STAND WITH A GIRL
SWAG
INITIATIVE
Motto: When the society invests in girls, everyone wins.

ENDLINE EVALUATION REPORT
WE LEAD PROJECT
WASSA IDP CAMP, ABUJA
NIGERIA

2021 - 2025

Endline Evaluation Report of the WeLead Project

Prepared for

STAND WITH A GIRL INITIATIVE

by

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DISCLAIMER

This Evaluation Report has been developed by an independent evaluator. The analysis and recommendations of this evaluation reflects the views of the author and not necessarily the views of Stand with A Girl (SWAG) Initiative, its partners or the project funders.

ACKNOWLEDGEMENT

On behalf of Stand with A Girl (SWAG) Initiative, I extend my deepest gratitude to all those who contributed to the successful implementation and evaluation of the WeLead Project. This endline evaluation represents a critical milestone in our mission to advance sexual and reproductive health and rights (SRHR) for women and girls, particularly those in displacement settings who face significant barriers to accessing essential health services.

First and foremost, I sincerely appreciate the women and girls of Wassa IDP Camp, whose voices, experiences, and resilience have been at the heart of this project. Your willingness to engage in this evaluation, share your stories, and advocate for change has provided invaluable insights that will shape future SRHR programming. Your courage and determination continue to inspire our work.

I would like to appreciate our partners and stakeholders, including the Federal Ministry of Health (FMoH), the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development (FMHDS), the National Commission for Refugees, Migrants, and Internally Displaced Persons (NCFRMI), healthcare providers, and community leaders. Your unwavering support, collaboration, and commitment to improving the well-being of displaced women and girls have been instrumental in the success of this project.

A special thank you goes to the evaluation team, field researchers, data analysts, and facilitators who dedicated their time and expertise to conducting a rigorous, participatory, and evidence-based assessment. Your meticulous efforts in collecting, analyzing, and synthesizing data have ensured that this report provides an accurate and meaningful reflection of the WeLead Project's impact.

I also acknowledge the invaluable contributions of our donors, whose financial support made this initiative possible. Your investment in women's health, empowerment, and rights is a testament to your commitment to sustainable development and gender equality.

Lastly, I commend the SWAG Initiative team for their tireless dedication and passion in implementing this project. Your efforts have not only strengthened SRHR service delivery but have also created lasting change by empowering women and girls with knowledge, confidence, and agency over their reproductive health.

As we reflect on the findings of this evaluation, we recognize that while significant progress has been made, there is still much work to be done. The lessons learned from this project will guide our future interventions, ensuring that we continue to advocate for accessible, inclusive, and sustainable SRHR services for all. Together, we remain committed to a future where every woman and girl, regardless of her circumstances, has the right to make informed decisions about her body, health, and future.

Margaret Bolaji-Adegbola

Founder and Executive Director
Stand with A Girl (SWAG) Initiative

Table of Contents

LIST OF ABBREVIATIONS

FGD – Focus Group Discussion

FMoH – Federal Ministry of Health

FMHDS – Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development

GBV – Gender-Based Violence

IDP – Internally Displaced Person

KII – Key Informant Interview

MSC – Most Significant Change

NCFRMI – National Commission for Refugees, Migrants, and Internally Displaced Persons

OECD-DAC – Organization for Economic Co-operation and Development – Development Assistance Committee

SGBV – Sexual and Gender-Based Violence

SRHR – Sexual and Reproductive Health and Rights

SWAG – Stand with A Girl Initiative

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

Introduction

This report presents the findings of the endline evaluation of the WeLead Project, an intervention implemented in Wassa IDP Camp, Abuja, Nigeria, to improve sexual and reproductive health and rights (SRHR) awareness, access, and advocacy among displaced women and girls. The project sought to address critical gaps in SRHR knowledge and service utilization, foster community acceptance of reproductive health services, and empower women and girls to make informed decisions about their bodies and reproductive choices. The evaluation, conducted using a mixed-methods approach, assessed the project's performance based on the OECD-DAC criteria of Relevance, Effectiveness, Efficiency, Impact, Sustainability, Coherence, and Value for Money while integrating cross-cutting themes such as gender equity, social inclusion, and community empowerment.

Evaluation Methodology

The evaluation adopted a mixed-methods approach, combining quantitative surveys, qualitative interviews, focus group discussions (FGDs), and Most Significant Change (MSC) storytelling. A sample of 405 women and girls participated in the structured survey, while 12 FGDs, 20 key informant interviews (KIIs), and multiple MSC narratives were collected to provide deeper insights into lived experiences. Systematic random sampling was used for the survey to ensure representativeness, while purposive sampling was employed for qualitative components to capture diverse stakeholder perspectives. Thematic analysis using NVivo was conducted for qualitative data, while descriptive and inferential statistics were applied using SPSS for quantitative findings. Ethical considerations were strictly adhered to, ensuring informed consent, confidentiality, and cultural sensitivity in discussing SRHR topics.

Outcomes and Community Changes

The evaluation found substantial improvements in SRHR knowledge, attitudes, and service utilization. Prior to the intervention, awareness of family planning, menstrual hygiene, maternal health, and STI prevention was low, with only 41.3% of respondents demonstrating basic knowledge of SRHR services. By the end of the project, 88.9% of respondents reported having accurate knowledge of contraceptive methods and their benefits, and 98% acknowledged the importance of menstrual hygiene management, compared to 47.2% before the project. This significant increase in knowledge was complemented by an increase in SRHR service utilization. 62.2% of respondents reported using modern contraceptive methods, up from 19.6% before the project. Additionally, 67.4% accessed antenatal care services, compared to 28.9% pre-intervention, and 73.7% sought STI screening or treatment, up from 22.5% before. The introduction of mobile clinics and trained community health workers was identified as a key driver of this increased service uptake.

Community perceptions of SRHR shifted positively, with 88.5% of respondents stating that discussing family planning was now more socially acceptable, and 89.6% reporting greater support from male partners and community leaders. FGD and MSC findings confirmed these shifts, with one participant noting, *"Before this project, I could not talk about contraception with my husband. Now, we discuss*

it openly and make decisions together." However, some resistance remains, particularly among older generations and conservative religious groups, emphasizing the need for continued community engagement and advocacy.

OECD-DAC Criteria Analysis

Relevance: The project was highly relevant to the needs of displaced women and girls, who faced barriers to SRHR education and services. The intervention directly responded to critical gaps identified in the needs assessment, aligning with national and international SRHR priorities. A community leader affirmed in a KII, *"Before WeLead, there were no programs that directly addressed the reproductive health of displaced women. This was the first time we felt seen and heard."*

Effectiveness: The WeLead Project was highly effective in achieving its objectives. Significant improvements in SRHR knowledge (from 41.3% to 88.9%), contraceptive use (from 19.6% to 62.2%), and antenatal care visits (from 28.9% to 67.4%) demonstrate measurable impact. Qualitative findings confirm behavioral shifts, with many women reporting greater autonomy over reproductive health decisions. However, financial constraints and periodic stockouts of contraceptives affected 14.3% of respondents, indicating the need for supply chain improvements.

Efficiency: The project efficiently utilized resources by leveraging community health workers, mobile clinics, and existing healthcare facilities, reducing costs while maximizing outreach. A health worker interviewed noted, *"WeLead used smart strategies, training local women to educate others. This made the message spread faster and reduced dependency on external staff."*

Impact: The WeLead Project had a transformative impact on beneficiaries, improving health outcomes, gender dynamics, and social norms. Women reported greater confidence in making reproductive health decisions, with one MSC respondent stating, *"Because of this project, I was able to space my pregnancies, and my health has improved."* Additionally, the project influenced male engagement in reproductive health, with many men now supporting family planning and maternal health care for their wives.

Sustainability: While the project fostered strong community ownership, sustainability remains a challenge due to funding constraints. However, qualitative findings indicate that knowledge and behavioral changes will persist, as one FGD participant emphasized, *"Even if WeLead ends, we will continue sharing what we have learned."* Strengthening policy integration and government partnerships could enhance long-term sustainability.

Coherence: The project demonstrated strong alignment with national SRHR policies and complemented existing humanitarian health initiatives. Partnerships with government health agencies and local NGOs ensured that interventions were contextually appropriate and supported by stakeholders.

Value for Money: The intervention provided high value for money by reaching a large number of beneficiaries with cost-effective service delivery strategies. The use of community champions and peer educators significantly reduced implementation costs while enhancing impact.

Cross-Cutting Themes

The WeLead Project contributed to gender equity by empowering women with knowledge and decision-making power over their reproductive health. It also promoted social inclusion, ensuring that adolescent girls, survivors of gender-based violence (GBV), and women with disabilities had access to SRHR services. One young woman shared in an MSC story, *"For the first time, I feel included in discussions about my health. I can now make informed decisions without fear."* The project also strengthened community resilience, equipping local leaders and male allies with the knowledge to support women's health rights.

Key Recommendations

- Scale-Up Mobile Clinics and Health Worker Training – Expand outreach to sustain accessibility of SRHR services.
- Strengthen Supply Chain Management – Ensure consistent availability of contraceptives and maternal health services.
- Expand Male Engagement Strategies – lead community dialogue to strengthen male support for women and girls' sexual and reproductive health and rights.
- Integrate SRHR into Government Health Systems – Enhance long-term sustainability through policy integration and funding alignment.
- Continue Advocacy and Community Education – Sustain engagement with community stakeholders to promote increased support for SRHR services.

Conclusion

The WeLead Project successfully improved SRHR knowledge, service utilization, and community acceptance of reproductive health services among displaced women and girls in Wassa IDP Camp. Findings indicate that the project effectively addressed key barriers, with measurable improvements in health-seeking behavior and gender norms. However, challenges such as financial constraints, occasional contraceptive stockouts, and remaining cultural resistance highlight areas for future intervention.

INTRODUCTION

Background and Context

The displacement crisis in Nigeria has significantly affected vulnerable populations, particularly women and girls, who face profound challenges in accessing fundamental rights and services. Internally displaced persons (IDPs), driven from their homes due to prolonged conflicts, communal clashes, and security instability, live in precarious conditions where healthcare, education, and economic opportunities are severely limited. Among the most pressing issues affecting women and girls in IDP camps are inadequate access to sexual and reproductive health and rights (SRHR) services, heightened risks of sexual and gender-based violence (SGBV), and the persistent cultural stigmatization of reproductive health discussions. In Wassa IDP camp, located on the outskirts of Abuja, these SRHR and SGBV challenges are exacerbated by poor infrastructure, a lack of trained healthcare professionals, and deeply ingrained socio-cultural norms that restrict open discussions about reproductive health. Women and girls in this camp often lack family planning resources, experience barriers to accessing maternal healthcare, and remain vulnerable to SGBV with little recourse to justice or support services.

The WeLead Project, implemented by Stand With A Girl (SWAG) Initiative was designed to address these pressing SRHR challenges, with a strong focus on education, advocacy, and service provision. Over its five-year duration, the project aimed to empower displaced women by improving their knowledge of reproductive health, expanding access to essential health services, and equipping them with advocacy skills to demand better healthcare and legal protections. Recognizing the intersectionality of SRHR with broader issues such as economic instability and gender inequality, the project also incorporated capacity-building activities that enabled women to become active agents of change within their communities. Through targeted interventions—including SRHR education sessions, community dialogues, training for healthcare workers, and direct service provision—the WeLead Project sought to enhance the agency of women and girls in the Wassa IDP camp and create sustainable structures for continued advocacy and access to services.

At the core of the WeLead Project was the goal of fostering long-term behavioral and social change within the Wassa IDP camp. Traditional beliefs and socio-cultural barriers have historically hindered women and girls from asserting their SRHR needs, making it imperative to embed advocacy and awareness-building within community structures. The project sought not only to provide knowledge but also to cultivate a network of community champions—local women and youth trained to advocate for their rights, challenge harmful norms, and support others in accessing reproductive healthcare. By prioritizing both direct service provision and systemic advocacy, the WeLead Project established a multi-layered approach to addressing SRHR gaps and enhancing the overall well-being of women and girls in the Wassa camp.

Purpose and Objectives of the Evaluation

The endline evaluation of the WeLead Project was designed to provide an in-depth assessment of the project's implementation and outcomes, with a focus on its impact on the SRHR knowledge, attitudes, and behaviors of women and girls in the Wassa IDP camp. Given the complexities of

working in a humanitarian setting with vulnerable populations, the evaluation sought to analyze not only the effectiveness of the project's direct service interventions but also the broader social and behavioral changes that emerged as a result of its activities. The primary objectives of this evaluation were:

- To assess the relevance and appropriateness of the WeLead Project in addressing the specific SRHR needs of women and girls in the Wassa IDP camp.
- To measure the effectiveness of the project in improving SRHR awareness, service access, and advocacy skills among its target population.
- To evaluate the efficiency of project implementation, including resource utilization and cost-effectiveness.
- To analyze the impact of the project on individual behaviors, community norms, and institutional policies related to SRHR.
- To assess the sustainability of the project's interventions and outcomes, examining whether the changes initiated by WeLead are likely to endure beyond the project's funding period.
- To provide actionable recommendations for future SRHR programming in humanitarian settings.

Scope of the Evaluation (Geographic, Thematic, and Beneficiary Focus)

The evaluation covered the full five-year duration of the WeLead Project and was geographically focused on the Wassa IDP camp in Abuja, Nigeria. This location was chosen because it represents a large and diverse displaced population facing acute SRHR challenges. Although the findings are specific to Wassa IDP camp, they provide insights that may be relevant for similar displacement contexts across Nigeria and other humanitarian settings. Thematically, the evaluation assessed the project's interventions in SRHR education, service access, and community advocacy, with a particular focus on:

- SRHR awareness and knowledge, including family planning, menstrual hygiene, maternal health, and prevention of sexually transmitted infections (STIs) and SGBV.
- Service accessibility and utilization, evaluating the reach and impact of the project's healthcare and counseling services.
- Gender equality and empowerment, measuring how the project contributed to changes in decision-making, agency, and leadership roles for women and girls.
- Community engagement and advocacy, assessing the effectiveness of local champions in driving sustained awareness and policy change.

