn what works and build resilience in overcoming these challenges. They felt ECID's ability to adapt, particularly the local Christian Aid offices, was mostly sufficient to support the project's effectiveness as work moved online and confronted COVID-19, but lost some momentum and ability to reach a greater scale of outcomes in the narrowing of budgets in response to budget cuts.

EQ9: To what extent has the adaptive programming approach adopted by ECID supported the project's effectiveness?

The adaptive approach was cited by many interviews as being key in providing research, evidence, and learning (REL) tools for the GESI strategy (see Section C. GESI, above) and supporting research and data collection strategies at both the local and international level.

The overall programme adapted lessons from REL on the ground to feed advocacy and awareness building:

- The baseline survey and tools of the GESI strategy (GESI Scans and GIPP toolkit) were incorporated, as planned, to focus on each of the country programmes. For example, the selection of local partners was based upon the GIPP analysis done during the co-creation phase, according to the 2020 Annual report.
- Research from members, toolkits, local data collection and Radius community reports supported a system of evidence feeding into advocacy through the Radius dashboard and data collected in the country programs.

I think learning was quite a key thing. We had regular learning events where people would

6 A tracking log was implemented for adaptive and learning activities on the ECID SharePoint site. It was not implemented beyond March 2020, as adapting to new evidence was to happen largely through considering outcomes in annual sensemaking workshops. The first year set a baseline and adapted to COVID-19 realities, so there were no outcomes to review. The second year was cut short by early closure. Workshops were held in all three countries in the second year to adapt the budget to lessons learned, but these adaptations were not implemented due to the early closure (Consortium Member).

share about specific areas on which they have been working and everyone would be there. It was a good opportunity for people to be involved in the same discussions. It didn't happen as much as we were hoping. So initially, we were hoping to have one event per month, we ended up having meetings about every two months. (Consortium Member)

Our work was an exemplary example of adaptive programming. What we did was born out of necessity of very little budget and not duplicating in the Consortium. We adapted, informed by COVID, our project to deal with marginalised communities and service, so we got good evidence about how COVID affected them...we felt this was very useful for communities in Zimbabwe. For us, it opened up the work. (Consortium Member)

- Research was guided by an ethics panel that went beyond its original mandate of ethical review to offer guidance on improving the quality of all research products.

While the REL agenda allowed for good reflection, several interviewees felt that some of this adaptation was shallow or did not amount to serious adaptation.

I don't know if [ECID] couldn't change... On paper it was adaptive. I don't know where the barriers were, but it did not feel like any of the partners were making any effort to rethink or change thing. (Consortium Member)

We saw some evidence that ECID helped contribute to strengthening adaptive management in each of the three countries. In Myanmar, interviews said the data collection was critical for their advocacy efforts. In one interview in Nigeria, ECID was cited as improving a culture of adaptive programming that takes research, evidence and learning into account:

Here, data used for advocacy are generated through constant research and learning. This is now a culture among CSO in Anambra state. (Local Partner, Nigeria)

Some adaptation products were stalled or ended because of budget cuts, exit of members, and programme closure:

- The LILO workshops piloted in Zimbabwe with some success (100 percent of participants said the workshops changed their perspectives on marginalised communities, according to the report).
- Work on including a movement strengthening framework produced excellent discussions and a useful product right before closure of the programme. It addressed specific activities and strategies in each country that would be pursued but could not be implemented.
- Cross-data analysis of the three countries did not have a clear purpose or audience. After considerable effort in attempts to design a system, the decision was taken to not develop a unified data platform, because there was not a clear need or reason for it (Consortium Member).

EQ10: How successful was the ECID project in dealing with recurring changes in budget and timeframe?

The ECID project was successful in making necessary cuts and revising programme activities with an eye to accomplishing objectives and achieving measurable outcomes. However, it was not successful in reorganizing the Consortium to manage these changes well. The budget cuts reduced activities and roles of Consortium members, while Christian Aid worked to try to buffer the local offices and in-country partners as much possible from these cuts.

Grant	Key Date	Amount	Revision	What Happened?
Co-creation April 2018–April 2019	Apr 2019	£1,282,545	None	Implementation budget submitted for £10.6m in April. Consortium unable to move forward until September.
Implementation Aug 2019–Oct 2022	Jul 2019	£10.6m	£7.6 m	From total proposals of £16m, Christian Aid submitted a reduced £10.6 m. FCDO cuts further to 7.6 m. Attempts to “shield” in-country programmes.
	Aug 2020	£7.6 m	20% cuts	FCDO requires 20% cuts to programme budgets.
	Mar 2021	~£5m	Early Closure	Funding set to end a year early in August 2021. Projected total expenditures on programme are about £5m.

The co-creation period undertook a participatory process that defined a £10.6 million budget across three countries and nine Consortium members, which was then cut by £3 million by the donor in the approval process around the implementation stage. Making these cuts across the budget was a painful process that impacted how Members related – some felt that their programmes had become too small to warrant greater participation (Consortium Health Check).

It is not clear to what extent budget cuts and COVID-19 also impacted staffing changes among the Consortium partners, but such changes became a matter of course.

We have had three or four periods of redesign, with new staff joining at each stage.... Much of the governance approach has been about responding to unanticipated shocks and this has also involved reconfiguring roles and responsibilities. All of this makes it hard to attribute good practice to strategic decisions made at the start of the programme or challenges due to lack of establishment of solid foundations. (Consortium Member, quoted in Consortium Health Check)

This process of cutting was repeated every year of the programme and contributed to the lack of clarity around the programme overall, as well as to the reduced participation of several Consortium members.

Beyond the budget cuts, the programme coincided with the global COVID-19 pandemic. The pandemic, in general, forced massive changes in the way business is conducted and in the ability of staff and communities to participate in initiatives such as ECID. Specifically, running the programme in the time of lockdowns, stay-at-home orders, and other restrictions, impacted both international and local travel plans, moved staff and meetings to working online (this adaptation struck every organisation at one point or another) through virtual platforms. Interviews spoke of quiet periods as Consortium staff came back to work virtually and adapted to the new conditions.

“managing the Consortium in this environment ‘was not easy, how do you avoid having an elephant dancing on a ball that is moving all the time?’

– Consortium Member

The impact of this varied depending on individual computer and internet access and required a different set of skills. Most of all, COVID-19 made target populations less accessible to not only the international Consortium staff but also to local staff and partners. In this way, the budget cuts compounded confusion and the difficulty of working collaboratively on both international and local levels.

Among some Consortium members, budget cuts to ECID meant that they felt they had to narrow the extent of their involvement in the Consortium, focussing their efforts on producing contracted products that were needed in this complex environment.

The whole programme was extremely adaptive. We had to change all processes when COVID hit halfway through baseline. And with the funding cuts, every time we have had to adapt. Had to be more efficient with planning. Things have changed all these months and things just continued changing. This all turned out well. (Consortium Member)

The only thing we adapted to was continual shocks to budget. I did not think we adapted on the ground, perhaps in terms of COVID, but nothing big, you know what I mean. I wish there was more consultation and agreement. A lot of (budget cuts) was done on emails. No room for negotiation. Might have been better if we had done it jointly. (Consortium Member)

The exigencies of management of the overall Consortium in the face of continual budget cuts put Christian Aid between a rock and a hard place. It had, on the one hand, a diverse and powerful resource in the Consortium but, on the other hand, as the Lead organisation, it wanted to make sure that the local country programmes suffered the least harm from evaporating resources. It could feel like managing the Consortium in this environment “was not easy, how do you avoid having an elephant dancing on a ball that is moving all the time?” (Consortium Member).

Christian Aid responded by making the necessary cuts and notifying the Consortium members. It is likely that this rapid action was necessary given the circumstances. However, several Consortium member interviews suggested that some higher level of consultation or bringing them into these decisions would have been better. While this programme management approach enabled the programme to continue, there is some suggestion that more consultation could have helped to mobilise networks, perspectives, and resources among the members leading to better outcomes.

[Before the budget cuts,] we had a bigger role but had to change to a smaller role because it was a financial risk for us... We were in a lot of working groups but withdrew from all except one... In hindsight, I don't think the Consortium as a whole realised a gap in the strategic piece needed to be filled. I had awkward meetings, where Christian Aid staff expected me to lead and I expected them to lead. In a bigger role we would have been taking a lead. (Consortium Member)

As, this report finds overall, the Consortium products, while stalled by COVID-19 and narrowed by budget cuts were still high-quality and appreciated in the country programmes. Likewise, the country programmes still showed solid results, though it is not clear the extent to which these could have been of a greater scale even with the constrictions.