The evaluation's primary beneficiaries were women and girls aged 15 and above, given their heightened vulnerabilities and SRHR needs within the IDP context. However, the study also incorporated insights from community leaders, healthcare providers, and male allies to understand the broader systemic and cultural shifts facilitated by the project.

Evaluation Questions (Aligned with OECD-DAC Criteria)

This evaluation was structured around the OECD-DAC evaluation criteria, ensuring alignment with global best practices for assessing development and humanitarian interventions. The key evaluation questions included:

1. Relevance
   - To what extent did the WeLead Project address the most pressing SRHR needs of displaced women and girls in Wassa IDP camp?
   - How well did the project align with national and international SRHR policies?
2. Effectiveness
   - How successful was the project in improving SRHR knowledge, attitudes, and behaviors among the target population?
   - What were the major facilitators and barriers to achieving project objectives?
3. Efficiency
   - Were project resources (human, financial, and logistical) used optimally to achieve the intended outcomes?
   - Were the project interventions delivered in a timely and cost-effective manner?
4. Impact
   - What long-term changes in SRHR access, gender norms, and community advocacy have resulted from the WeLead Project?
   - Were there any unintended positive or negative consequences of the project's interventions?
5. Sustainability
   - How likely are the positive changes introduced by the project to be sustained beyond its funding period?
   - What factors contribute to or hinder the long-term sustainability of SRHR services and advocacy efforts in the camp?

PROJECT DESCRIPTION

Overview of the Project's Goals, Objectives, and Target Beneficiaries

The WeLead Project, implemented by the Stand With A Girl (SWAG) Initiative, was designed as a multi-faceted intervention aimed at improving the sexual and reproductive health and rights (SRHR) of women and girls living in Wassa IDP Camp, Abuja, Nigeria. Recognizing the unique vulnerabilities faced by internally displaced women and adolescent girls—such as limited access to healthcare, heightened risks of sexual and gender-based violence (SGBV), and restrictive socio-cultural norms—the project sought to enhance their knowledge, agency, and access to critical SRHR services.

At its core, the WeLead Project aimed to empower women and girls through a three-pronged approach:

- Knowledge and Awareness – Providing education on key SRHR topics, including family planning, menstrual hygiene, maternal health, prevention of sexually transmitted infections (STIs), and SGBV response.
- Access to Services – Improving the availability and quality of SRHR services through partnerships with healthcare providers, local stakeholders, and trained community health workers.
- Community Advocacy and Social Norm Change – Strengthening women and girls' capacity to advocate for their rights while engaging community leaders, men, and other stakeholders to shift harmful gender norms.

The primary beneficiaries of the project were women and girls aged 15 to 30 years, particularly those at risk of poor SRHR outcomes due to displacement, poverty, or lack of education. The project also engaged secondary beneficiaries, including male community members, healthcare providers, and local leaders, to foster a more supportive environment for women's health and rights.

Through a five-year implementation period, WeLead reached over 3,000 women and girls with direct SRHR services, trained community champions to advocate for reproductive health rights, and worked with government and non-governmental partners to improve SRHR service delivery mechanisms in the camp.

Thematic Areas Covered

The WeLead Project focused on several key thematic areas, all critical to enhancing the SRHR outcomes of displaced women and girls. These included:

1. Sexual and Reproductive Health Education
    - Comprehensive sessions on family planning methods, menstrual hygiene management, maternal health, and prevention of STIs and SGBV.
    - Addressing misconceptions and stigma around SRHR topics.
    - Use of peer educators and community-led discussions to enhance learning and retention.

2. Service Provision and Access
    - Strengthening linkages to healthcare providers for family planning, antenatal care, and treatment of reproductive health issues.
    - Integration of SGBV support services, including counseling, legal aid referrals, and survivor-centered care.
3. Economic Empowerment and Livelihood Support
    - Providing vocational training and financial literacy to help women gain economic independence.
    - Linking economic stability to SRHR outcomes, emphasizing how financial empowerment can improve decision-making power in health and family planning.
4. Community Engagement and Advocacy
    - Training of community champions (women leaders, youth, and male allies) to advocate for SRHR rights.
    - Engagement with religious and traditional leaders to encourage supportive norms.
    - Running media and awareness campaigns to challenge harmful myths and taboos.

Key Implementing Partners and Stakeholders

The success of the WeLead Project was dependent on strong collaboration with various stakeholders to ensure service delivery, policy alignment, and community ownership. These key actors included:

- Government Agencies:
    - Federal Ministry of Health (FMoH) and National Primary Health Care Development Agency (NPHCDA) – Ensured integration of SRHR services within broader healthcare initiatives.
    - Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development (FMHDS) – Facilitated coordination with national IDP response programs.
    - National Commission for Refugees, Migrants, and Internally Displaced Persons (NCFRMI) – Provided oversight and support for the inclusion of displaced women.
- Healthcare Providers:
    - Local health centers and mobile health units offering family planning, maternal health, and SGBV services.
    - Community health workers (CHWs) trained to provide SRHR education and referrals.
- Non-Governmental and International Organizations:

- United Nations Population Fund (UNFPA) and UN Women, which provided technical assistance and advocacy support.
- Local NGOs focused on women's rights, legal aid, and community mobilization.

- Community-Based Groups and Traditional Leaders:
  - Women's groups, youth organizations, and local leaders served as advocacy champions and peer educators.
  - Male allies engaged in promoting positive masculinity and support for SRHR.

Summary of Major Interventions and Activities Undertaken

Over the course of five years, the WeLead Project implemented a range of activities to achieve its objectives, including:

1. SRHR Training and Awareness Campaigns
   - Conducted community education sessions reaching over 3,000 women and girls.
   - Used radio programs, posters, and social media to spread SRHR messages.
2. SGBV Response and Legal Support
   - Established safe spaces for survivors to receive counseling and referrals.
   - Engaged legal aid organizations to support survivors of abuse.
3. Economic Empowerment Initiatives
   - Provided vocational training in tailoring, soap-making, and small-scale entrepreneurship.
   - Distributed start-up grants to women-led businesses.
4. Policy and Advocacy Efforts
   - Facilitated dialogues between community leaders and policymakers to integrate SRHR into local development plans.
   - Created a network of trained community advocates promoting reproductive rights.

Theory of Change and Results Framework

The Theory of Change (ToC) underlying the WeLead Project was based on the assumption that increasing knowledge, improving access to services, and fostering advocacy would lead to improved SRHR outcomes and greater agency among displaced women and girls. The framework envisioned that:

1. If women and girls receive comprehensive SRHR education, they will develop the confidence and knowledge to make informed health decisions.

2. If access to SRHR services is expanded, more women and girls will utilize modern family planning methods, maternal health services, and STI prevention measures.
3. If communities are engaged in advocacy and gender norm transformation, harmful practices and stigma surrounding reproductive health will decline.
4. If women have access to economic opportunities, they will be better positioned to negotiate their health and rights, leading to long-term improvements in well-being.

EVALUATION METHODOLOGY

Evaluation Design

The endline evaluation of the WeLead Project was designed to assess the project's implementation and outcomes, with a focus on the relevance, effectiveness, efficiency, impact, and sustainability of interventions aimed at improving sexual and reproductive health and rights (SRHR) awareness and access for women and girls in Wassa IDP Camp. The study utilized a mixed-methods approach, integrating quantitative and qualitative data collection techniques to ensure a holistic and triangulated assessment of the project's contributions.

A participatory evaluation approach was employed, ensuring that key stakeholders—including women and girls, community leaders, healthcare providers, project staff, and policymakers—were actively engaged in the data collection process. This participatory approach was particularly essential given the sensitive nature of SRHR issues in IDP settings, where cultural barriers and stigma can affect responses.

To ensure alignment with international development evaluation standards, the evaluation was structured around the OECD-DAC criteria, which examine:

- Relevance – How well the project aligned with the SRHR needs of the target population.
- Effectiveness – The extent to which project objectives were met.
- Efficiency – How well resources were utilized to achieve results.
- Impact – The measurable and perceived changes brought about by the project.
- Sustainability – The likelihood of project interventions being maintained over time.

The evaluation also integrated cross-cutting themes, including gender equity, social inclusion, and community empowerment, to examine how the project influenced broader systemic and social changes. Combining survey data, in-depth interviews, focus group discussions (FGDs), and Most Significant Change (MSC) storytelling, the evaluation provided both statistical insights and rich qualitative narratives that captured the lived experiences of beneficiaries.

Study Population

The study population included individuals who had direct or indirect exposure to the WeLead Project and who were relevant stakeholders in assessing its impact. The primary population for the study was:

- Women and girls aged 15 to 30 years – These were the primary direct beneficiaries of the WeLead Project, having participated in SRHR awareness sessions, community advocacy training, or health service delivery activities. They provided insights into changes in knowledge, behaviors, and access to SRHR services as a result of the intervention.
- Healthcare providers and community health workers – These individuals were involved in delivering family planning, maternal health, STI prevention, and SGBV response services. They offered insights into service utilization trends, operational challenges, and community attitudes toward reproductive health services.

- Community leaders and male allies – Traditional and religious leaders, as well as supportive male figures, played a crucial role in shaping gender norms and community acceptance of SRHR services. Their perspectives helped assess how effectively the project engaged and influenced broader social structures.
- SWAG Initiative project staff – These individuals were responsible for implementing project activities, coordinating service delivery, and monitoring progress. Their input helped identify implementation challenges, best practices, and lessons learned.
- Government stakeholders and policymakers – Representatives from the Federal Ministry of Health (FMoH), the National Commission for Refugees, Migrants, and Internally Displaced Persons (NCFRMI), and the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development (FMHDS) were consulted to assess policy alignment and sustainability prospects for SRHR programming in IDP settings.

Inclusion and Exclusion Criteria

To ensure the reliability and validity of findings, a structured inclusion and exclusion framework was applied.

Inclusion Criteria: Participants were included in the study if they met the following conditions:

- Women and girls aged 15 to 30 years who were direct beneficiaries of the WeLead Project.
- Current residents of Wassa IDP Camp, ensuring that all participants had adequate exposure to project activities.
- Individuals who participated in project interventions, including those who attended SRHR education sessions, received healthcare services, or engaged in community advocacy initiatives.
- Healthcare workers, community leaders, and project implementers who had a role in service provision, advocacy, or policy implementation related to the project.
- Participants who voluntarily provided informed consent, with additional parental or guardian consent obtained for those under 18 years old.

Exclusion Criteria: Individuals were excluded from the study if they:

- Were outside the 15–30 age range, as the project's interventions were specifically designed for this demographic.
- Had relocated outside of Wassa IDP Camp, as their experiences would not reflect the full exposure to project interventions.
- Did not participate in WeLead Project activities, ensuring that only those with direct or indirect exposure were included.
- Had medical or cognitive impairments that would prevent them from fully engaging in interviews or surveys.

Sample Size Estimation: To ensure statistical rigor, the evaluation applied standard sampling formulas to estimate the required sample size for quantitative surveys while ensuring diversity in qualitative components.

Quantitative Sample Size Estimation: The sample size was calculated using Cochran's formula for sample size determination in large populations:

$n=Z^2p(1-p)/e^2$

Where:

- n = required sample size
- Z = Z-score for 95% confidence level (1.96)
- P = estimated proportion of the population with relevant characteristics (50% or 0.5 for maximum variability)
- e = margin of error (5% or 0.05)

Using these values, the estimated sample size was 384 participants. However, to account for potential non-responses and data inconsistencies, the final sample size was adjusted to 405 women and girls.

Qualitative Sample Size: For qualitative components, a purposive sampling approach was used:

- 4 Focus Group Discussions (FGDs) (5 participants per session)
- 6 Key Informant Interviews (KIIs) with stakeholders
- 5 Most Significant Change (MSC) Stories, capturing personal transformation narratives

Sampling Strategy

The evaluation employs a structured, mixed-methods approach to ensure both representativeness and depth. For the quantitative survey, multistage random sampling was used to capture the perspectives of women and girls aged 15-30 within the Wassa IDP camp. This approach involved defining a sample frame of eligible participants at every stage – Stage 1 was Wassa camp selected on purpose as the project location. In stage 2, five (5) out of the eight (8) camp segments randomly using random number list from Excel and in stage 3, 50 households were enumerated and 30 individuals were interviewed daily from the households (1 individual per household, using Excel-generated random number list) in each of the selected segment. Households were marked outside to avoid double enumeration and replacements were made where household members were absent, to achieve a balanced and statistically valid sample.

For the qualitative component, purposive sampling was applied to select participants for Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). KIIs involved SWAG project staff, health providers, community and religious leaders, and government representatives who were directly involved in and/or were knowledgeable about the project. For FGDs, participants were grouped by age to reflect the diversity of women and girls in the camp, ensuring that each discussion captures specific perspectives from adolescent girls, young women, and older women, as well as community leaders who can offer broader insights. Each FGD comprised 5-6 participants, creating an environment conducive to open discussion and deeper qualitative insights.

Data Collection Methods: The evaluation utilized a range of data collection methods, including:

- Desk Review: Key project documents, such as baseline assessments, progress reports, and monitoring data, were reviewed to establish a foundation for evaluation metrics and inform data collection tools.
- Quantitative Surveys: A structured questionnaire survey was administered to 405 women and girls within the Wassa IDP camp to gather statistically representative data on SRHR knowledge, attitudes, and behaviours. The survey utilized a 95% confidence level and a 5% margin of error to ensure reliability.
- Qualitative Interviews: In-depth qualitative data was collected through 6 KIIs, 5 MSC stories, and 4 FGDs. Respondents include SWAG staff, health service providers, community leaders, and representatives from the Federal Ministry of Health and other relevant agencies. The aim was to gather nuanced perspectives on the project's effectiveness and challenges from those involved in implementation and service delivery.

Ethical Considerations

The WeLead endline evaluation employed rigorous ethical standards to ensure the dignity, safety, and rights of all participants. Given the sensitive nature of SRHR topics and the vulnerable status of internally displaced women and girls in the Wassa IDP camp, ethical considerations are paramount. The evaluation prioritized informed consent, confidentiality, voluntary participation, and cultural sensitivity throughout the data collection process.

- Informed Consent: Before participation, all respondents were fully informed about the purpose of the evaluation, the nature of the questions, and the voluntary nature of their involvement. Consent was documented, and participants were reassured of their right to withdraw at any time without consequence. For adolescent participants under the age of 18, consent was obtained from a parent or guardian, along with the adolescent's own assent to ensure comprehension and agreement.
- Confidentiality and Privacy: Strict confidentiality protocols were observed to protect participants' identities and personal information. All data collected were anonymized, with no personally identifiable information recorded. During focus group discussions and interviews, facilitators ensured that participants understood the importance of confidentiality within the group and created an environment where sensitive topics could be discussed safely. Data storage and access is restricted to authorized members of the evaluation team, who are adhering to data protection protocols.
- Voluntary Participation and Right to Withdraw: Participation in the evaluation is entirely voluntary. Participants were informed of their right to refuse any question or withdraw from the evaluation at any time without facing any adverse effects. This flexibility respects the autonomy and comfort of participants, especially given the sensitive topics related to SRHR.
- Cultural Sensitivity and Trauma-Informed Approach: Recognizing the diverse cultural backgrounds of participants, the evaluation team used language and examples that are respectful and appropriate for the community. Special attention will be paid to topics that may evoke distress, particularly for survivors of SGBV. Enumerators and facilitators were

trained in trauma-informed approaches to reduce potential distress during discussions and interviews, ensuring participants feel safe, respected, and supported.

- Child Protection and Gender-Sensitive Approaches: Given the focus on adolescent girls and young women, the evaluation adhered to child protection policies and gender-sensitive protocols to ensure that interactions were conducted in a way that respects the unique vulnerabilities of young female participants. This included scheduling interviews in secure, private locations and using facilitators trained in gender-sensitive practices.

RESULTS

SURVEY RESULTS

SOCIODEMOGRAPHY

The demographic profile of survey respondents shows a relatively even distribution across age categories, with 31% aged 15-20 years, 36% aged 21-25 years, and 33% aged 26-30 years. The majority of respondents (65.8%) are married, followed by 28.5% who are single. A small percentage of respondents are divorced (3.2%), widowed (2.2%), or separated (0.2%). In terms of education, respondents are primarily distributed across three levels: 40.3% have completed primary education, followed by 28% with Secondary education, and 16.7% with qur'anic education. A notable 9.8% have no formal education, while 4.7% have vocational training, and 0.5% report to have tertiary education. Employment data indicates that approximately half of the respondents (50.9%) are unemployed, while 48.4% are self-employed, and only 0.7% are in formal employment. The vast majority (81.1%) have lived in Wassa IDP Camp for more than 2 years, while 15.2% have resided there for 1-2 years, and 3.7% for less than one year. Furthermore, project awareness is notably high, with 92.6% of respondents having heard about the WeLead Project. Of those aware of the project, 86.9% report having participated in project activities.

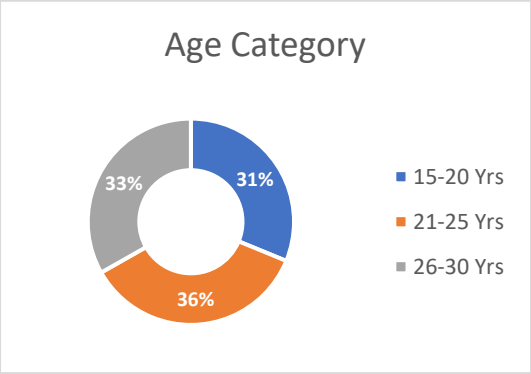


Figure 1: Age Distribution of Respondents

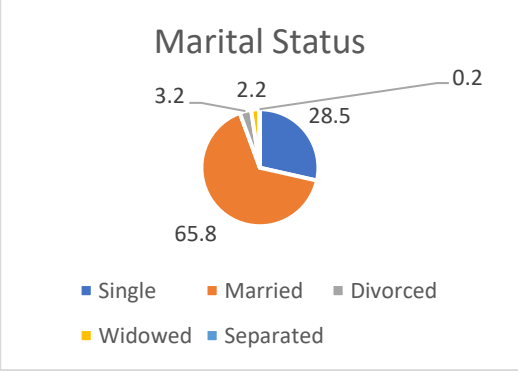


Figure 2: Marital Status of Respondents

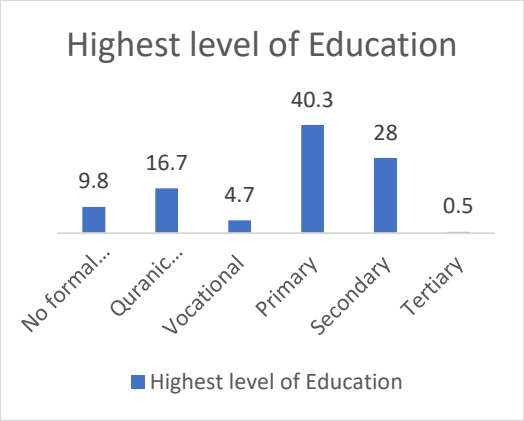


Figure 3: Educational Levels of Respondents

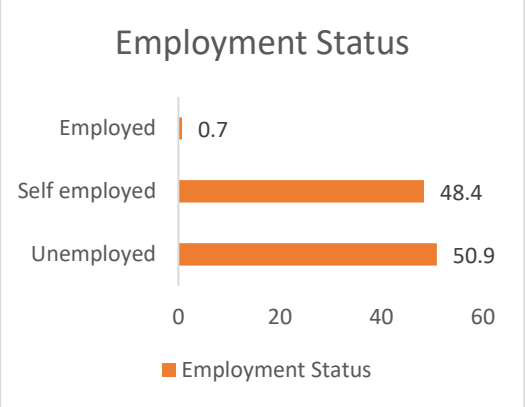


Figure 4: Employment Status of Respondents

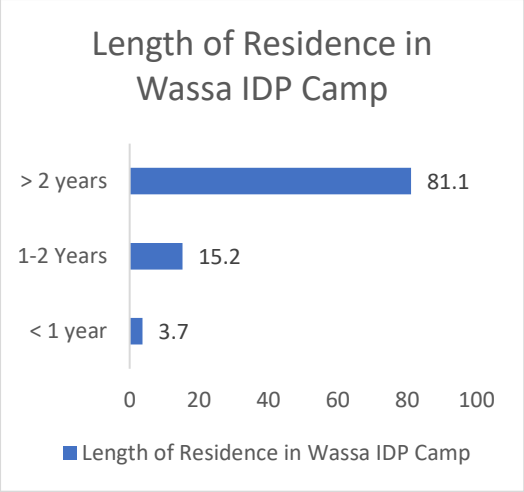


Figure 6: Awareness of WeLead Project

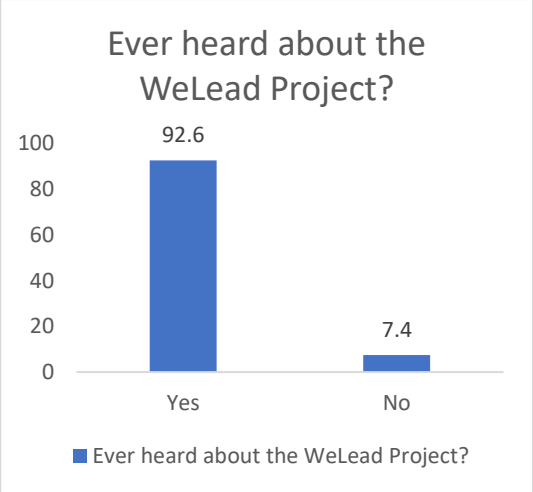


Figure 5: Length of Stay in Wassa IDP Camp

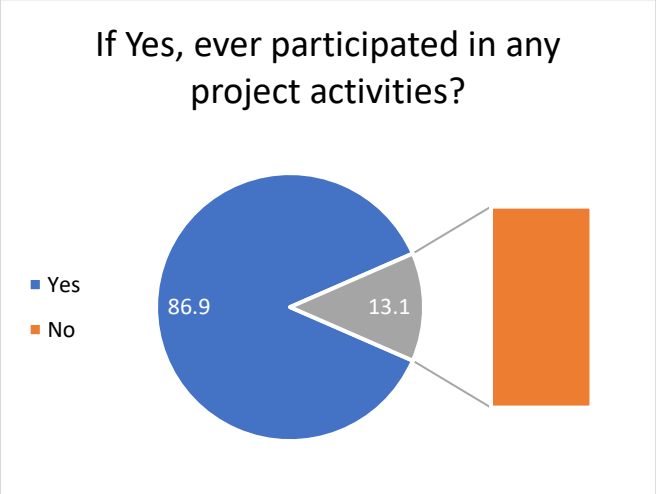


Figure 7: Respondent's participation in the project activities

KNOWLEDGE AND AWARENESS OF SRHR SERVICES

Knowledge and awareness of SRHR services varies across different service categories. Awareness of SRHR services shows distinct patterns, with respondents reporting different levels of familiarity – they've heard about the service but do not understand it. 47.7% for FP & Contraceptive methods, 46.9% for Maternal health services, 45.5% for STI Prevention and treatment, 43% for SGBV support services, and 40.7% for Menstrual health management.

The first source of SRHR information varies among respondents, with the WeLead Project being the most significant source (36.4%), followed by health workers in camp (17.7%) and community sources (17%). Other sources include religious leaders (4.6%), family (3%), and IEC materials (1.3%). To compute knowledge score for the three SRHR domains tested, an overall score was assigned to each respondent based on their responses. Respondents were then grouped into categories based on the knowledge scores. Given an overall score of 6 per domain, respondents who score 5 or 6 had good knowledge, 3 or 4 had moderate knowledge, and 0 to 2 had poor knowledge. Knowledge scores across different SRHR domains show varying levels of understanding:

- Family Planning Knowledge: 85.2% show moderate knowledge, with 13.5% demonstrating good knowledge
- Maternal & Menstrual Health Knowledge: 33.4% display moderate knowledge, and 6.2% demonstrated good knowledge
- SGBV & STIs Knowledge: 98% of respondents demonstrate moderate knowledge

Specific knowledge areas show high understanding of key concepts:

- 90.1% understand the importance of fully comprehending family planning methods before adoption
- 92.3% recognize the importance of regular prenatal check-ups
- All respondents (100%) demonstrate correct knowledge about SGBV support and STI prevention