At the same time, the reliance on a single source of income for this programme (as is still a common practice, not just with ECID), is known to weaken its ability to respond to shocks (such as when the donor pulled out before the final year) and to limit its ability to adapt to new lessons and needs learned in the course of its work.

E. Effectiveness

EQ11: To what extent has the ECID programme achieved changes contributing to the ECID Theory of Change (achievements against the log frame)? What is the relative effectiveness of the different ECID strategies?

Given that the programme was truncated over a year early, it is somewhat unfair to compare the overall Theory of Change with actual results. Nonetheless, there are some early results of the programme, and some process outcomes that suggest it was on a useful trajectory.

Comparison of baseline and endline data of ECID shows increased confidence to give valuable inputs to duty bearers, and increased satisfaction with confidence with capabilities and active engagement in decision-

making. Figure 5, for example, shows a significant increase in satisfaction with the ability to hold duty bearers accountable in Nigeria and Zimbabwe. While there is no significant change in Myanmar, it is important to view results against the impacts on the population after the 2021 coup d'état. While these changes are not necessarily attributable to the ECID programme, they generally indicate movement in the right direction.

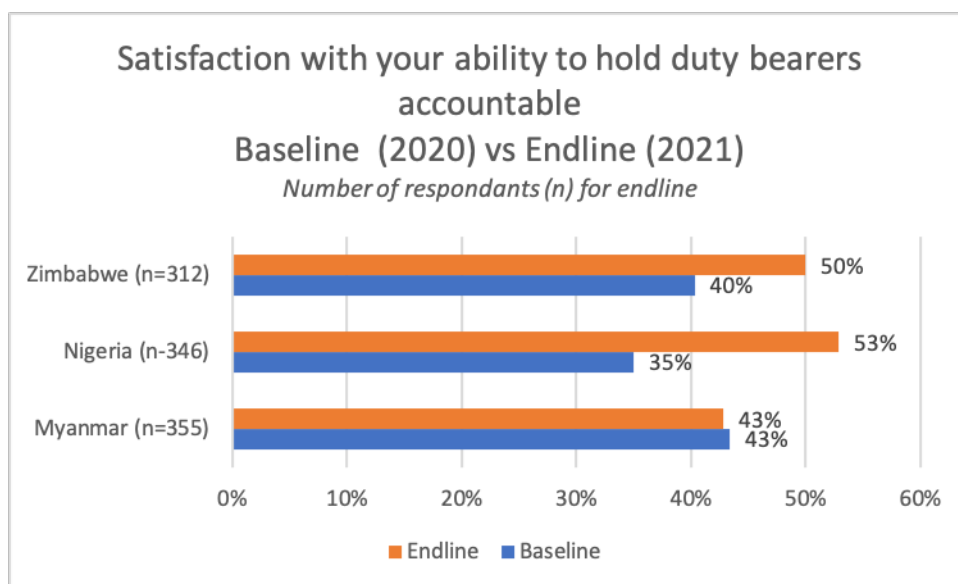


Figure 5. Satisfaction in ability to hold duty bearers accountable

On the aspects of power, confidence and capabilities, the endline survey shows improved response for having satisfactory social, economic and political power from 10.1 percent (baseline) to 24.23 percent (endline). On a good note, the endline survey showed confidence to give valuable inputs to duty bearers has changed in the past year by the majority of respondents. Satisfaction with confidence and capabilities has also increased by 17 percent.

In addition to the survey, one of the main analytical tools the programme was using to track effectiveness was Outcome Harvesting, and each country programme had begun recording outcomes and categorizing them by the logframe outcomes they contribute to. The process set-up, and the spreadsheet created to track outcomes by logframe outcome, strategy, level, and importance, was a powerful tool that would have made analysis easy and nuanced. Yet that process was cut off midstream, so the outcomes reported have not been detailed or verified. We attempted to verify outcomes with country programmes and in interviews but did not receive much feedback.

Comparison of baseline and endline data of ECID shows increased confidence to give valuable inputs to duty bearers, and increased satisfaction with confidence with capabilities and active engagement in decision-making.

Even with limited information, it is possible to point to some outcomes the programme has achieved.⁷ The dashboard below shows the strategies used to generate outcomes. The majority emerged from increasing access to evidence, and from enabling collaboration. A quarter of the outcomes were produced by efforts to build capacity, such as the creation of community-based organisations for self-advocacy. Finally, 14 percent of outcomes arose from efforts to build GESI strategies into organisations and their approaches. Note that rarely did an outcome result only from one strategy. Instead, combinations of strategies typically came together to achieve what the programme was after.

⁷ Note that some GESI-related outcomes are covered in Section C. GESI as well.

Strategies leading to outcomes	Priority strategy	Second strategy	Total	% of Outcomes
Strategy 1 - Access to evidence	13	6	19	39%
Strategy 2 - Enabling collaboration	14	4	18	37%
Strategy 3 - Capacity building	10	2	12	24%
Strategy 4 - ECID Learning	0	0	0	0%
Strategy 5 - GESI strategy	0	7	7	14%

Table 4. Strategies Leading to Outcomes

Below is a sample of outcomes produced by the programme, grouped by the programme outcomes from the Theory of Change.

Zimbabwe

In Zimbabwe, outcomes have begun to move from process, or intermediate outcomes to larger scale outcomes with demonstrated commitment of some duty bearers to include marginalised communities in budget planning, an increase of their voices through elected office, and a more rapid response to service provision.

Outcome 2: Improved participation in decision-making processes for marginalised people

In November 2020, the Kusile Rural District Council involved women and people with disabilities in their budget planning meeting. As a result, their priorities were included in the Council planning. At the same time, the District Peace and Reconciliation Committee brought on two people with disabilities (one female and one male) to represent the priorities of people with disabilities. These developments occurred, in part, after Christian Aid partner FODPZ conducted a Gender and Disability Sensitisation and Mainstreaming Workshop in Lupane, during which the Rural District Council admitted leaving out people with disabilities from its development plans. FODPZ and Ntengwe collaborated on this result.

Fifty-six women ran for community leadership positions in Mutasa and 38 won. Most of the successful women took up positions as Chairpeople and Deputy Chairpeople in School Development Committees (SDCs), village and ward centre committees as well as COVID-19 local taskforces. These results followed on the women candidates' participation in an intergenerational coaching and mentorship support programme run by WALPE in Mutasa, from October 6th to 8th, 2020. It also changed their long-held perception that they are not capable of successfully running for public office.

In March 2021, in Binga, the Binga Rural District Council improved the usual top-down planning system by establishing community level committees, such as the Disability Committee, to promote coordinated and bottom-up community development planning using Community Action Plans. Ntengwe delivered a workshop for both duty bearers and community members, in July 2020, on Gender Sensitive Programming and Negotiating with Right Holders, that emphasised the need for inclusion of marginalised groups in development decisions. Similar structures were formed at ward level. In Lubu ward, community leaders formed a Disability Committee whose mandate is to lobby and advocate for service priority needs for people with disabilities at ward and district levels. It is composed of seven community members: three males (two people with disabilities) and four females (one person with disabilities). The committee reports to the Ward Development Committee (WADCO) which in turn takes issues through to the full council meeting at district level for further action and resolution. This new structure emerged from community-based trainings of groups (Women and People with Disabilities) in basic negotiations with government and civil society, and with participatory budgeting processes in each district, in September 2020.

Outcome 4: Greater accountability and responsiveness of duty bearers

In October 2020, the City of Mutare Municipality responded to several advocacy initiatives by programme

partners to begin construction of a clinic in the underserved, high-density residential area of Hobhouse. The project would replace worn out water pipes that had resulted in massive water leaks, and make it possible for water to reach Dangamvura ward, and procure an ambulance to make health services more accessible. Programme activities to promote these outcomes included: a Multi-stakeholder Zoom Meeting facilitated by Women and Law in Southern Africa (WLSA) between duty bearers from Mutare City Health, the Ministry of Women Affairs, the Ministry of Health, and women and people with disabilities; four radio programmes in June and July 2020, hosted by WLSA that featured the Mayor and the Provincial Development Officer from the Ministry of Women Affairs to discuss the inclusion of women and people with disabilities in economic governance and health service delivery; and a June 2020 capacity building workshop on Participatory and Gender Responsive Budgeting with 39 councillors from the City of Mutare Municipality, produced by a collaboration of WLSA, United Mutare Residents, Rate Payers Trust, and the Local Governance Trust.

Another example of government responsiveness was when the Ministry of Women Affairs provided ‘safe shelters’ for women and girls who were survivors of Gender-Based Violence (GBV) during the COVID-19 lockdown. WLSA advocated for these shelters through the ECID project by engaging the Ministry of Women Affairs on two radio programs and conducting collaborative Stakeholder Meetings to discuss the fate of survivors of GBV during the lockdown period. WLSA also gave legal assistance to such survivors and referred some of them to the safe shelters.