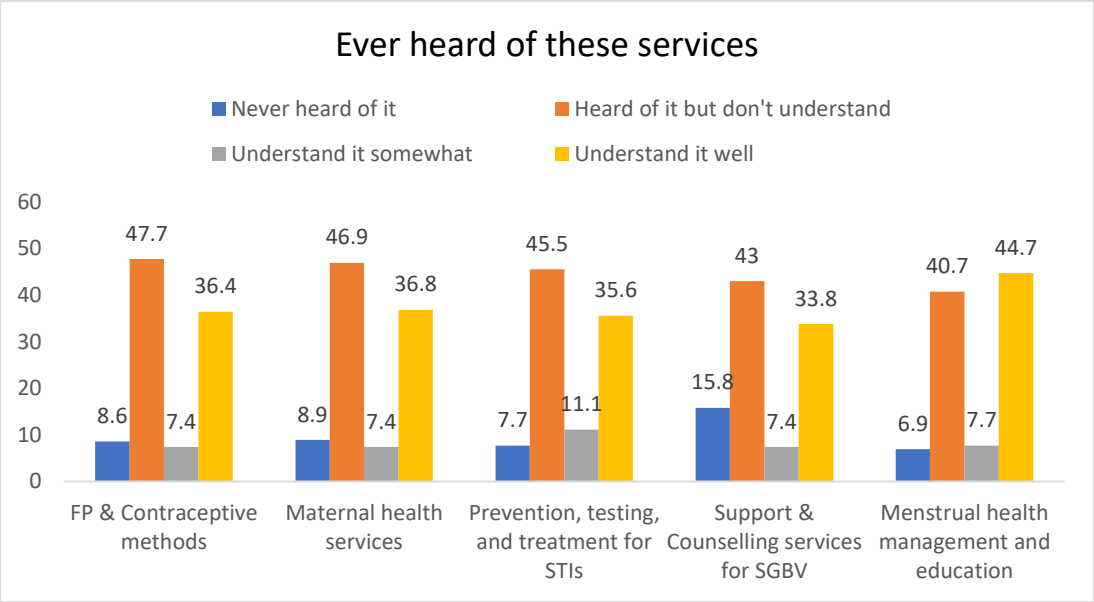


Figure 8: Awareness of SRHR services

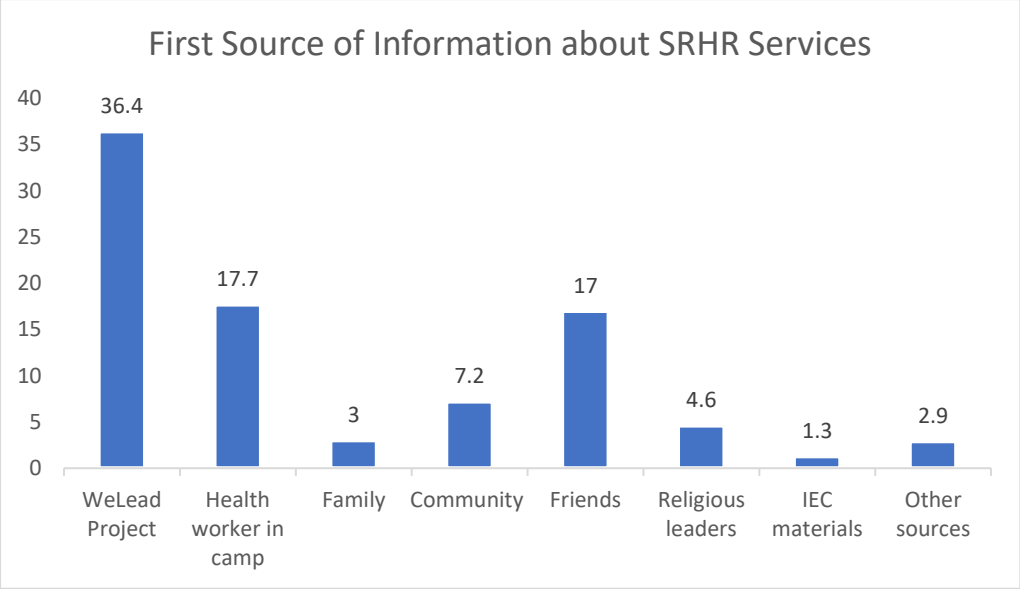


Figure 9: First Source of SRHR Information

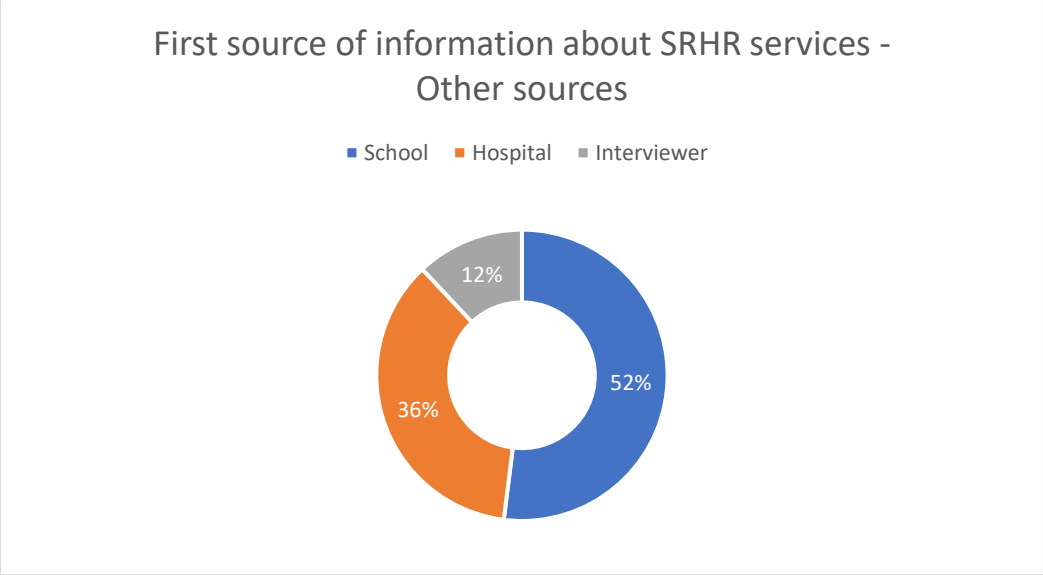


Figure 10: First Source of SRHR Information (Other source)

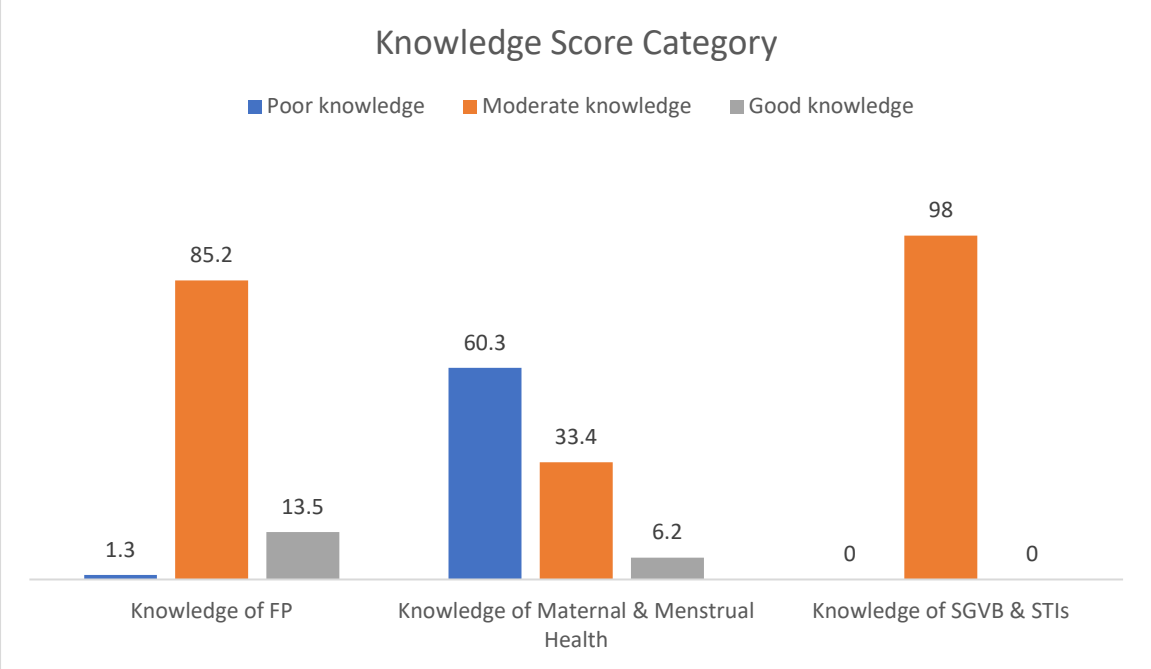


Figure 11: Respondents overall knowledge score

Knowledge of SRHR FP Needs & Correct Use of FP			
Category	No - N (%)	Yes - N (%)	Total – N (%)
Family planning is only necessary for people who want to avoid pregnancy permanently.	154 (37.8)	253 (62.2)	407 (100.0)
Family planning methods can help people decide the best time to have children based on their health and personal goals.	45 (11.1)	359 (88.9)	404 (100.0)
The main purpose of family planning is to control and prevent any pregnancies within a community.	74 (18.2)	332 (81.8)	406 (100.0)

Family planning methods are most effective only if used correctly and consistently.	46 (11.4)	359 (88.6)	405 (100.0)
Using family planning methods only when convenient still provides strong protection against unintended pregnancies.	97 (24.0)	308 (76.0)	405 (100.0)
Family planning methods need to be understood fully before they can be used effectively.	40 (9.9)	355 (90.1)	405 (100.0)

Table 1: Knowledge of FP Needs and correct use of FP

Knowledge of SRHR (Maternal Health & Menstrual Health)			
Category	**No N(%)**	**Yes N(%)**	**Total N(%)**
Regular prenatal check-ups during pregnancy are essential for monitoring both the mother's and baby's health.	31 (7.7)	374 (92.3)	405 (100)
Prenatal care is mostly about treating illnesses after childbirth	97 ((24.0)	307 (76.0)	404 (100)
A pregnant woman should only see a healthcare provider if she experiences pain or discomfort	113 (28.0)	290 (72.)	403 (100)
Managing menstrual hygiene is only about using products to control discomfort, with no impact on health.	75 (18.6)	328 (81.4)	403 (100)
Good menstrual hygiene practices can help prevent infections and improve overall well-being.	8 (2.0)	395 (98.))	403 (100)
It is unnecessary to talk about menstrual health in public because it has no effect on a person's physical health.	39 (9.7)	365 (90.3)	404 (100)

Table 2: knowledge of Maternal Health and menstrual Health

Knowledge of SRHR (SGBV & STIs)			
Category	**No N(%)**	**Yes N(%)**	**Total N(%)**
Counselling and support for SGBV survivors are limited to providing medical treatment only.	0	405 (100)	405 (100)
SGBV support includes counselling and legal help, not just medical care.	0	402 (100)	402 (100)
STIs can often be prevented with the correct use of protection and regular medical check-ups.	0	403 (100)	403 (100)
It is only necessary to get tested for STIs if you have symptoms	0	401 (100)	401 (100)
STIs can be treated, and early testing can prevent complications in the future.	0	400 (100)	400 (100)

Table 3: Knowledge of SGBV and STIs

Figure 12: Knowledge of SRHR services in Wassa IDP Camp pre and post WeLead Project

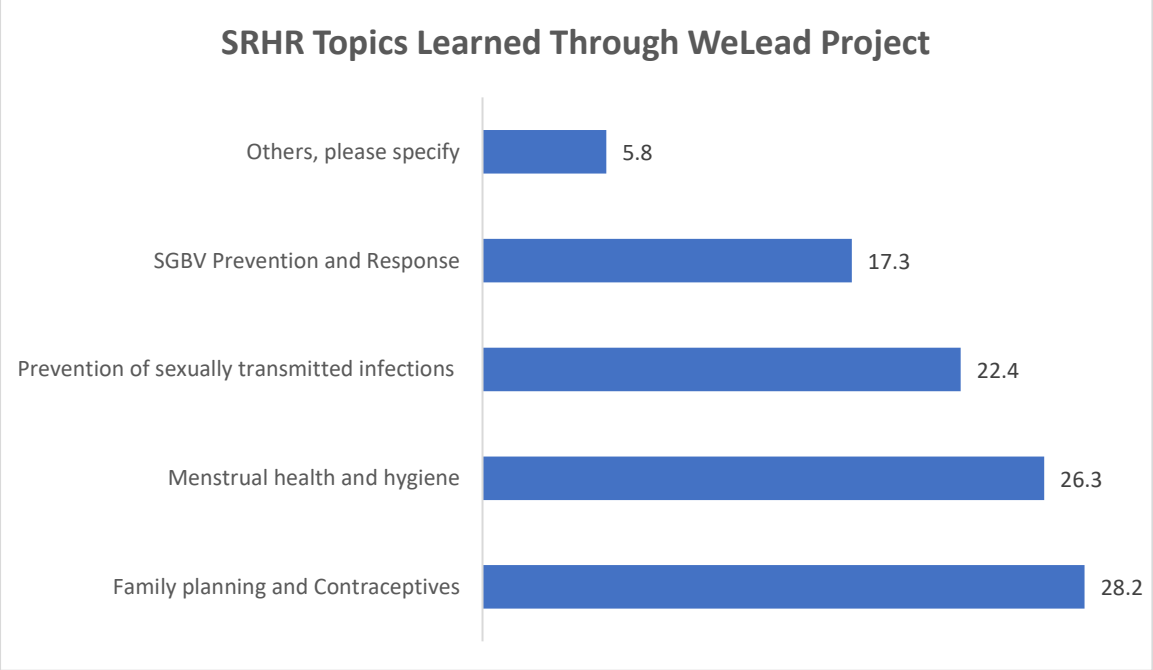


Figure 13: SRHR topics learned by respondents through the project

ACCESS TO AND USE OF SRHR SERVICES

Service utilization data shows varying levels of engagement across different SRHR services over the past 2-5 years. Menstrual health management and education services show the highest utilization rate (84.1%), followed by STI prevention, testing, and treatment services (73.7%). Maternal health services were accessed by 67.4% of respondents, while SGBV support and counseling services were used by 65.8%. Family planning and contraceptive methods show the lowest utilization rate at 62.2%.

Regarding menstrual health support, 65% of respondents received menstrual health dignity kits. The frequency of kit distribution varies, with 48.3% receiving it twice, 22.1% receiving it three times, and 19% receiving it once.

Challenges in accessing SRHR services were reported, with cultural or family restrictions being the most significant barrier (27%), followed by limited availability of healthcare providers (23.1%) and inadequate information about available services (18.2%). Other notable barriers include lack of privacy (8.6%) and fear of stigma (2.7%).

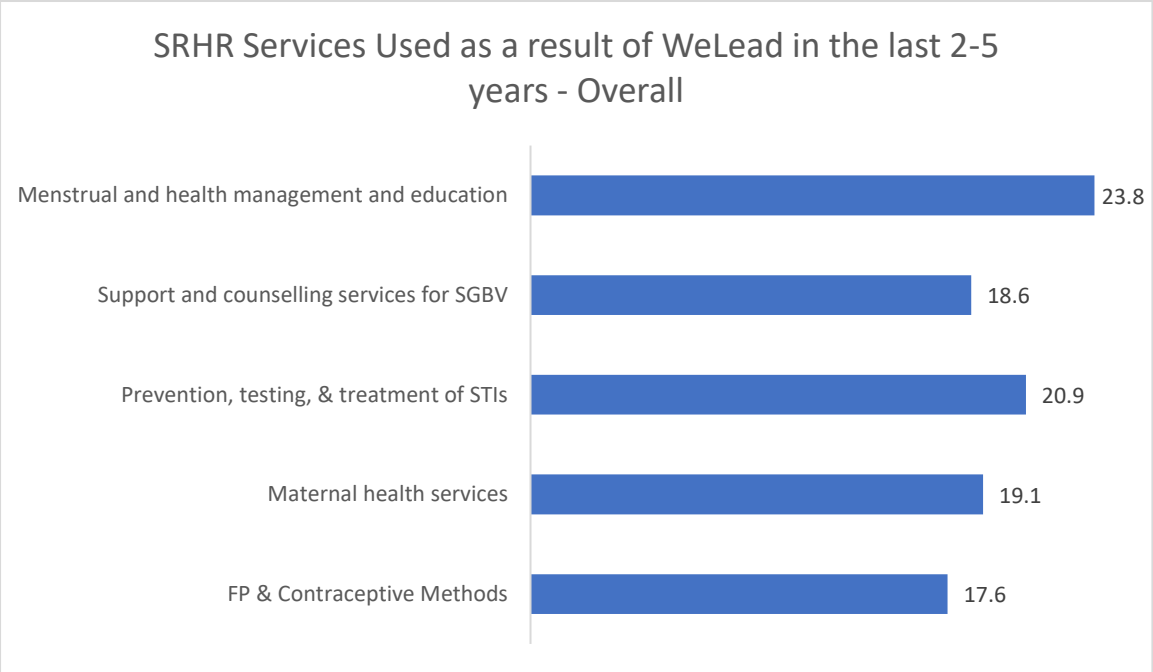
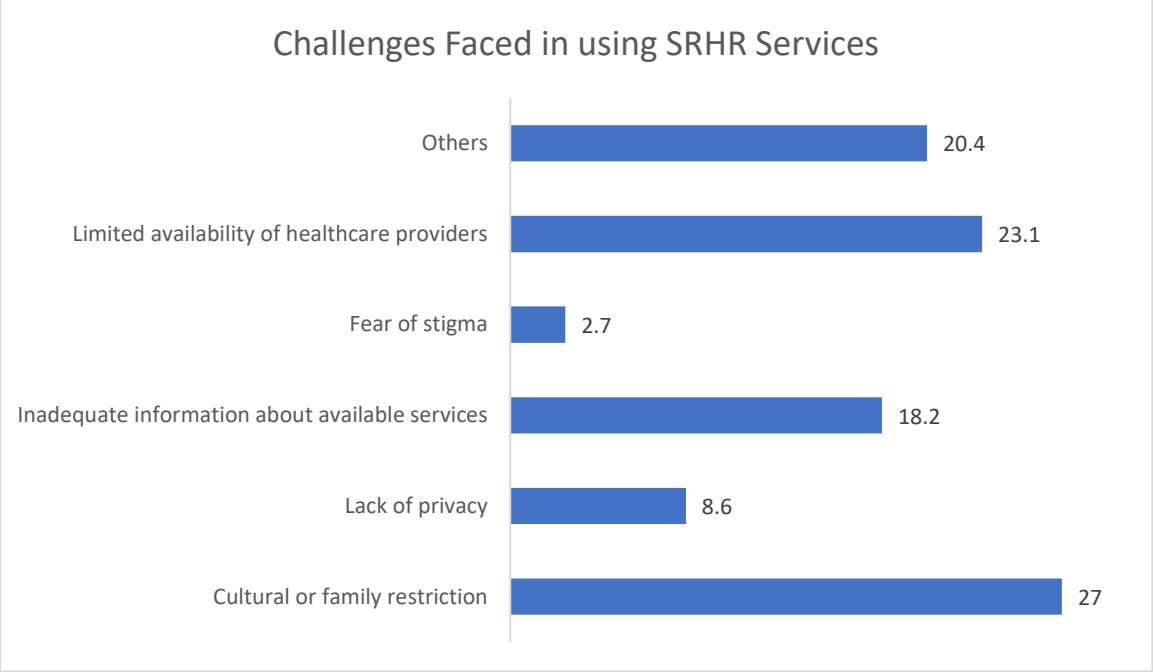


Figure 14: SRHR services used by respondents as a result of WeLead Project

SRHR Services Used as a result of WeLead in the last 2-5 years - Drill Down			
Category	No - N (%)	Yes - N (%)	Total - N (%)
FP and contraceptive methods (e.g. pills, implant, condoms)	153 (37.8)	252 (62.2)	405 (100)
Maternal health services	132 (32.6)	273 (67.4)	405 (100)
Prevention, testing, and treatment for STIs	106 (26.3)	297 (73.7)	403 (100)
Support and Counselling services for SGBV	137 (34.3)	263 (65.8)	400 (100)
Menstrual health management and education	64 (15.9)	338 (84.1)	402 (100)

Table 4: SRHR services used as a result of WeLead in he last 2 to 5 years (Drill down)



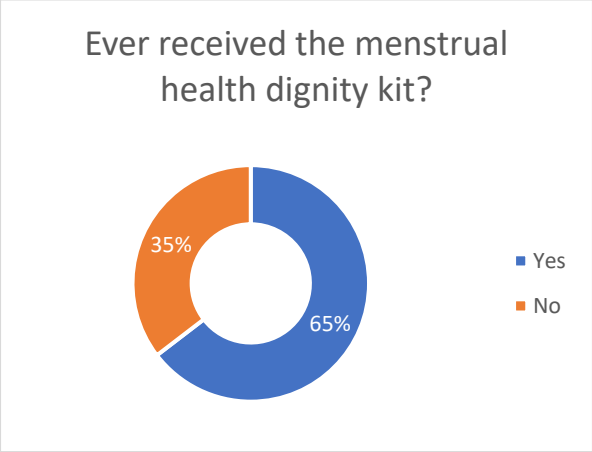


Figure 16: Menstrual kit collection

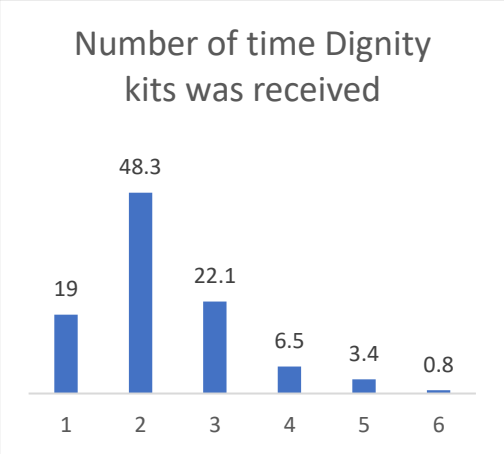


Figure 17: Frequency of Menstrual kit collection

EMPOWERMENT AND ADVOCACY CAPACITY

Community engagement in SRHR-related activities by respondents shows significant improvement, with 67% of respondents participating in community discussions and activities related to SRHR. Confidence levels in advocating for SRHR issues vary, with 60.9% reporting feeling "Very Confident," 28.5% feeling "Somewhat Confident," and 10.6% reporting "Not Confident."

The data shows that 72% of respondents have encouraged others in their community to seek SRHR services. Among those who engaged in SRHR advocacy, the primary motivation was personal positive experience with SRHR services (63.1%), followed by a desire to improve community health (11.4%), and encouragement from WeLead staff (25.2%).

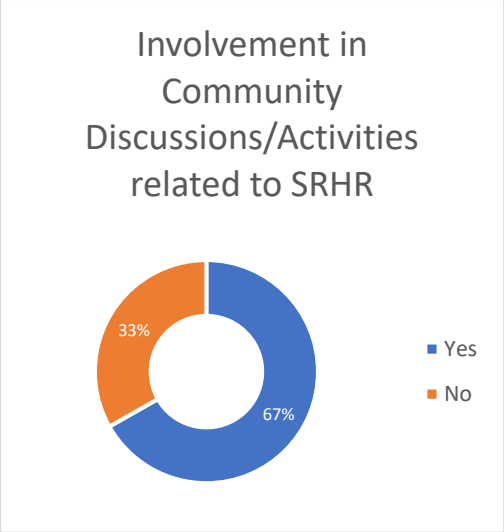


Figure 18: Involvement in community engagement on SRHR

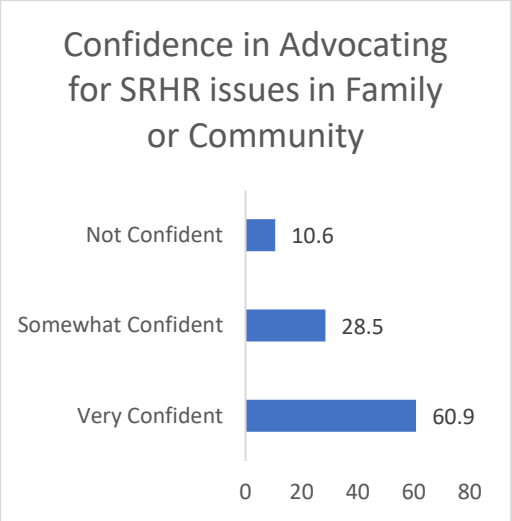


Figure 19: Self-reported confidence in making RH decisions

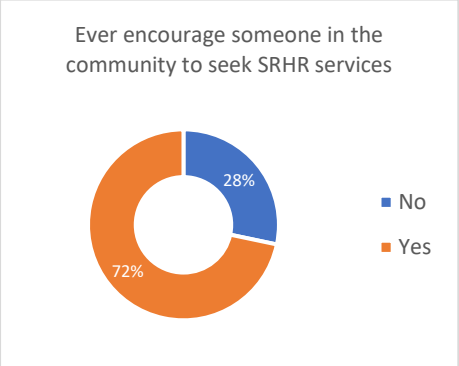


Figure 20: Self-led advocacy for uptake of SRHR services

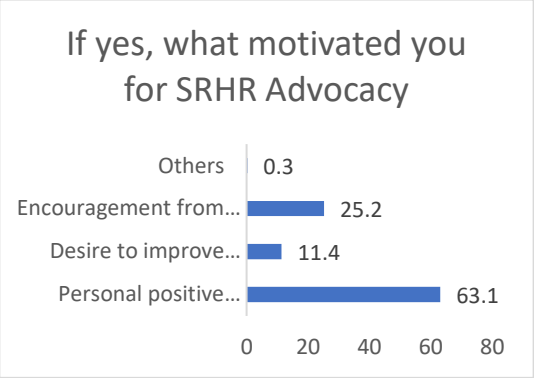


Figure 21: Factors that facilitated Self-led advocacy for uptake of SRHR services

PERCEPTION OF PROJECT IMPACT (OECD-DAC CRITERIA)

The project impact data shows consistently high positive responses across all indicators. Prior to the WeLead project, 81.6% of respondents felt that SRHR information and support was lacking in their community. After participation, 86.7% reported having sufficient information to make SRHR-related decisions.

Project effectiveness indicators show strong positive outcomes:

- 87.6% found the project sessions accessible in terms of timing and location
- 84.7% reported quick access to project staff and resources when needed
- 87.3% reported using new SRHR services after project participation
- 88.5% observed positive changes in community attitudes toward SRHR topics
- 89.4% shared learned SRHR information with others
- 89.8% found the project information more helpful than other sources

Category	No - N (%)	Yes - N (%)	Total - N (%)
Before the WeLead project, did you feel that information or support about family planning and SRHR was lacking in your community?	75 (18.4)	332 (81.6)	407 (100.0)
After participating in the WeLead project, do you feel that you now have the information or support you need to make decisions about family planning or SRHR?	54 (13.3)	351 (86.7)	405 (100.0)
Because of the WeLead project, do you feel more confident now in discussing or asking for SRHR services (like family planning or SGBV support) than you did before?	57 (14.1)	348 (85.9)	405 (100.0)
Since participating in the project, have you been able to make at least one health-related decision that you feel was right for you or your family?	53 (13.1)	352 (86.9)	405 (100.0)
Were the WeLead sessions or services held at times and places that made it easy for you to attend?	50 (12.4)	353 (87.6)	403 (100.0)
When you needed information or help, were you able to find project staff or resources quickly?	62 (15.3)	342 (84.7)	404 (100.0)
Since the project started, have you or someone you know used SRHR services or information that you didn't use before?	51 (12.7)	350 (87.3)	401 (100.0)
Do you think the attitudes in your community toward SRHR topics, like family planning or SGBV, have changed in a positive way since the WeLead project?	46 (11.5)	355 (88.5)	401 (100.0)
Do you feel that you now know enough to continue making healthy decisions about SRHR, even if the WeLead project ends?	44 (11.1)	353 (88.9)	397 (100.0)
Have you shared any of the SRHR information you learned with friends or family members since participating in the project?	42 (10.6)	354 (89.4)	396 (100.0)
Before the WeLead project, did you find it difficult to get clear information on SRHR topics, even from other sources in your community?	49 (12.4)	346 (87.6)	395 (100.0)
Did the WeLead project provide you with information or support that was different from or more helpful than what you received from other sources?	40 (10.2)	354 (89.8)	39400.0)

Table 5: Perception of Project Impact (OEDC-DAC Criteria)

CROSS CUTTING THEMES

Cross-cutting themes show consistently high positive responses, with most indicators achieving over 85% positive feedback. Key findings include:

- 88.1% report increased comfort in discussing SRHR topics with both men and women
- 89.6% noticed increased support from men and community leaders

- 90.3% felt the project was well-designed for their specific circumstances
- 90.8% observed project participants leading SRHR discussions in the community
- 90.4% feel better prepared to handle SRHR challenges independently
- 90.3% express confidence in finding SRHR support post-project

Category	No N (%)	Yes N (%)	Total N (%)
Did the WeLead project help you feel more comfortable discussing SRHR topics with both men and women in your community?	48 (11.9)	357 (88.1)	405 (100.0)
Since the WeLead project, have you noticed more support from men or community leaders for women's and girls' access to SRHR services?	42 (10.4)	362 (89.6)	404 (100.0)
Do you feel that the WeLead project provided equal opportunities for both young women and girls to learn about and access SRHR services?	56 (13.9)	347 (86.1)	403 (100.0)
Did the WeLead project provide SRHR information or services that you felt were designed for people like you and others in your specific circumstances?	39 (9.7)	362 (90.3)	401 (100.0)
Since the project began, do you feel that the SRHR needs of all groups—especially young women, survivors of violence, or those with disabilities—are better understood and supported in your community?	39 (9.7)	364 (90.3)	403 (100.0)
Were the sessions and materials from the WeLead project accessible and easy for everyone in the community to understand, including those with different educational backgrounds?	51 (12.7)	352 (87.3)	403 (100.0)
Do you feel that the WeLead project encouraged you or others to speak up about SRHR needs within your family or community?	41 (10.2)	361 (89.8)	402 (100.0)
Have you seen anyone from your community, who participated in the WeLead project, leading discussions or supporting others in accessing SRHR services?	37 (9.2)	364 (90.8)	401 (100.0)
Do you feel more confident now in making decisions about your own SRHR needs because of the information provided by the WeLead project?	39 (9.8)	360 (90.2)	399 (100.0)
Do you feel that you are now better prepared to handle SRHR challenges or health decisions on your own because of the WeLead project?	38 (9.6)	358 (90.4)	396 (100.0)
Has the information you gained from the project helped you feel more resilient in facing	40 (10.1)	357 (89.9)	397 (100.0)

challenges related to SRHR in your life or community?			
If faced with an SRHR issue, do you now feel more confident in finding the support or resources you need, even if the WeLead project ends?	39 (9.8)	361 (90.3)	40000.0)

Table 6: Cross-Cutting Themes

FEEDBACK AND FUTURE SUGGESTIONS

Feedback on the most helpful aspects of the WeLead Project shows SRHR education sessions (41%) and empowerment and advocacy training (39%) as the most valued components. Regarding future recommendations, 61% of respondents would recommend similar SRHR programs to other women and girls in their community, indicating a positive overall perception of the project's value and impact.