The Radius data provides another look at programme outcomes in Zimbabwe. Figure 6 shows analysis of the ECID Radius Project Data Analysis from October 2020 to July 2021 for Zimbabwe. This analysis breaks down outcomes from Radius data roughly by programme outcomes. In Zimbabwe, the majority of outcomes came in access to services and effectiveness of civil society and other actors.

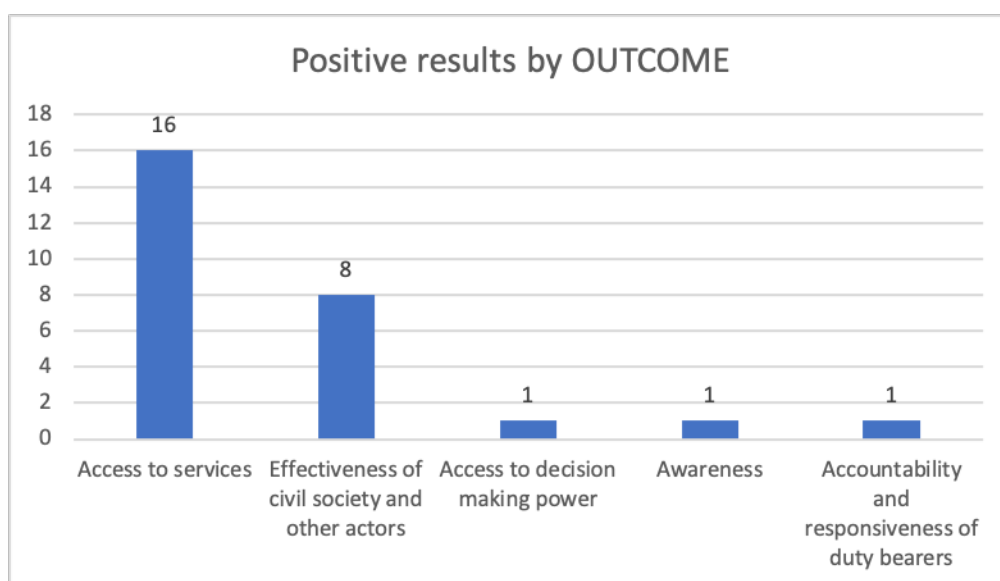


Figure 6. Zimbabwe Outcomes by Programme Outcomes, October 2020 - July 2021

Myanmar

The programme in Myanmar produced process level outcomes, or initial steps to change practices that continue to marginalise people with disabilities, women, and people who use drugs. The programme enabled official action and awareness building that resulted in services (though the scope of this is unclear). They are also indicative of the potential to change practices on a greater scale, in the long term.

Outcome 1: Improved access to services for marginalised people

Local authorities at village and village tract level, under the General Administration Department (GAD), are now aware of people with disabilities and are making efforts to improve access to services for people

with disabilities. MPHA collected and shared data on people with disabilities, including number and type of disability (based on the Washington Group Questions on disability)— with the village and village tract authorities under GAD. MPHA provided support to GAD to understand that data and continue the data collection themselves for the Department of Social Welfare. Local authorities now know how to collect, report and update disaggregated data to State/Region Social Welfare departments who register people with disabilities and provide required support. These improvements will enable better inclusion of people with disabilities in programming by the Department of Social Welfare.

Another example of how ECID efforts have already improved access, was when 75 people with disabilities from Momauk's internally displaced people (IDP) camps received cash support of about £18 per person, from the Department of Social Welfare. The programme produced this outcome during the pandemic following a project launch consultation workshop, where the local programme partner in Kachin presented the needs of people with disabilities from IDP camps in Momauk and together with MPHA, advocated to the Minister of Social Affairs for government support to people with disabilities.

Outcome 3: Increased effectiveness of civil society and other actors at all levels

The Kachin State Youth Affairs Committee invited MPHA to collaborate with them on questions concerning people with disabilities. Members of the township level coordination committee formed by the project – which includes GAD, township police forces, the immigration department, and agriculture and livestock departments—also all agreed to collaborate on increasing actions and support for people with disabilities. These agreements to collaborate followed sensitisation trainings for government staff and authorities about protection laws and the rights of people with disabilities in accessing essential services.

Outcome 4: Greater accountability and responsiveness of duty bearers

The Minister of Social Welfare and the Director of the Department of Social welfare of Kayin State recognised the need for a safehouse for rural women affected by gender-based violence in Kayin State, which was one of the needs identified by targeted communities. Trained female community change agents of the Local Resource Centre presented the issue during a regional advocacy meeting and the government subsequently committed to provide the land to build the safehouse.

The government and drug trafficking police force committed to assist in coordinating alternative responses to the ongoing arrests of suspected people who use drugs, since recently changed laws prohibit jailing them. This commitment resulted from a launch workshop of the programme in both project states.

Beyond these specific outcomes, interviews showed that ECID Myanmar was effective in reaching the most vulnerable groups. The programme successfully built awareness on human rights including rights of people with disabilities, and laws and policies for their protection and access to services. It also built a database with strong evidence to reach out to marginalised groups in Kachin and Kayin states. Documents confirm the programme also achieved greater human rights awareness within marginalised communities including people living with HIV, people who use drugs, LGBTQI people, and sex workers. It reached 22 people with disabilities with new needed services, provided psycho-socio counselling to 15 LGBTQI community members and provided widespread awareness-building and emergency support during COVID-19 in Kachin and Kayin states.

The Radius programme was not implemented in Myanmar, so there is no data from that source.

Nigeria

Outcomes in Nigeria are largely important because they represent changes of process or capacity of people with disabilities and women to advocate for their own services, or changes in practice that improved their lives, as well as the capacity of duty bearers to respond to them.

Outcome 1: Improved access to services for marginalised people

Persons with disabilities in Awka North Local Government Authority (LGA) of Anambra state have started to compile a database of all people with disabilities in the LGA to improve government engagement. Stronger coordination among people with disabilities in Awka North LGA led to more effective engagement with the chairman and visits from the leadership of the Joint National Association of People with Disabilities (JONAPWD) in Anambra State, who promoted this outcome.

Outcome 3: Increased effectiveness of civil society and other actors at all levels

The local chapter of the JONAPWD for Awka North was recently inaugurated and the process of electing executives is ongoing. This local chapter of a national association is building the organisational power of Awka North's marginalised community.

Outcome 4: Greater accountability and responsiveness of duty bearers

Following a meeting of data stakeholders held in Kaduna and Anambra states, the Kaduna State Planning and Budget Commission, working with other strategic data stakeholders in the state, have reactivated the data working group in Kaduna state. Though the data working group has not been active until now, it is an integral component of the legal framework for data management in the state, with a data steering committee that oversees its activities.

In addition to these outcomes, there were also process outcomes, which are appropriate for an advocacy programme, which normally requires patient building of relationships, information, and mobilisation of people. Some of these outcomes include:

- The traditional ruler of Ugbenu community in Awka North LGA and his cabinet made commitments to review local laws and practices that encourage the abuse of widows and violation of their rights.
- The Commissioner of Agriculture committed to ensuring the registration of farmers from rural locations.
- The Association of Town unions committed to supporting the development of a strong database using their community development report.

The early closure of the programme however may change the course of these promising developments.

Beyond these outcomes, there are other indicators of effectiveness in Nigeria.

The ECID programme's work with marginalised community members – including women, youth, and people with disabilities (people with disabilities accounted for 75 percent of the total) resulted in 52 action plans (ECID Action Plan Analysis) in the following areas: Education (16), Health (11), Governance (10), Agriculture (5), Infrastructure (3), Social protection (3), Justice (1) and Water/sanitation (1). Seventeen of these plans were directed to federal parastatals and ministries at the national level, 26 to the district level, and nine to authorities at local level. Eight of the action plans reported consideration by duty bearers, 42 are ongoing, and two are stagnant because of the programme closure announcement. The number of action plans is likely to be underestimated because of the different ways data is entered by reporters.

According to the endline perception survey, Figure 7 shows that 21 percent of respondents perceived an increase in access to the service they need (n=346). While not dramatic, this change shows some progress.

According to interviews, the ECID GESI approach resulted in significant improvements in data collection and policies for marginalised populations. For example,

Overall, do you find that your access to this service has increased over the past year?