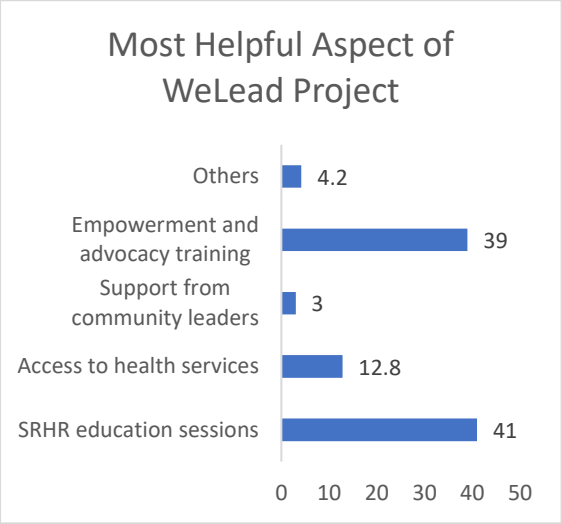


Figure 22: Feedback on most helpful aspect of the project

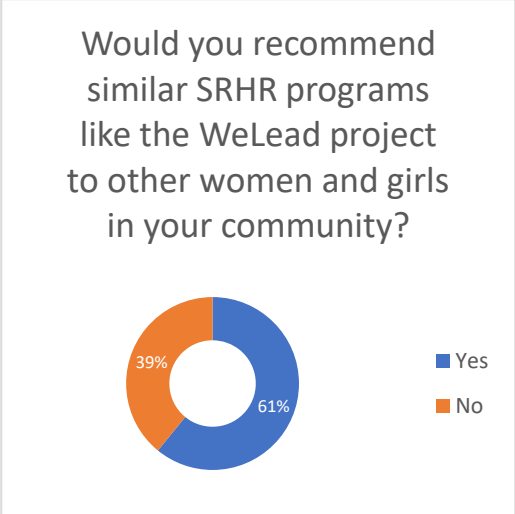


Figure 23: Willingness to recommend other SRHR program to women and girls in Wassa IDP camp

QUALITATIVE RESULTS

Introduction

This report presents a detailed qualitative analysis of the endline evaluation of the WeLead Project at the Wassa IDP camp. Using a deductive thematic analysis approach, the evaluation focused on how SWAG's interventions influenced various domains, including personal hygiene and menstrual management, sexual and reproductive health, vocational empowerment, community advocacy, service accessibility, and cross-cutting themes related to gender equity and social inclusion.

Personal Hygiene and Menstrual Management

The data reveals a profound transformation in participants' understanding and practices of personal hygiene, particularly in the management of menstruation. Beneficiaries across multiple age groups reported that the training provided by SWAG significantly improved their daily routines by emphasizing the importance of cleanliness and proper menstrual care. Many young women

described how the program instilled a new awareness about the need to change sanitary pads frequently to prevent health complications.

"Before, I used to see ladies with blood on their dresses, but now I understand that a pad should be changed three to four times a day to keep me clean and prevent disease."
(Respondent, FGD, Girls aged 15–20)

"They taught us the importance of keeping our body clean; if you wear the same pad for too long, it could lead to infections. Now, I make sure to change my pad every two hours."
(Respondent, FGD, Girls aged 15–20)

"SWAG showed me practical methods of maintaining personal hygiene during my period, and that has completely transformed how I manage my menstruation now."
(MSC Story, Young Woman)

These firsthand accounts illustrate not only the acquisition of new information but also a marked behavioural shift. Participants expressed that learning how to manage menstrual hygiene properly was one of the most impactful lessons they received from the program. Several respondents emphasized that the practical guidance on changing pads and keeping their surroundings clean has reduced health risks and improved their self-esteem.

"I was taught that if the blood remains on the pad for too long, it could cause disease. This advice made me change my routine completely; now, I ensure that I am always fresh and clean."
(Respondent, FGD, Girls aged 15–20)

"Before SWAG, I never knew that not changing my pad frequently could harm my health. I now feel empowered to take better care of my body because I understand the risks involved."
(MSC Story, Young Woman)

In addition to the practical tips on pad usage, the training also addressed broader issues such as the proper use of toilets and the importance of maintaining overall bodily cleanliness. Participants from the FGDs and KIIs noted that the teachings extended beyond individual care, influencing how entire households and communities approached hygiene. One community leader highlighted how improved hygiene practices had a ripple effect on the living environment within the camp.

"They taught us that unflushed toilets can lead to infections. Now, even in our community, we make sure that hygiene is maintained in every household."
(KII, Community Leader)

"This program not only changed how I manage my period but also how I care for my environment. I have seen a significant reduction in illnesses related to poor hygiene in our camp."
(KII, Community Leader)

"Before the program, many of us did not understand the connection between personal cleanliness and overall health. SWAG's teachings have brought about a clear change in our habits, ensuring that we remain healthy and confident."
(MSC Story, Young Woman)

These insights underscore the dual impact of the intervention on both individual practices and community-wide norms. The consistent message across all data sources—that regular changing of sanitary pads, proper cleaning, and attention to toilet hygiene are essential—demonstrates that SWAG has effectively communicated the fundamentals of menstrual and personal hygiene. The detailed and personal testimonies from adolescents, young women, and community leaders serve as compelling evidence of a behavioural shift that is both relevant and sustainable. This enhanced understanding and practice of hygiene are expected to have lasting benefits in reducing disease and improving quality of life within the camp.

Sexual and Reproductive Health and Rights (SRHR) Knowledge

The findings on Sexual and Reproductive Health and Rights (SRHR) Knowledge illustrate a significant shift in the awareness and practices related to family planning, birth control, and maternal health among the participants in the Wassa IDP camp. Prior to the SWAG interventions, many beneficiaries reported limited understanding of essential SRH topics, which often led to risky practices and health complications. The SWAG program, however, introduced clear, practical guidance that empowered women to make informed decisions about their reproductive lives. Participants of different age groups—from adolescent girls to adult women—as well as community leaders, recounted how learning about various family planning methods, such as injections and natural remedies, has led to substantial improvements in their health and well-being.

"Before, I used to have children in quick succession without understanding the risks, but now I wait until my child is four years old so that I can care for both my health and my family properly."
(Respondent, FGD, Adult Women aged 26–30)

"I had complications with injections before SWAG came. Now I know that I need to test my blood and choose the method that suits me best, which has saved me from further health issues."
(MSC Story, Adult Woman aged 26–30)

"SWAG taught us that family planning is not about limiting our future but about giving our bodies time to rest and grow strong between pregnancies."
(Respondent, KII, Community Leader)

The program's comprehensive approach to family planning has not only increased technical knowledge but has also facilitated a profound behavioural transformation. Many respondents reported that the practical sessions on how to use family planning injections, monitor their health, and practice child spacing were particularly impactful. An adult woman from the camp explained that the clarity of the information received allowed her to adopt safer reproductive practices:

"After SWAG taught me the importance of spacing my children, I realized that giving birth too soon could harm both my health and my child's development. I now carefully plan my pregnancies."
(Respondent, FGD, Adult Women aged 26–30)

"I learned that proper family planning can prevent complications during childbirth. Now, I know to consult a doctor before choosing any method, ensuring that I avoid any adverse reactions."
(MSC Story, Adult Woman aged 26–30)

"SWAG's sessions on birth control methods were eye-opening. They explained everything—from how injections work to natural methods using local herbs—so I can decide what is best for my body."
(Respondent, FGD, Young Women aged 21–25)

In addition to direct family planning guidance, participants described how the program addressed broader maternal health issues. Respondents articulated that learning about the timing and spacing of births has led to improved outcomes not only for the mothers but also for their children. One young woman reflected on how her life has changed since receiving training on child spacing:

"Before SWAG, I did not know that having another child too soon could affect my ability to care for my older child. Now, I ensure that there is at least a three-year gap between births, which has made a big difference in our lives."
(MSC Story, Young Woman aged 21–25)

"Learning about maternal health and child spacing has been one of the most valuable lessons. It has given me control over my reproductive life and allowed me to focus on raising healthy children."
(Respondent, FGD, Adult Women aged 26–30)

"The program taught us that spacing births improves the health of the mother and the child. I now plan my pregnancies carefully, and my health has never been better."
(Respondent, KII, Community Leader)

These transformative experiences underscore the effectiveness of the SWAG intervention in altering deep-seated practices related to SRH. Several respondents indicated that before the intervention, misinformation and cultural practices often led to unplanned pregnancies and health complications. Now, they describe a well-informed approach to reproductive health that balances personal choice with community health needs. One participant vividly recalled:

"I used to think that family planning was only for those who wanted to stop having children. SWAG changed that notion by teaching us that it is about caring for our bodies and ensuring our children have the best start in life."
(MSC Story, Young Woman aged 15–20)

"Before, many of us did not understand the importance of family planning. Now, I know that using the right method at the right time can prevent complications and help me manage my life better."
(Respondent, FGD, Adult Women aged 26–30)

"SWAG's comprehensive approach to SRH taught us that every woman has the right to decide when and how to have children. This knowledge has empowered me and many others in our community."
(Respondent, KII, Community Leader)

Moreover, the program's emphasis on informed decision-making and the integration of local knowledge—such as natural methods of birth control alongside modern medical advice—helped bridge traditional practices with new, evidence-based approaches. This dual approach not only fostered a deeper understanding of SRH issues but also enhanced the participants' ability to discuss

and share these practices with others in the community. One community leader highlighted the importance of such dialogues:

"SWAG did not just provide us with facts; they created a platform for discussion. Now, women in our camp talk openly about family planning and share their experiences, which is a huge step towards healthier practices."
(KII, Community Leader)

"I now feel comfortable discussing reproductive health with my family, and I have seen many of my neighbours change their behaviours after attending SWAG sessions."
(Respondent, FGD, Adult Women aged 26–30)

"The integration of modern methods and traditional remedies in the training sessions made the information relatable and easy to adopt. This has significantly increased the overall SRH knowledge in our community."
(MSC Story, Adult Woman aged 26–30)

Vocational Training and Economic Empowerment

The SWAG program's interventions in vocational training and economic empowerment have been transformative for the residents of the Wassa IDP camp, offering them not only practical skills for income generation but also instilling a renewed sense of self-reliance and confidence. Prior to the program, many beneficiaries described their days as marked by idleness and a lack of direction, with limited opportunities to improve their economic situation. The SWAG sessions introduced targeted vocational activities, ranging from small-scale business training to money management and entrepreneurship skills, which have had a profound impact on the participants' economic well-being and overall sense of empowerment.

"Before, I was staying idle without any business. But now I know how to buy and sell, and they even gave us a small capital to start our business. I have started making caps and buying fish, and I now earn something for my family."
(Respondent, FGD, Young Women aged 21–25)

"SWAG taught us not only how to manage money but also how to divide our earnings—one part for business reinvestment, one for personal needs, and one for savings. This has changed my life completely."
(MSC Story, Young Woman)

"I used to feel hopeless because I had no skills to earn money, but after SWAG's training, I learned how to run a small business, and now I feel empowered to support myself and my family."
(Respondent, KII, Community Leader)

Participants repeatedly emphasized that the business training was one of the most valued components of the intervention. Young women in the camp reported that acquiring practical business skills enabled them to generate income and improve their quality of life. One respondent noted how the vocational training offered by SWAG not only provided her with the knowledge but also the practical tools and financial support necessary to get started.

"Before SWAG, I didn't know what business to do. Now, I understand how to start small with the capital they provided, and I can even teach others what I have learned. It has made a huge difference for me."
(Respondent, FGD, Young Women aged 21–25)

"Learning how to manage a business has given me hope. I am now able to contribute to my family's expenses and save for the future, which was impossible before."
(MSC Story, Young Woman)

The narratives further reveal that the training sessions catalysed a shift in attitudes toward self-reliance and collective empowerment. Several beneficiaries mentioned that the skills they acquired through the program allowed them to not only initiate their own ventures but also serve as role models within their community. A respondent from a focus group shared that the ability to generate income had a ripple effect on the community, fostering a sense of responsibility among peers to pursue similar paths.

"Now that I have a business, I feel I can help others too. I share what I have learned with friends who are also interested in starting small ventures. This has brought us together and given us a reason to work harder."
(Respondent, FGD, Young Women aged 21–25)

"Seeing my success has encouraged other women to participate in the vocational trainings. It has created a cycle of empowerment in our camp, where we support each other in business and in life."
(Respondent, KII, Community Leader)

Moreover, the program's impact extends beyond financial gains. It has contributed to enhanced self-esteem and a more optimistic outlook among participants. The integration of vocational skills with broader economic empowerment initiatives has provided a tangible avenue for individuals to overcome the economic constraints imposed by displacement. One MSC story captured this transformation vividly:

"Before SWAG, I had no direction or skills to earn money, and I felt trapped in my circumstances. Now, with the training I received, I not only run a small business but also have the confidence to dream bigger. It's like I have a new lease on life."
(MSC Story, Young Woman)

"Learning how to manage a business and reinvest profits has given me the ability to see a future for myself. I now believe that I can be self-reliant, and that belief has changed how I approach my daily life."
(Respondent, FGD, Young Women aged 21–25)

The qualitative evidence strongly indicates that vocational training and economic empowerment have been critical components of the SWAG intervention. Through a combination of practical business training, access to startup capital, and the development of financial management skills, SWAG has enabled beneficiaries to break free from cycles of dependency and inactivity. The program has not only enhanced individual livelihoods but has also contributed to community-wide

progress by fostering an environment of shared knowledge, mutual support, and sustainable economic growth. This comprehensive approach to economic empowerment is a vital element of the intervention's overall impact and is expected to continue to yield positive outcomes in the future.

Empowerment and Community Advocacy

The SWAG program's intervention included empowerment and community advocacy components that have generated a palpable sense of self-efficacy and social transformation among the participants in the Wassa IDP camp. Through targeted training and active community engagement, beneficiaries have become more confident in their ability to make informed decisions and advocate for their own rights, ultimately shifting the power dynamics within their households and broader community. The program has facilitated open dialogues about traditionally sensitive topics, including sexual and reproductive health and gender equality, resulting in a noticeable change in attitudes and behaviours. Participants described how the newfound empowerment not only enabled them to challenge pre-existing norms but also allowed them to disseminate critical knowledge throughout the community, thereby catalysing collective action. This ripple effect is evident in the multiple narratives where beneficiaries have taken the initiative to share their learning with friends, family, and even with those who had previously been excluded from such discussions.

"SWAG's training has given me the confidence to speak up about my health needs and to encourage others to do the same; I now feel empowered to make decisions for myself."
(Respondent, FGD, Girls aged 15–20)

"Before this program, I never thought that I could challenge long-held cultural beliefs about women's roles in our community. Now, I actively share what I've learned and urge other women to claim their rights."
(MSC Story, Young Woman)

"As a community leader, I have witnessed a dramatic shift. Women are no longer silent about their reproductive health; they are now engaging in discussions that were once taboo, and this has improved relationships within families and across the community."
(KII, Community Leader)

The transformation in empowerment is further reflected in the way participants view their roles both at home and in the community. Many beneficiaries now express a sense of agency that extends beyond personal health choices, influencing broader social practices such as gender equality and inclusiveness. For example, several community leaders and female respondents shared how the program helped dismantle long-standing biases by reinforcing the importance of shared decision-making within households. One respondent elaborated on how her increased self-confidence has allowed her to negotiate with family members regarding educational opportunities for her daughters and to question traditional practices that once limited their growth.

"I now have the strength to stand up for my rights and to ensure that my daughters receive the same educational opportunities as my sons. This change in mindset is not just personal—it is transforming our community."
(Respondent, MSC Story, Young Woman)

"Before SWAG, many of us were afraid to voice our opinions. Now, I actively participate in community meetings and advocate for changes that benefit all members of our camp, regardless of gender."
(Respondent, FGD, Adult Women aged 26–30)

"I feel a sense of responsibility to mentor younger women and girls, sharing with them the knowledge and confidence I have gained through this program. It is truly empowering to see the change in them."
(KII, Community Leader)

In addition to individual empowerment, the program's approach to community advocacy has spurred collective efforts toward social inclusion. By creating spaces for open discussion and encouraging community participation, SWAG has helped build networks of support that extend well beyond the training sessions. Participants recalled instances where informal gatherings evolved into structured discussions about personal rights and responsibilities, leading to shared strategies for improving health and education outcomes in the camp. One community leader observed a significant shift in the community's engagement level, noting that the willingness of members to engage in dialogue about sensitive topics has led to increased mutual support and solidarity.

"SWAG has transformed not only individual lives but also the social fabric of our camp. We now have regular meetings where women and even men discuss issues that were once shrouded in silence."
(KII, Community Leader)

"Since the training, I have seen women coming together to support one another in business and health initiatives. This collective empowerment is changing how we live and work together."
(Respondent, FGD, Adult Women aged 26–30)

"The discussions initiated by SWAG have encouraged us to think beyond our individual problems. We are now building networks that empower every member of our community to strive for a better life."
(MSC Story, Young Woman)

The integration of empowerment and advocacy into the SWAG program is also closely linked to cross-cutting themes such as gender equity and social inclusion, as highlighted by multiple respondents. The program's success in encouraging dialogue around these themes has led to a redefinition of community roles, with both men and women acknowledging and supporting the rights of women in various spheres of life. For instance, several KIIs revealed that even male community leaders have embraced the principles of shared responsibility in reproductive health and education, contributing to a more balanced and supportive environment.

"Learning about gender equality has not only empowered the women here but has also made the men more supportive. I have seen husbands taking an active role in family planning and even in caring for their children."
(KII, Community Leader)

"Now, we discuss openly about our rights and responsibilities. It is a remarkable change from the past when silence was the norm."
(Respondent, FGD, Adult Women aged 26–30)

"The emphasis on social inclusion in the SWAG sessions has helped bridge gaps between different groups in our community, ensuring that no one is left behind."
(MSC Story, Young Woman)

The evidence strongly suggests that the SWAG program has succeeded in fostering a profound sense of empowerment and community advocacy among the residents of the Wassa IDP camp. The transformation is evidenced by a range of direct testimonials that highlight not only personal growth but also a collective movement towards more equitable and inclusive social practices. The voices of those who have benefited—whether through increased self-confidence, the ability to engage in community dialogue, or the establishment of support networks—underscore that the impact of SWAG's empowerment initiatives is both deep and far-reaching. This new culture of empowerment and advocacy promises to be a driving force for sustained positive change within the camp, ultimately contributing to improved quality of life for all its residents.

Service Accessibility and Sustainability

The analysis of service accessibility and sustainability in the Wassa IDP camp reveals that while SWAG's interventions have been widely appreciated for their immediate benefits, challenges remain in maintaining a consistent supply of services and resources over time. Participants from various FGDs, KIIs, and MSC stories detailed their experiences with accessing sexual and reproductive health services—including mobile clinics that provided family planning injections and sanitary pads—and described the frustrations that arise when these services are interrupted or inconsistently available. Many beneficiaries emphasized that the initial success of SWAG's service delivery not only boosted their confidence in adopting new health practices but also set a high expectation for continued support in the future.

"There was a time when mobile clinics came regularly to our camp, offering injections and free sanitary pads, which made it easy for us to practice what we learned. Now, however, many of us find it difficult to access these services consistently."
(Respondent, FGD, Adult Women aged 26–30)

"I remember when the clinic used to come every week; it was such a relief knowing we had access to family planning and health checks. But now, with the service gaps, I worry about what will happen if we face any complications."
(MSC Story, Young Woman)

"SWAG's initial efforts were fantastic, but without regular follow-up and consistent service delivery, the improvements we achieved could be at risk. It is crucial that these services continue without interruption."
(KII, Community Leader)

Some respondents expressed concern that, despite the empowering knowledge and behavioural changes fostered by the program, the sustainability of these changes is contingent upon the

ongoing availability of health services and supplies. Many noted that when mobile clinics and other outreach services ceased or became irregular, it not only disrupted their health practices but also undermined the confidence built over the course of the intervention. A community leader remarked that while the educational component of the program has left a lasting impact, the physical resources and service infrastructure are essential to maintain these gains over time.

"Although we have learned so much about family planning and hygiene, the real challenge now is that the mobile clinic is no longer coming as regularly. Without the pads and injections readily available, it is hard to put all this knowledge into practice."
(KII, Community Leader)

"Access to services was a key part of what made SWAG's program successful. I fear that without continuous support, the progress we made might not be sustainable."
(Respondent, FGD, Adult Women aged 26–30)

"Regular follow-up is vital. We need not only education but also reliable access to the services that allow us to maintain our health practices. Otherwise, the positive changes may gradually erode."
(MSC Story, Young Woman)

In addition to issues of service availability, several participants highlighted that financial constraints and logistical challenges further complicated access. Some beneficiaries described instances where, even if services were available, the cost of accessing them—whether through transportation expenses or direct fees—became prohibitive in a resource-constrained environment. One respondent noted that the once-free injections and sanitary pads had become less accessible due to emerging costs associated with these services, which placed an undue burden on already vulnerable households.

"I used to get my family planning injections for free, but now I sometimes have to pay out-of-pocket, and that cost is too high for many of us. It creates a barrier to maintaining our health."
(Respondent, FGD, Young Women aged 21–25)

"Financial challenges mean that even when services are available, not everyone can afford them. It's not enough to teach us what to do if we cannot access the tools we need."
(MSC Story, Adult Woman aged 26–30)

"Even simple things like transportation to the nearest clinic have become a major hurdle. Without support in these areas, the long-term sustainability of SWAG's positive impacts is at risk."
(KII, Community Leader)

Despite these challenges, there remains a strong sense of optimism among the community members about the sustainability of the behavioural changes instilled by SWAG. Many beneficiaries believe that while the physical provision of services might fluctuate, the knowledge and practices they have internalized will endure and continue to benefit the community. This belief is rooted in the idea that empowerment through education creates a resilient foundation that can withstand temporary service interruptions. A number of respondents underscored that their commitment to improved health practices would persist, even if external support waned.

"Even if the services are not always available, the things we have learned will stay with us. We now understand the importance of regular hygiene and family planning, and that knowledge is something no one can take away."
(Respondent, MSC Story, Young Woman)

"Service interruptions are a challenge, but the behavioural change is here to stay. We have built a culture of care that will continue to thrive as long as we keep educating each other."
(KII, Community Leader)

"Knowledge is power. Even in the face of service gaps, what we learned from SWAG remains in our hearts and minds, ensuring that we do our best to stay healthy."
(Respondent, FGD, Adult Women aged 26–30)

Although SWAG's intervention has significantly improved access to and understanding of essential health services, the sustainability of these improvements' hinges on consistent and reliable service delivery. The narratives from the Wassa IDP camp clearly illustrate that ongoing access to services, affordable costs, and logistical support are vital for maintaining the progress achieved through the program. The mixed experiences reported by participants underscore the need for strategic planning and resource allocation to ensure that the benefits of SWAG's educational and behavioural interventions are not diminished by lapses in service provision over time.

Cultural and Behavioural Change

The data indicates that SWAG's intervention has catalysed a substantial transformation in cultural norms and individual behaviours within the Wassa IDP camp. Prior to the intervention, practices related to personal hygiene, reproductive health, and gender roles were deeply rooted in the community's daily life. Respondents described a time when limited knowledge and rigid cultural expectations contributed to poor hygiene practices, unplanned pregnancies, and gender-based inequities that hampered both individual well-being and community cohesion. Following SWAG's interventions, however, many participants now express a clear and consistent shift in behaviour—a change that is not only observable at the individual level but is also gradually influencing broader social norms. This evolution in behaviour is reflected in numerous testimonials, illustrating the interplay between acquired knowledge and the willingness to challenge longstanding practices.

"Before SWAG, I never understood why we had to keep our surroundings clean; we simply followed what was traditional. Now, I know that keeping a clean environment and practicing proper hygiene are critical for our health."
(Respondent, MSC Story, Young Woman)

"I used to believe that traditional practices were enough, but after learning from SWAG, I have completely changed my habits. I now make sure that every aspect of my daily routine is hygienic, and I even encourage my family to do the same."
(Respondent, FGD, Adult Women aged 26–30)

One of the most significant behavioural shifts documented in the evaluation relates to the practices around menstrual management. Previously, many women accepted the use of unhygienic materials and inadequate practices as normal, partly because these practices were passed down without

question. With the introduction of SWAG's training, there has been a radical departure from these norms. Women have begun to adopt practices that not only improve personal comfort and health but also challenge the stigma previously associated with menstruation. Beneficiaries have internalized messages about the importance of timely changing of pads and proper body care during menstruation, which is now seen as an act of self-respect and empowerment rather than a source of shame.

"SWAG taught us that a woman's dignity lies in her ability to take care of herself. I no longer hide my period; instead, I manage it with pride and encourage my friends to do the same."
(MSC Story, Young Woman aged 15–20)

"Changing my pad every two hours was a new practice for me. It might seem small, but it has given me the confidence to live my life without embarrassment."
(Respondent, FGD, Girls aged 15–20)

"These practices have become part of our daily routine. I now see hygiene as a form of respect for myself and my family, and that has changed the way our community views personal care."
(Respondent, KII, Community Leader)

Beyond menstrual management, SWAG's influence extends to broader reproductive and gender-related behaviours. The intervention has encouraged women to question traditional practices that once constrained their autonomy, such as early marriage, unplanned childbearing, and limited access to education. Many beneficiaries have become more proactive about seeking health information and advocating for their rights, resulting in noticeable improvements in family planning and maternal health outcomes. As a result, women are not only taking charge of their reproductive health but are also challenging norms that previously relegated them to passive roles within the household.

"Before, I never questioned why I had to follow the same old practices, but now I know that I have the right to decide when and how to have children."
(MSC Story, Adult Woman aged 26–30)

"SWAG's sessions made me realize that my body and my choices are my own. I now actively participate in decisions regarding my health, and I even discuss these matters with my husband so we can both make informed decisions."
(Respondent, FGD, Adult Women aged 26–30)

"These changes have reached even the men in our community. I have seen husbands who were once indifferent now supporting their wives' choices about family planning and personal care."
(KII, Community Leader)

The cultural transformation fostered by SWAG is also evident in the renewed emphasis on education and mutual respect within families. Several respondents recalled how traditional gender roles—often characterized by a clear separation between the roles of men and women—have been re-examined as a result of the program. Women are increasingly assertive in advocating for their rights to education and economic participation, which in turn is shifting the perception of gender roles in

the community. This shift is not only changing individual behaviour but is also influencing the broader community narrative toward more inclusive and equitable norms.

"I used to think that a woman's place was only at home, but now I see that education and economic independence are just as important. I am encouraging my daughters to pursue their studies so they can have a better future."
(Respondent, MSC Story, Young Woman aged 15–20)

"Men and women now share responsibilities that were once strictly divided by tradition. This change in behaviour has improved our family dynamics and has laid the foundation for a more equitable society."
(KII, Community Leader)

"Through SWAG, I learned that equality is not a dream but a possibility. I now support initiatives that promote education for both girls and boys, ensuring that everyone in our community has a chance to succeed."
(Respondent, FGD, Adult Women aged 26–30)

The evidence strongly indicates that the SWAG program has not only imparted vital health and vocational knowledge but has also instigated deep-seated cultural and behavioural changes. These transformations are multifaceted, affecting personal hygiene practices, reproductive decision-making, and the broader societal expectations placed upon women and men. The transformation is marked by a departure from passivity and traditional fatalism, with respondents frequently citing newfound confidence, increased advocacy, and a commitment to continuous learning. The testimonies—such as, "I now manage my hygiene with pride and encourage others to do the same" (Respondent, MSC Story, Young Woman aged 15–20), and "My husband now supports my decisions regarding family planning, which was unheard of before SWAG" (Respondent, FGD, Adult Women aged 26–30)—serve as a powerful validation of the program's impact. These changes, built on the pillars of education and community engagement, promise to contribute to long-term improvements in the quality of life for all members of the Wassa IDP camp.