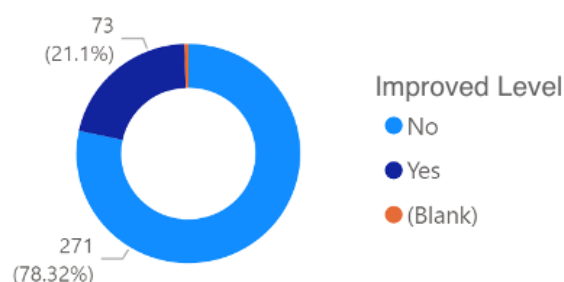


Figure 7. Endline Perception Survey: Access to Services

the Bureau of Statistics in Kaduna state institutionalised the disaggregation and inclusion of marginalised populations in analysis, survey tools, and reporting. The Anambra State Ministry of Economic Planning and Budget incorporated the Charter of Demand (a budgeting tool that builds consensus and inclusivity among a range of stakeholders in the annual budgeting process). The Charter is transmitted by the Ministry to other Ministries, departments, and agencies, and local government authorities who will include those demands in their annual budget for the next fiscal year.

In order to identify opportunities for, and constraints to effective and strategic data collection, analysis, availability, and use by the Consortium and partners, ECID developed a data repository that mapped users at varying levels of the project in terms of their “Data Demand and Information Use (DDIU).” Data, Ethics and Implementation guidelines were developed thereafter, followed by a discussion on effective data management processes. With the end of the programme, this remains an intermediary outcome.

Data gathering and access by stakeholders was most crucial to the project because of its pivotal use by local partners and community based organisations for advocacy. Decision-makers in intervention areas had improved access to quality data that captured the needs of local communities including marginalised populations. A typical example was the collaboration by the Kaduna State Bureau of Statistics with the Ministry of Education and other line ministries to conduct the annual school survey and sustainable development goals (SDG) survey. The report of the survey was to provide a pathway to improve the outcome of basic education. The SDG survey report aimed to guide duty bearers on strategic focus and alignment of their plans with the SDG goals. In the Awka North local government area of Anambra state, advocacy by Hope Givers Initiative to the local government chairman led to the establishment of a local monitoring committee to track teachers’ absenteeism in primary schools across the area. This joint effort is aimed to improve quality of service delivery of education to adolescent boys and girls in the area.

A plan to institutionalise ECID’s data strategy at the state level led to the establishment of a committee to review state government statistics in Kaduna state. MDAs on health and education adopted the use of open data kit KoBoToolbox⁸ for data collection in Anambra state. The software will enable proper monitoring of data capture officers, and reduce error and time spent on data entry.

CSOs, local partners, and duty bearers had the opportunity to improve their skills in advocacy and Data Demand and Information Use (DDIU) through mentorship and capacity building on how to provide holistic services to marginalised populations through voice and action advocacy. The ability of networks to collectively carry out advocacy events, strengthened working relationship that exist among network members and duty bearers in Anambra and Kaduna states.

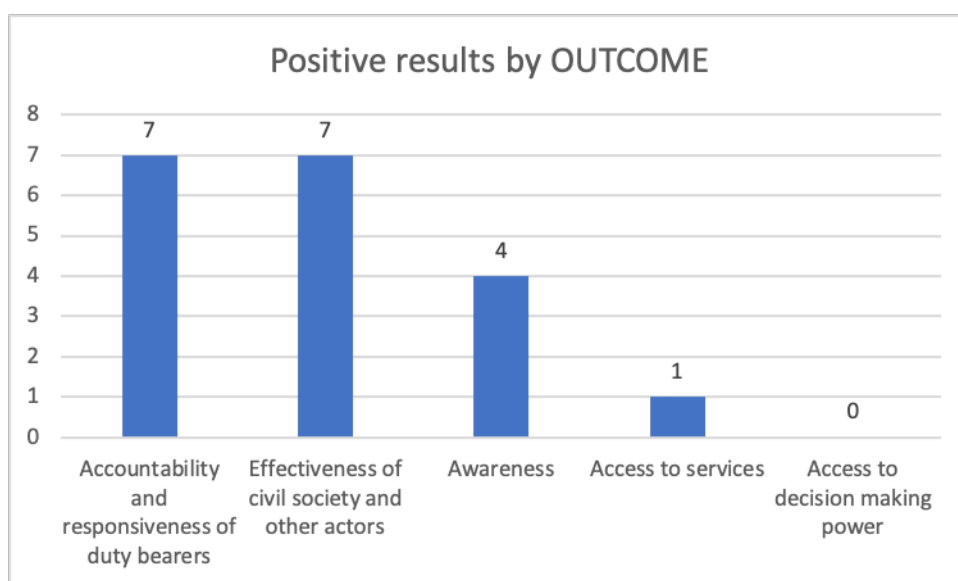


Figure 8. Nigeria Outcomes by Programme Outcomes, October 2020 - July 2021

8 KoBo Toolbox: <https://www.kobotoolbox.org/>

Figure 8 shows data from the ECID Radius Project Data Analysis from October 2020 to July 2021, for Nigeria. This analysis breaks down outcomes from Radius data roughly by programme outcomes. In Nigeria, the majority of outcomes came in accountability and responsiveness of duty bearers and effectiveness of civil society and other actors, with some outcomes on increased awareness as well.

Community Action Plans

A core piece of empowering marginalised people was the creation and implementation of Community Action Plans. Analysis of 111 Action Plans developed across the three countries is summarised in Table 5.

Country	Completed	Stagnated	Ongoing	Totals
Myanmar	16	0	17	33
Nigeria	8	2	42	52
Zimbabwe	2	0	24	26
Total Plans	26	2	83	111

Table 5. Action Plans by the Numbers (src: Action Plan Analysis, Aug 2021)

Of these plans, 108 involved women, 104 involved youth, 81 involved people with disabilities, sixteen involved LGBTQI people, 16 involved people who use drugs, and 8 involved sex workers.

Analysis of the action plans by the programme showed:

A large participation of women and youth.... [Persons with disabilities] were also present in most actions (73%) followed by a smaller participation of [people who use drugs], LGBTQI+ and female sex workers. The decision-makers that helped solve the issues came from different governance levels and involved at least three types of profiles – elected politicians; administration and civil servants; and donors and other civil society bodies. (A learning review of ECID's community action plans)

There was a range of “advocacy targets” for these plans. Myanmar had the highest proportion of local-level advocacy actions, compared to actions that targeted decision-makers at state and national levels. State and national level interventions typically require longer time periods and wider alliances to succeed.

The analysis of the plans also noted the need for “Balance [of] planning, action, and reflection. There is a tendency to collect too much data, for too long, and to leave little effort and time for action and advocacy.” As a result, many of these plans ran out of time to come to fruition with the early closure, though of course, some may continue by using other resources.

F. Responsible Data Management

EQ12: To what extent has the ECID Consortium mainstreamed a responsible data management process in its data work?

On the global level, ECID was effective in mainstreaming Responsible Data Management principles and practices, though it struggled to find suitable platforms for storing and using data. For ECID, Responsible Data:

- Addresses privacy and security
- Is designed with the user in mind
- Understands the existing ecosystem
- Is designed for scale
- Is built for sustainability
- Is data driven
- Uses open standards, open data, and open innovation
- Reuses and improves
- Is collaborative (ECID Document, Responsible Data)

On principles and practices, the programme trained in-country partners in ethical research practices and digital security, and implemented them in the many data gathering, analysis, and use activities.

For example, in Myanmar, data collection was done on issues affecting people with disabilities, sex workers, and people who use drugs, and Alliance Myanmar did the data analysis. The programme there provided digital security, safeguarding training, and code of conduct training. Each country followed a different plan for generating and using data appropriate to their situation and plans. Nigeria tended to work more independently from the global Consortium.

The ECID Learning and Research Working Group set up an ECID Ethics Panel in December 2020, to adapt academic practices in ensuring ethical research into a practitioner research context. The panel consisted of four academics and two practitioners. Reviewing research for both academic quality and importance to development practice was an innovation that interviewees said worked well. The ethics panel also went beyond its mandate to provide useful feedback on research quality as well. The example has been presented at a major UK development conference with some interest in pursuing the idea of practitioner/researcher panels.

The Ethics Panel is a good example for other consortia. It is also a good example for universities as a profile of bringing together both academics and practitioners around practical research. (Consortium Member)

All three country offices worked in collaboration with Open University, within the research, evidence and learning framework, to develop the ECID Data Ethics implementation guidelines, followed by discussions on responsible data management and key good practices. For example, in Myanmar, the team developed their responsible data management plan before the baseline activities and in Zimbabwe, the team developed their own data management framework, aligned with ECID's Ethics and GESI frameworks.

By March 2021, all three countries had developed research proposals which included ethics considerations – results of this research are now becoming available, but it is unclear how they will be integrated into future efforts outside of the ECID programme. The proposals were:

- **Zimbabwe:** *Access to Health Services for Persons with Disabilities in Zimbabwe: A Case of Manicaland Province*
- **Myanmar:** *What are social and cultural barriers on accessing health, rehabilitation, and treatment services and access to nutrition among people with disabilities in Kachin State, Myanmar?*
- **Nigeria:** *What process(es) should be taken to ensure the generation and use of data to inform effective engagement and participation of most marginalised groups [adolescent boys and girls (13-19), people with disabilities and rural women (19 and above in hard-to-reach communities)] in decision making with regards to access to public services (education, healthcare, agriculture, and WASH services)?*

Given the differences in each country, results varied. The coup in Myanmar limited the work on research and data management that was possible, though some work continued. Christian Aid, the Local Resource Center, and community based organisations (CBOs), including Harmony Youth Organisation, conducted research on the data gaps related to the use of drugs and issues faced by the youth in Kayin State, including a community action research training to support data collection from communities. And in Zimbabwe, Development Initiatives conducted an assessment of the data gaps on social protection data in the country (ECID Quarterly report, Y2Q2, Jan-March 2021).



Power BI included data from perception surveys and Key Informant Interviews to facilitate analysis of data. It enables easy filters and helps in the understanding of data. Yet, feedback from the country teams showed that Power BI might not be the most appropriate tool: it appeared that it was not as user-friendly as hoped, that it was relatively slow and that unless embedded online, was not accessible for other stakeholders (ECID Annual Report 2020). The evaluation team used the Power BI database to access endline perception data. We include a sample of the output in Figure 9, above.

But ECID does not have a systematic home for the comprehensive quantitative data collected like the baseline and endline surveys, quantitative analysis of the Radius data, and the many smaller studies done

in the three countries. Christian Aid staff notes that some data will continue to be available but they are still defining the form and priority data at this time.

As the programme progressed, it became clearer that while a one-stop-shopping platform — in which data from all three countries is synthesised—might be useful, the best use of data generated was at local and national level in-country: getting people with disabilities registered for social services, data about human rights violations of sex workers, women, or people with disabilities for advocacy, often broken down by district level. Country programs made excellent use of data at this level, with fewer issues of sustainability over time of a complicated online database.

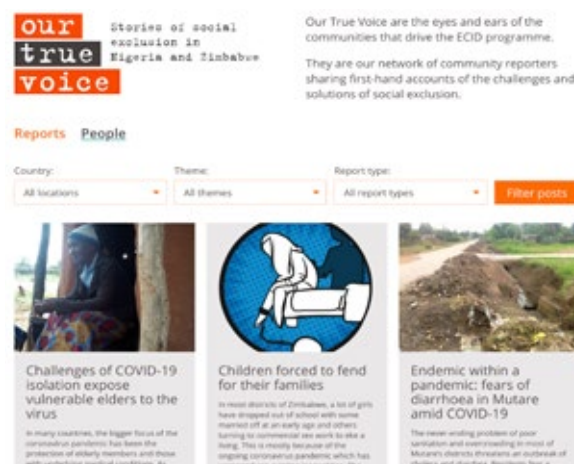


Figure 10. Our True Voice entry page on ECID website

EQ13: What was the role of the ‘Communication work’ in the responsible and sustainable delivery of the data workstream on ECID?

Overall, communications maintained clear messages about the programme and made information about it available through the website. Communications were hampered or slowed by some lack of clarity about the right data platforms, or agreement across the Consortium on what priorities should be. Both global and local staff noted that they might have generated more impact if more communications were translated into local languages.

There was a large number of key audiences: FCDO (and through them the hope of influencing other donors); in-country decision-makers (especially government service providers), Consortium partners, other civil society organisations, communities, and citizens. This range of audiences needed different communications methods, which the programme provided. The role of communications in ECID was partly to define the audiences, “I would say that it was slightly different than in other projects, comms colleagues were a lot more involved with the data directly, to really shift the messages the right way” (Consortium Member). According to interviews, this expanded role, however, caused some frustration since not all Consortium members had communications staff who could participate in meetings around developing appropriate communications materials.

The main tools were the programme website, social media, and quarterly newsletters. Quarterly newsletters were designed for external audiences in the countries of the programme, members of the Consortium, FCDO, and supporters of the programme. (ECID annual report 2020 Annexe M Communications Overview).

The rapidly changing environment presented challenges to getting the communications right. After the co-creation period, disruptions from COVID-19 and budget cuts created shifting ground: “Everything was changing, and the budget was changing. There was a six-month period when nobody knew any answers, they were just to go with it” (Consortium staff member). The Christian Aid communications department began generating stories for the *Our True Voice* entry page of the ECID website, fed by stories from community reporters trained in the Radius programme in Nigeria and Zimbabwe. The Zimbabwe entries tended to be short, blog-like entries about local events, while the Nigeria entries were often more developed stories with beginnings, middles, and ends, documenting programme outcomes.

Accessibility was an issue. One Christian Aid staff member noted that “some of the content could appeal to communities that do not have internet access, people who have low levels of literacy, and people with disabilities that can’t take in the information, so versioning to these audiences needs to be considered.” As one Consortium member pointed out, “we do still intend to [make the GIPP tool available in other languages] and a GIPP Forum has been born out of the ECID programme that has reached out to others beyond the consortium” (Consortium Member).

G. Innovation

The overall programme was itself an innovative solution to gather and use community level data to improve services for marginalised communities in all three programme countries. Innovation was intended to test building programmes from the demands and needs faced on the local level:

*The strategic mix of actors recognises that no one development actor can achieve these changes, and by connecting the different types of expertise across sectors and different institutional spaces, the Consortium will be modelling **new ways of working to build global relationships on the basis of community-level priorities and perceptions.** (UK Aid Connect, Proposal Form)*

EQ14: How successful was the ECID Consortium in proposing and testing innovative solutions aiming to address development problems?

ECID successfully improved on or integrated innovative tools – data collection, analysis of social exclusion, and action plans for community empowerment.

As a process for addressing issues for hard-to-reach communities in terms of access to service, it stands as a model that can be useful for local action as well as for similar cross-country networks to consider. “We have gone to a depth that other organisations have not,” noted one Christian Aid staff member. The use of community level reporters and polling among marginalised communities was a step ahead of the usual data collection and monitoring techniques used in development projects. The Radius platform, for example, produced direct information from community members that could drive programming and advocacy, and could be seen publicly on the website. Some interviews noted that the programme produced both qualitative information preferred by partners and quantitative information which government staff found most useful. While none of these techniques were inventions of the ECID programme, putting them in the centre of programming, and letting people’s views drive the programme activities, is somewhat unique.

Where the programme experienced difficulty was in figuring out what to do with this data. Christian Aid had experience with similar data collection methods in the Sierra Leone SABI programme (2016-2020), but the Consortium had difficulty scaling up that experience to this three-country programme. The Consortium debated for a long time how to store and distribute it, who would analyse it, and how to feed it back into programming. One Consortium member observed that it has “taken way longer than it should have just getting to a place where it could have an outcome.... There was a lot of time when not much was happening.... There was a long time where we did not have a reporting network in place. There were misunderstandings over whose roles things were” (Consortium Member).

“ It can be challenging for organisational actors to work alongside social movements, which are dynamic, emerging and opportunistic. This requires actors to devise alternative ways to measure impact and grapple with power and control issues.

The programme also tried to create a common data platform. One Christian Aid staff member noted that “I don’t believe that brief made any sense – there was no audience for the overlapping data. Country teams needed something much more specific. The outcome of a very expensive data platform was a waste of money.”

The pilots of the co-creation period, and the debates within the Consortium of a common data platform,

did not provide clarity until well into 2021. Much data only became available for use by the programme only after managers learned that the programme was ending early—before the real fruit of these innovations became evident.

The other major innovation of the programme was building in a period of co-creation among the Consortium and with local partners. The initial co-creation period allowed Consortium members and local partners to experiment with different approaches and get a sense for what communities saw as priorities. This is quite a contrast to the typical development programme where goals, objectives, and even activities are laid out in advance, and local partners are allowed to participate in those.

One avenue of innovation that was missed was to go from a service-oriented approach – how can we generate data to help demand greater services for communities – to a social movements approach in which people organise, plan, and advocate for themselves, with the support of formal NGOs. Building on the experience of Consortium members like FEMNET, Womankind, and GNDR, in January 2021 the programme started developing an approach to strengthening social movements. Following a series of workshops and background reading, the programme produced a *Movement-Strengthening Framework for ECID*. The framework pointed out that

It can be challenging for organisational actors to work alongside social movements, which are dynamic, emerging and opportunistic. This requires actors to devise alternative ways to measure impact and grapple with power and control issues. Therefore, embracing principles, behaviours, norms and values congruent with movements has been identified as a necessary precursor to successfully working with them. (ECID Document, Movement Strengthening Framework)

Unfortunately, this framework and the enthusiasm it generated among some Consortium members arrived the same month that FCDO announced that the programme would be closing, so there was no opportunity to pursue it.

H. Value for Money

EQ15: To what extent has the ECID programme achieved value for money according to the VFM framework developed?

The programme adopted the UK government Value for Money (VFM) framework, which assesses the Value for Money achieved by the project along the lines of the four E's: Economy, Efficiency, Effectiveness, and Equity. Along these four parameters, the programme achieved considerable Economy in procurement and financial management. Where the programme had difficulties was in Efficiency, in that the large consortium was top-heavy and difficult to manage, spending considerable resources to achieve results that a more efficient set up would have done more easily and cost-effectively. On Effectiveness, the early closure makes it difficult to be definitive, but it did achieve important results, and was on the way to more when it had to shut down. Equity was its finest point, emphasizing the involvement of and services for marginalised people, strengthening their organisations, and boosting the capacity of CSOs and duty bearers to serve them.

Economy

As lead of the Consortium, Christian Aid set the standards for all Consortium members and local partners in financial management, procurement, and internal management through its Partner Organisational Capacity Risk Assessment (POCRA) process to ensure that resources were used well. It included in Consortium contracts clauses that all partners must adhere to either their own procurement policies, in lieu of which, they should default to Christian Aid's procurement policy. Christian Aid staff in each of the three countries also examined financial and administrative procedures for all local partners and continued to monitor them

throughout the life of the project. For example, the Zimbabwe team carried out not only “a detailed quarterly partner assessment, but also monthly reviews so that any issues can be flagged early on. These reviews involve making sure partners are complying with donor and Christian Aid requirements on procurement, payments, recruitment, and internal control, thus reducing the risk of having ineligible costs at the annual donor audits or end of project audit” (ECID Annual Report 2020, Annexe D2 Value for Money Overview). The programme also instituted an asset register, tracking all capital purchases made with project funds.

Efficiency

Where the programme experienced difficulty was in the efficient use of resources. The Consortium approach in some ways achieved efficiencies at international level, in that Consortium members brought complementary skills and resources to the programme. Yet in practice, confusing management of the Consortium dissipated some of these efficiencies. As Christian Aid staff themselves noted, “working in a large Consortium can be complicated, however, much staff time has been spent driving efficiency forward” (ECID Annual Report 2020, Annexe D2 Value for Money Overview). As noted in the discussion above about the Consortium, some Consortium members noted a lack of clarity about who was doing what and how, and Christian Aid staff sometimes duplicated tasks assigned to Consortium members. “Too many meetings,” as many interviews put it, attempted to coordinate this large group of actors, yet often with disappointing results. An example includes the time and effort spent in figuring out how to manage data across the Consortium, including what platform to use, who would develop and manage it, and finally who would use it and how. Some interviews suggested that the same results may have been achievable for less money, had there been better coordination of the Consortium at international level.

The programme actually received an unexpected boost in efficiency when COVID-19 restrictions forced managers to move many face-to-face activities online. While it is difficult to say if there were gains or losses in effectiveness of online activities, the cost savings were immediately obvious in reduced travel costs and more efficient use of staff time.

Travel bans have in fact meant that spend has been more efficient in certain cases; the Nigeria team have successfully run their security training with Christian Aid staff and local partners, and their advocacy workshops, remotely, saving money on travel and accommodation costs. Similarly, the Zimbabwe team have carried out security training workshops remotely, and are using the resulting underspend to buy computers for community empowerment hubs which will increase the programme’s impact in this area....On Our Radar have similarly delivered virtual training sessions for 138 participants at no cost to the programme, other than staff time. (ECID Quarterly report, Y2Q1, Oct–Dec 2021)

Activities that were difficult to move online, such as focus groups and face-to-face surveys, may have suffered a drop in quality, and required greater adaptation to achieve similar results.

One note that may be a lesson for future programmes that build in a co-creation period was the uncertainty around funding when the programme transitioned from co-creation to implementation. Because there was a gap of several months between completing the programme design and getting approval for funding for implementation, partners and Consortium members felt constrained to start activities, pay staff, or develop programme infrastructure. One report noted that “At the global level however the quarter and the use of funds within it did not offer very good VFM as there was a high degree of ‘treading water’ which an early guarantee of budget and contract beyond May would have avoided. Longer term it also meant money was wasted in what is already a heavily reduced overall budget” (Quarterly Report Narrative Q3).

Effectiveness

Early closure makes an analysis of effectiveness incomplete. Outcomes are discussed elsewhere in the document, so we will not repeat them here. But any attempt to gauge outcomes against financial investment are relatively meaningless due to the early shutdown. The programme spent August 2018 until April 2021

designing the programme, building up programme infrastructure, training and reorienting staff, partners, and local communities, and expected the major achievements to come to fruition in the final year of the project.

Equity

The focus on marginalised people made the Value for Money approach particularly strong on equity. All three countries used baseline research to identify marginalised groups to focus on, and then generated data on who and where they were and what their priorities were. The Gender, Inclusion, Power and Politics (GIPP) process of Gender, Equality and Social Inclusion (GESI) scans gave a rigorous framework to ECID's work, and the focus on institutionalizing inclusion practices and safeguards into all Consortium members and local partners assured a legacy of inclusion, regardless of programme results. Activities such as support of mobile legal aid clinics in Mutare district of Zimbabwe to expand access to services for marginalised people, and support of community-based sex worker organisations, demonstrate a consistent use of resources to build equity.

I. Impact of the Closure

The early closure of the ECID Programme will have and is already having significant impacts in each country. In very different contexts, the perception of broken promises, lack of resources, and the urgent need to address continuing discrimination against the target populations of this programme has evoked responses ranging from resignation to anger. As one Consortium member put it:

The early closure led to the worst possible form of aid and developmental work... The result is everything the British public complains about in aid. (Consortium member)

Among the Consortium members, interviews revealed some efforts to salvage key pieces of the programme but also a general feeling that it would be very difficult to do much about it. Members said they will continue to work bilaterally with each other but that the promise of demonstrating and achieving results of the ECID programme will be difficult to replicate.

EQ6: To what extent is the early closure of the project impacting the sustainability of the results achieved to date (inc. the data work)?

Early closure of the project is having a significant impact on the sustainability of results. Many interviews felt that very few or no results would be sustainable. A notable difference is in Nigeria, where local partners expressed some confidence that they will find ways to carry on with their work related to expanding access and rights for marginalised communities. The difference may be in the level to which the work aligned with organisations and programmes that pre-dated ECID and in government commitment to improve data collection in key areas around marginalised communities.

The closure has already stalled some action plans and community work that were in mid-course and left trained community reporters with no infrastructure for their reports (although reporters continued to contribute results as of August 2021). The status of ongoing work on action plans is unclear, as the Action Plan learning review noted:

*According to self-report from partners in-country, **around one quarter (23%) of the 111 community action plans have been completed.** Three quarters (75%) are still in progress and a minority (2%) have stagnated.⁹ Where plans had stagnated, all in Nigeria, the reason given was that “no action was taken prior to the sudden halt of project implementation. (Action Plan Learning Review 2020)*

⁹ For the two “stagnated” cases, both in Nigeria, the team noted that they didn’t have a plan B, and that they would focus on other challenges. There were 9 responses in “ongoing” cases saying that if the action plan did not work, they would focus on other challenges and only 2 responses in “ongoing” said they had a Plan B, i.e., engaging other stakeholders.

In Nigeria, the closure was a sudden surprise to local partners, ministries, departments, and agencies, and community-based organisations vis à vis the marginalised groups. However, interviews expressed confidence that the existing structure put in place by the project will continue to provide services to the marginalised population. Although the loss of resources is a challenge, the commitment to continuing to improve local service through better data and community voice will be continued by local partners (See Nigeria Country Report – Annexe 7).

In Myanmar and Zimbabwe, local partners will also continue to advocate for the rights of marginalised communities, however, many interviews suggested that the exit of ECID will severely dry up the resources they have for these efforts and that some form of follow-up is important. In both places, some form of ongoing coordination is important to sustain efforts. In Myanmar, this role will fall on Alliance Myanmar. It is unclear if there is an organisation that will take this on in Zimbabwe.

In Zimbabwe, depending on the ability of the organisations to rally the communities on targets they are already implementing in the area, there is a possibility that benefits from the programme could be sustained. This is, however, dependent on leadership and resources. A responsive and functioning structure for implementing partners will be key to ensure that results are sustained (no budget but mainstream activities in the other projects). In areas where the project was introduced as a new project (e.g., Binga and rural Mutare), its closure brings it to an end as the local partners do not have the resources to continue (Zimbabwe Country Report – Annexe 7).

In Myanmar, the unplanned project closure was viewed as a setback for advancing services for marginalised populations. ECID staff, partners and marginalised communities are facing mental and physical anxiety, job insecurity and hopelessness especially in this political and pandemic crisis. The CBOs will be badly affected by the early closure as these new organisations rely on ECID funding and all the data work will be terminated. But they will still be active within the national network (Myanmar Country Report – Annexe 7).

In every country and across the programme, ECID had only begun to engage duty bearers and to insert advocacy into policy processes. Early closure of the programme has ended this momentum before it could show both scale and significance of its outcomes.

The full life cycle of the programme was required to raise policy issues from local to global ... and this has been a huge missed opportunity. (Consortium Member)

EQ7: What is the potential impact of the early closure of the project on the most marginalised people targeted by each of the three countries?

Overall, the early closure is ending action plans, advocacy, training and coordinated efforts to give voice to marginalised people. Some of these efforts are fragmenting and will continue. Several local partners and networks indicated that they would continue to work with marginalised people but the promise of improvement of their lives coupled with the earlier closure compounds a feeling of hopelessness. The loss of this support will make life harder for marginalised communities.

“
At the end of the project, I feel one hand is missing, and I want another.
– Endline Survey Respondent

In each of the three countries, interviews expressed worries about how the broken promises of the programme will be perceived by groups of people who had begun to see some possibility of expanding their voice and achieving greater equity.

In Myanmar, for marginalised people – especially the sex workers – who came forward, interviews stressed

that ECID's closure has shattered their confidence.¹⁰ Still, most of the respondents mentioned they will not stop, and their work will move on. And some partner organisations felt they had been well informed and assisted about the early closure (Myanmar Country Report – Annexe 7).

Similarly, an endline survey respondent felt lost due to early closure: “At the end of the project, I feel one hand is missing, and I want another” (ECID Endline Analysis). Many of the endline responses in Myanmar stressed the basic needs for services that are not being met and are particularly difficult given the current political climate.

In Zimbabwe, interviews suggested that the early withdrawal will reinforce the very marginalisation it was trying to address. Early closure, according to partners, was likely to revive the marginality experience that will return marginalised groups to the edge of isolation again. Partner organisations noted that early closure will also leave the marginalised with relatively little control over their lives, and few resources available to better their lives. They noted that the programme raised and heightened expectations among the community, and that the impact of early closure is resulting in heightened mistrust that will complicate any future engagements between the local partners and duty bearers on community projects (Zimbabwe Country Report – Annexe 7).

Across all countries, interviews with local partners and staff suggested some hope that attitudes towards marginalised people and the confidence of some of these people to speak out for themselves may continue because of local and organisational champions. However, the real risk of loss of confidence and trust in marginalised communities will require that the networks strengthened in the ECID process will continue to function and provide support.

EQ8: To what extent is the early closure of the project affecting the ECID Consortium relationships with different stakeholders (duty bearers, CSOs, CBOs, communities)?

The impact on Consortium member relationships is likely to mean a fallback to more bilateral relationships, and while the early closure will cause some damage to the relationships in country, Christian Aid is likely to be the focus of this. Local partners and CBOs will carry the serious burden of rebuilding and finding resources for collaborative work on these issues. It is not clear that duty bearers will be strongly affected, but some will be more sceptical of the capacity of civil society organisations to maintain and build programmes like this that can support policy change. CBOs and community groups have lost important organisational and social capital but are likely to continue relationships with local partners depending on the resources that can be raised.

Relationships with Consortium members

Consortium members indicated that the early closure of the programme will not impact the bilateral relationships with other members but will be hard to replicate or sustain within multilateral efforts. The development of practical, effective tools for reaching marginalised populations will not continue at the same level, although interviews indicated these tools will continue to be used and improved and may be picked up by other organisations. However, without some continued support in this area, all the responsibility of sustaining these programme approaches will be on the local partners.

In this way, interviews suggested that some Consortium members will continue working together. In fact, some of these relationships, especially with Christian Aid, predate ECID. While the early results suggest that a scaling impact – going from advocating for a few services to more significant policy advocacy – might have

¹⁰ It is difficult for sex workers in Myanmar to lobby for their rights as police follow activists to brothels to conduct raids during human rights trainings: [Sex workers fighting for human rights among world's most 'at risk activists'](#) (Source: The Guardian)

been expected, this will not be sustained without new investment.

Consortium members without local offices will have a very difficult time continuing relationships with local partners, but these relationships were not widely shared within ECID and most local partners were considered partners of Christian Aid – with a few exceptions such as the partners of Frontline AIDS and GNDR that collaborated in the programme.

Relationships with Local Partners

Many of the local partners will continue to work with other partners on issues affecting marginalised communities after the end of the programme. Many have also been working on these issues before ECID. While we saw the most confidence on the continuation of networks and collaboration among CSOs, Alliance Myanmar will continue to bring organisations together, and in Zimbabwe, the women's and people with disabilities networks are quite established. However, the coordinated efforts under a Theory of Change that unites access, inclusion, civil society effectiveness and accountability of duty bearers will be difficult to replicate without medium term investment that allows for a modicum of stability.

Relationships with Duty Bearers

The work to build duty bearer accountability will be hard to sustain. In fact, some duty bearers were reluctant to be interviewed for this ECID evaluation since the programme was ending, indicating that it may be more difficult for local partners to advocate directly with them in the future. However, where agreements to continue data collection have been included in all three countries and structures have been built towards that end, such as in Nigeria, interviews suggested some optimism that progress has been made and that it can be sustained. Some of the structures mentioned in interviews include:

- Kaduna State Consultative Committee on Statistics
- The steering committee which includes CSOs in Anambra State
- In Anambra state, a forum was held on the 27th of April, 2021, on the community Charter of Demand. Local Government authorities in the state, ministries, and government parastatals met to synergise and collaborate for inclusive development planning. It is worthy to note that this was the first time key government agencies, parastatals, and tiers of government are meeting. At the end of the forum, it was unanimously agreed to make the event an annual one to enable players an opportunity for robust planning and annual budgeting process. (Nigeria Country Report – Annexe 7)

There is also a need to learn from the data collection about what was useful for duty bearers and community advocacy to refine data collected for the future. This cannot be sustained without some additional support. The cross-country analysis capacity was not completed (data platform), and, thus, will not be sustained. The Radius platform stands out as a working demo that could not only be continued, but expanded to include other countries. However, without specific support, data collection and its networks of community reporters cannot be sustained.

Relationships with CBOs and Communities

“As implementing partners, we are the face of the project, and the failure of the project impacts negatively on us.

– Local Partner, Zimbabwe

Many interviewees spoke about broken trust and said that relationships with CBOs and communities will be significantly more challenging to maintain. These groups and individuals, such as the approximately 150 trained community reporters in Nigeria and Zimbabwe will lose their reporting systems if the Radius project of On Our Radar ends. We do not have a count of the number of community action plans that were in development in addition to the 111 that are documented. A fair assessment is that a significant portion of these will be stalled or never pursued through lack of resources and support, while some are more deeply embedded in the work of local advocacy organisations and will continue.

But the most significant issue is the damage to the reputations of Consortium members and local partners, particularly in Zimbabwe and Myanmar where the local partners are less confident of continuing than their counterparts in Nigeria. As one Consortium member said, it is “so unethical that we started these community driven projects and did not take them to completion.” A local partner in Zimbabwe gave a blunt assessment,

As implementing partners, we are the face of the project, and the failure of the project impacts negatively on us. We are viewed as jokers, liars and disrespectful by communities and duty bearers. This negative legacy will stick with us for long. (Local Partner, Zimbabwe)

In terms of the data work, the initial structures were built to harvest local and specific data, conduct research projects, and implement the Radius project. The sustainability of this work in each country will depend on the ability of local organisations to raise the resources they need to continue, and the extent to which duty bearers hold up to their commitments.

IV. Conclusions and Observations

The evaluation team concludes that the ECID programme made an important difference in reaching and assisting marginalised populations in Myanmar, Nigeria, and Zimbabwe. However, this conclusion is complicated by several factors.

The most important to the programme results is the early closure, which cut the programme short at, arguably, the worst possible time. Having carefully laid the ground for stronger civic action and sensitised duty bearers with data collected with the marginalised communities themselves, the third year was critical for bringing about the actual results. The initial results in the second year, while small, suggested ECID was moving in the right direction. While we have no data to predict what 2022 results might have looked like, both the action plan results and the endline survey indicate it is quite possible this would have amounted to a much greater scale with deeper impact, moving from process outcomes to a higher level of significance.

It also feels early to assess the sustainability of the results that were achieved. Just how empowered were marginalised community groups? How much stronger did their CBOs become? And how significant were the channels of data collection that were opened during this programme? Without the ability to answer these questions, we can only conclude that the commitment of local partners and their comments in interviews about the strong engagement of community groups, along with the Radius stories, suggests that it is quite possible that ECID was successful in catalysing local processes that will continue well beyond August 2021. It would be instructive to revisit the partners next year to see what they have been able to continue.

While the budget cuts and the closure were the single most significant factors in the programme's reduced overall output and stood in the way of what could have been a more successful completion, other issues also hampered the intended progress of the programme. These include the intensification of the COVID-19 pandemic, political upheaval in Myanmar, issues around the management of the Consortium and a connected lack of clarity around roles of Consortium members.

COVID-19 interrupted, stalled, and complicated collaborative working arrangements both on the international and local level. Even in countries with more developed digital infrastructure, the move to online meetings and work was highly disruptive. But in a programme, such as ECID, connecting from the grassroots all the way to London became nearly impossible. Local staff became even more critical to manage and support programme activities. And everyone was forced to invent new ways to attain outputs without the face-to-face interaction, which is often so critical to building strong relationships and understanding.

However, local staff of the Christian Aid offices did a remarkable job, building trust and understanding at the same time as they showed results in increased skills and collaboration among organisations. We conclude that local organisations working with marginalised communities were hungry for the types of concrete skills and strategies they accessed and developed during the programme. Interviews showed a strong appreciation among CSOs and duty bearers for the four strategies associated with the Theory of Change and may have even helped them to develop their own advocacy and policy approaches to the issues. We believe that this is one of the best indicators to validate the Theory of Change and suggest that it should continue to be developed and inform similar efforts.

On the other hand, the early closure left many of the target populations with a confused message and a sense of betrayal, even as they had just started to speak up and believe that change was possible. This was

least evident in Nigeria, where Christian Aid has one of its strongest local offices and a longer history of working in a variety of related programme efforts. In Myanmar, the endline survey showed that marginalised groups feel abandoned just as they believed that more of their needs could be met. And in Zimbabwe, interviews revealed a strong sense of broken promises, that unfortunately, are consonant with a long history of development actors exiting at inopportune moments. One cannot help but feel that it is better not to make such promises and spur on processes that are right in the heart of the most delicate dialogues around the charged issue of marginalisation if they cannot or will not be met. As one interview expressed, this is development at its worst.

Given all the shocks to the programme, we cannot be definitive on what went wrong with the Consortium management. Clearly, the budget cuts and early closure were major factors, exacerbating relationships between organisations as budget lines evaporated and organisations were further distanced from each other—in a time when working together was already complicated. However, all the Consortium members, in one way or another, felt that the issue was deeper than this. Drawing from their comments and from our own experience, we hazard to make a few interim conclusions about why that might be helpful to consider in future Consortia design:

- It was **too big** and its members were largely based in the Global North.
- **Roles were not clearly defined**, which was exacerbated as members dropped out and budgets were cut and readjusted.
- Members needed to have **more time built in upfront to get to know one another**.
- **Building of trust and clarity among members** needed to be more central from the outset with more flexible space to bring resources, ideas, and networks to bear.
- Finally, on paper, the Consortium composition already looked bloated from the beginning. We wonder if a **composition half its size** could have been more effective, especially if it were paired with some flexibility and mechanisms to engage the expertise of other organisations during its activities.

Likewise, we wonder if the complex and interconnected activities and outputs, while strategically designed to test the four elements of the Theory of Change, were all necessary. For example, interviews suggested a lack of clarity around the consolidated data platform. On the other hand, some important activities such as tracking and accompanying the local data collection processes seemed that they could have been more central and added more value to the programme overall. However, we acknowledge that the programme was designed to be double its final size and that many of these products, such as the local research products, would have played a larger role in the final year in ways that do not show up in the initial results.

Overall, we conclude that, despite these serious issues, ECID represented a worthy effort that has left an overall legacy and model in each of the countries that can strengthen the strategy and efficacy of civic efforts to address the issues of marginalised communities. The further development of GESI products, research approaches, and Radius stand out as tools for the next stages of development work with marginalised communities, not solely in the programme countries, but with applications in the Global South and North alike.

A. Lessons Learned

Since the ECID programme is unlikely to continue in its present form, our lessons focus on both providing continuity to what was started in the three programme countries and pointers to what we believe would be valuable elements to continue or learn from:

1. A **continued presence** through a local Christian Aid office in Myanmar, Nigeria and Zimbabwe or working with partner organisations could be of great assistance in providing strategic support that will help sustain some of the work started in ECID.

The strength of the local offices and partners suggests that a much smaller level of support can continue to bear results in line with ECID goals and Theory of Change. A sharpened role in terms of convening and participation in networks working with marginalised communities could help to build on the initial reports. The movement-strengthening framework developed for the programme stands out as a modality that might define a much less expensive and management-heavy role for Christian Aid, while building ongoing local capacity and enabling some efforts, such as the community reporters and GESI analysis, to continue.

The data collection, community reporters and future of the local partners stand out as some of the significant human and social resources that should not just be lost with the end of the ECID programme. Assistance in raising the resources to support continuing efforts could carry on the work that ECID has started.

2. Programmes, such as ECID, should put **more focus on resource mobilisation** from more than one donor, especially for in-country work.

The reliance on a single donor for any programmatic effort will always reduce its capacity since the resources for the programme are not as stable. The ECID programme provides a paradigmatic example of what can happen. It is completely understandable that significant resources—such as those provided by UK Aid—can enable new programming and action, but engagement of other donors in these programs as part of a matter of course will ensure that resources for the medium term are more stable. An early withdrawal that simply closes the whole programme does not just impact the specific work, but can weaken the capacity of the networks and organisations that have built around the promises made in the programme.

3. A **learning session on building effective consortia** for interested staff and leadership of all the ECID Consortium can provide concrete lessons on building a strong and engaged consortium—establishing principles and roles, avoiding overlapping roles and establishing a process agreed to, in the beginning, for addressing changes to financial resources or programming—that will help in the design and implementation of future consortia-led efforts.

This report has highlighted some of the lessons that we have gleaned from documents and interviews in the management of this Consortium. In fact, collaborative efforts, and programming such as this, continue to be important for promoting synergies and building resilience in development programming around the world. Participating staff of ECID have knowledge and experience of the pitfalls and success factors of this initiative that should be considered in future consortia initiatives.

4. **FCDO can also learn lessons** from what happened in this initiative to enact smoother policies that help to buffer partners from unforeseen funding changes and ensure that new efforts will build on the work to assist marginalised populations in its future programming. Three questions that emerged in interviews that FCDO might consider in future programming:

How can it encourage the participation of Southern organisations directly in consortia to build strong North/South partnerships?

Can it be more flexible in how consortia are structured to allow for building organic relationships and developing stronger partnerships?

Can it play a greater role in brokering relationships with other donors to promote more diversified funding of large programmes and reduce the risk from its own budget changes?

We have understood that FCDO is currently under transition, and we have no insight into what its future shape or programming may look like. However, its abrupt exit from this and other similar initiatives it was supporting have impacted the reputations and capacities of many organisations. It is important for these impacts and lessons about funding cuts to be made public and taken seriously, perhaps to plan for the advent of changing funding patterns in a way that enables partners to face less reputation loss and better manage the risk of early closeouts.

5. **Communications materials and data compiled in this programme** need to remain accessible and further developed where possible, to assist local partners in this programme and to draw conclusions

that can help shape future aid and philanthropy programmes. As a corollary, supporting some transitions (such as support of local organisations who will continue this effort) might lead to the sustainability of the community reporter networks created in Zimbabwe and Nigeria.

The In Our Voices section of the ECID website, the consolidated data portal (to the extent that exists) and the research products and tools of the ECID initiative, provide information and approaches on reaching marginalised populations in the three countries as well as implications for similar initiatives. Can these products be transformed into white papers or other guides that can help to shape this work and donor programming priorities? It would be good to assess this potential for continuing use of this data along with Consortium partners who have an interest. It should be noted that products such as the GIPP tool, the ethics and research panels approach for non-governmental organisations, the Movement Strengthening Framework, and the Look in Look Out (LILO) approach appear to have a significant life span ahead of them outside of the ECID effort.

Annexes

Annexe 1: Literature Reviewed

Annexe 2: Case Studies

Annexe 3: Interviews

Annexe 4: Interview Guides

Annexe 5: Consent Form

Annexe 6: Outcome Harvest Table