Cross-Cutting Themes

The WeLead intervention in the Wassa IDP camp did not only focus on technical training in hygiene, reproductive health, and economic empowerment; it also incorporated cross-cutting themes that emphasized gender equity, social inclusion, and community empowerment. These themes have played a pivotal role in shaping the overall success of the program, influencing individual behaviours, social norms, and community-wide engagement. The data from FGDs, KIIs, and MSC stories reveal that these cross-cutting elements have reshaped how women perceive their rights, how men support gender equality, and how the entire community collaborates to ensure that the benefits of the intervention are extended beyond the direct beneficiaries.

One of the most significant areas of transformation has been gender equity. Before the SWAG intervention, traditional gender norms in the camp often limited women's voices in decision-making, particularly in areas such as family planning, economic independence, and community leadership. The training sessions, however, created an environment where women felt empowered to challenge

these norms and demand more active participation in decisions affecting their lives. One young woman described how the training opened her eyes to her rights and capabilities:

"Before SWAG, I believed that my place was only in the home, taking care of children and waiting for my husband's decisions. Now, I know that I can make decisions for myself, whether it is about my health, my business, or my future."
(MSC Story, Young Woman aged 21–25)

Another participant highlighted how the intervention gave her the courage to advocate for herself within her household:

"For the first time, I was able to sit with my husband and discuss family planning. Before, I thought I had no say, but now I know that I have a right to protect my health and space my children properly."
(Respondent, FGD, Adult Women aged 26–30)

Men's attitudes toward gender roles have also evolved due to the intervention. Some male community leaders and husbands, who were initially sceptical, have gradually accepted and even supported the changes. A community leader described how the program altered men's perceptions:

"I have seen men who used to be completely against family planning now accompany their wives to clinics to get information. This is a major shift from before, when these topics were seen as women's issues alone."
(KII, Community Leader)

Beyond gender equity, social inclusion was another major theme that emerged from the data. The program ensured that marginalized groups, such as adolescent girls, young mothers, and individuals with limited educational backgrounds, were given opportunities to participate and learn. Many young women who were previously excluded from decision-making now feel that they have a voice. One young girl, who had never received formal health education before, explained how the intervention changed her outlook:

"I never thought someone like me—who never went to school—could learn about health and business. But SWAG taught me in a way I could understand, and now I even teach others."
(MSC Story, Young Woman aged 15–20)

Community members have also taken ownership of empowerment initiatives, actively sharing what they learned with those who did not attend the formal training sessions. This has created a ripple effect, where knowledge is passed from one person to another, ensuring that the intervention's impact extends beyond the initial target group. A respondent described how she took it upon herself to educate other women in her community:

"I saw that some women in my community did not attend the training, so I started gathering them in small groups to share what I learned. We discuss hygiene, family planning, and even business ideas. This knowledge should not end with us—it must spread."
(Respondent, FGD, Adult Women aged 26–30)

Similarly, a community leader explained how the sense of empowerment has grown into a collective movement:

"This program has not just changed individuals; it has changed how we interact as a community. We now have women who are confident enough to challenge unfair practices, and men who listen to them. That is progress."
(KII, Community Leader)

The embedding of cross-cutting themes such as gender equity, social inclusion, and community empowerment in the intervention's design and implementation strategy have ensured that SWAG's impact is not just temporary or individualistic but rather deep-rooted and community-driven. By shifting mindsets and increasing participation across gender and social groups, the intervention has laid the foundation for long-term social transformation in the Wassa IDP camp.

OECD-DAC Evaluation Criteria

To comprehensively assess the SWAG's WeLead intervention, this analysis applied the OECD-DAC evaluation criteria, which measure an intervention's relevance, effectiveness, efficiency, impact, and sustainability. Findings from the FGDs, KIIs, and MSC stories demonstrate that the program performed well across these areas, although some challenges remain, particularly concerning service continuity and long-term financial independence for beneficiaries.

Relevance: the SWAG intervention was designed to address critical gaps in personal hygiene, reproductive health, and economic empowerment, all of which were pressing issues for women in the Wassa IDP camp. The data suggest that participants saw the program as highly relevant to their lived experiences, as it provided solutions to challenges, they had faced for years without adequate support.

"Before SWAG, we struggled with hygiene and had no knowledge of family planning. This program came exactly when we needed it the most."
(Respondent, FGD, Adult Women aged 26–30)

"The skills I learned here are directly useful in my daily life. Now, I can manage my home better, stay healthy, and even earn money through business."
(MSC Story, Young Woman aged 21–25)

Community leaders also highlighted the intervention's relevance, emphasizing how it addressed long-standing needs in the camp:

"For years, women in this community had no access to proper reproductive health education. SWAG filled that gap, and now we see the difference."
(KII, Community Leader)

Effectiveness: effectiveness measures how well the program met its intended objectives. The data strongly indicate that the SWAG intervention successfully enhanced hygiene practices, family planning uptake, and economic independence among participants. The majority of respondents reported adopting better hygiene habits, making informed reproductive health decisions, and starting small businesses.

"Before, I had no business. Now, I have a source of income that helps me support my family."
(Respondent, FGD, Young Women aged 21–25)

"I used to be afraid to discuss family planning, but now I openly talk to my husband about it, and we make decisions together."
(MSC Story, Adult Woman aged 26–30)

Efficiency: the SWAG program was widely praised for its structured training sessions and practical demonstrations, which maximized learning despite resource limitations. However, some challenges were noted regarding service consistency, particularly with the mobile clinics.

"The training was well-organized and easy to understand, but I wish the services they provided, like the family planning injections, were always available."
(Respondent, FGD, Adult Women aged 26–30)

Impact: The long-term impact of the WeLead project is evident in the widespread behavioural and social changes documented in the data. Women are now more confident in making decisions about their health and finances, and community norms around gender roles have started to shift.

"This program didn't just teach us—it changed us. We now take ownership of our lives in ways we never did before."
(KII, Community Leader)

Sustainability: despite strong behavioural change, sustainability remains a concern due to inconsistent service provision and financial limitations among beneficiaries. Some participants worried about maintaining new practices if external support were to diminish.

"We have the knowledge now, but we need continuous support—otherwise, we may struggle to maintain what we have learned."
(Respondent, MSC Story, Young Woman aged 15–20)

The intervention scores highly across all OECD-DAC criteria, demonstrating strong relevance, effectiveness, and impact. However, to ensure long-term sustainability, further investments in service continuity and economic resilience are needed.

DISCUSSION OF FINDINGS

OUTCOMES & COMMUNITY CHANGES

Knowledge and Awareness of SRHR Services in Wassa IDP Camp

Knowledge and Awareness of SRHR Services

The WeLead project has played a pivotal role in improving knowledge and awareness of sexual and reproductive health and rights (SRHR) among women and girls in the Wassa IDP camp. Prior to the intervention, a significant proportion of the population lacked a comprehensive understanding of essential SRHR components, including family planning, maternal health, sexually transmitted infections (STIs), and menstrual hygiene management. The limited awareness was compounded by cultural taboos, misinformation, and restricted access to formal health education. However, the project's multifaceted approach—combining direct education, community engagement, and access to health resources—has led to notable shifts in knowledge, with a measurable increase in awareness and confidence among participants.

Improvements in Family Planning Knowledge

One of the most significant achievements of the WeLead project is the improved understanding of family planning methods and their benefits among beneficiaries. Prior to the intervention, misconceptions were widespread, with many women believing that family planning was solely for those who wished to completely prevent pregnancy, rather than a tool to space births safely and support maternal and child health. The evaluation findings indicate that 88.9% of respondents now correctly understand that family planning helps women decide the best time to have children based on their health and personal goals, representing a significant shift in knowledge.

In the focus group discussions (FGDs), women shared how the intervention reshaped their understanding. One respondent stated, '*Before, I thought family planning was just about stopping pregnancy forever, but now I know it helps in spacing and taking care of one's health'.* This testimonial aligns with the data, demonstrating how educational interventions have challenged and corrected previous misconceptions. Another respondent explained how new found knowledge has empowered her to make decisions about her reproductive health: *'I now know that I should allow my body to recover between pregnancies to reduce complications. I didn't think about this before'*

This increased knowledge is not only an indicator of improved awareness but also a crucial factor in reducing maternal mortality and morbidity. According to the World Health Organization (WHO), proper birth spacing of at least two years between pregnancies can significantly decrease the risk of maternal and child health complications. By equipping women with accurate information, the WeLead project has contributed to a more informed population that can make proactive health decisions.

Maternal Health Awareness and Behavioral Shifts

Beyond family planning, the WeLead project has also strengthened knowledge related to maternal health. The evaluation data reveal that 92.3% of respondents now recognize the importance of prenatal check-ups, a stark improvement from previous assessments where many women only sought medical attention during complications. This newfound awareness is critical, as regular antenatal care visits allow healthcare providers to monitor maternal and fetal health, administer necessary vaccinations, and detect potential complications early.

During interviews, several women described how their understanding of prenatal care had evolved. One participant shared, *"I used to think that you only go to the hospital when you feel sick during pregnancy, but now I know that regular check-ups help prevent problems."* Another woman recounted how this knowledge has changed the behavior of pregnant women in her community: *"Now, many of us encourage each other to go for check-ups even when we feel fine. We have seen that it helps."*

The project's impact is also evident in the shifting attitudes of male partners and family members. A key informant interview (KII) with a healthcare worker revealed that more men are becoming involved in maternal health discussions. *"In the past, many husbands were reluctant to allow their wives to attend antenatal clinics. Now, some of them even accompany their wives, which is a major step forward,"* the health worker noted. This growing acceptance suggests that the intervention's influence extends beyond individual participants to the broader community, gradually transforming traditional gender norms that often limit women's access to healthcare.

Sexually Transmitted Infections (STIs) and Preventive Knowledge

Prior to the WeLead project, myths and stigma surrounding sexually transmitted infections (STIs) were prevalent in the Wassa IDP camp – as revealed by the project's needs assessment reports, leading to poor health-seeking behaviors and delayed diagnoses. The project's SRHR education efforts have successfully addressed these gaps, as 100% of respondents in the survey recognized that STIs can often be prevented through correct use of protection and regular medical check-ups. This finding is particularly significant in light of the high vulnerability of displaced populations to STIs, including HIV.

A young woman in the camp shared her perspective on how the project changed her understanding of STI prevention: *"Before, we never talked about these things. I didn't even know that you could have an infection without symptoms. Now, I know that getting tested regularly is important."*

By dispelling myths and emphasizing prevention strategies, the project has encouraged more women to seek STI testing and treatment services, which is essential for early diagnosis and reducing the spread of infections. The inclusion of male partners in some of the awareness sessions has also been beneficial, as one community leader observed: *"Some men now understand that they also have a role to play in preventing infections. This was not the case before."*

Menstrual Health Management and Breaking Stigma

Menstrual health management (MHM) was another critical area of focus, as many women and girls in the camp previously had little knowledge of proper hygiene practices or access to menstrual

products. The project's interventions have led to a major increase in awareness, with 98% of respondents now understanding that good menstrual hygiene can prevent infections and improve overall well-being.

One adolescent girl shared how the program changed her perspective: *"Before, I used to hide when I had my period because I was afraid of stains and people laughing at me. Now, I know how to use pads properly and stay clean."* The availability of menstrual products through the project's initiatives has also been a major improvement, allowing women to practice better hygiene. However, challenges remain, particularly regarding affordability and consistent supply. One woman emphasized this challenge: *"The education is good, but we still struggle to buy pads sometimes. If this project can help us with that, it would be even better."* Addressing this gap through partnerships with humanitarian organizations or local businesses could enhance the sustainability of the project's menstrual health interventions.

Implications for Stakeholders

The WeLead project's successes in improving SRHR knowledge and awareness have significant implications for stakeholders, including policymakers, international development agencies, and local health authorities. The substantial increase in knowledge across key SRHR areas demonstrates the effectiveness of targeted community education programs, suggesting that similar models could be replicated in other IDP settings.

For organizations, these findings highlight the importance of sustained investment in community-based health education as a strategy for improving maternal and reproductive health outcomes. Additionally, the project reemphasizes the necessity of integrating SRHR education with service provision, as increased awareness alone is insufficient without accessible healthcare services to reinforce behavioral changes.

While the knowledge gains achieved through WeLead are promising, ensuring their sustainability will require ongoing engagement. Community-driven peer education models, where trained participants continue disseminating information, could be an effective approach to maintaining these improvements. Furthermore, advocating for policy changes that support long-term SRHR education programs in IDP settings would be a valuable next step in consolidating these achievements.

The WeLead project has significantly enhanced knowledge and awareness of SRHR among women and girls in the Wassa IDP camp, addressing critical gaps in family planning, maternal health, STI prevention, and menstrual hygiene management. These improvements not only empower women with the information necessary to make informed health decisions but also contribute to broader social change, breaking down stigmas and fostering a more supportive community environment. As next step, SWAG and other stakeholders need to build on these successes by ensuring that knowledge translates into sustained action through continuous education, service integration, and policy advocacy.

Access to and Utilization of SRHR Services and Information

The ability to translate knowledge into action is a crucial determinant of the effectiveness of any health intervention. While increasing awareness of sexual and reproductive health and rights (SRHR) is an important step, the true measure of success lies in how well that knowledge translates into increased access to and utilization of services. The WeLead project has played a critical role in bridging the gap between knowledge and service uptake among women and girls in the Wassa IDP camp. The project's interventions, including mobile health clinics, community education sessions, and engagement with healthcare providers, have significantly improved access to SRHR services. However, despite notable progress, challenges related to service continuity, affordability, and social barriers remain.

Increased Utilization of Family Planning Services

One of the most significant indicators of the project's impact is the increased uptake of family planning services among beneficiaries. The evaluation found that 62.2% of respondents reported using family planning services as a result of the WeLead project. This marks a substantial improvement from the baseline assessment, where many women lacked access due to financial constraints, fear of side effects, or misinformation. The availability of diverse contraceptive options, including injections, implants, and oral contraceptives, has given women more choices in managing their reproductive health.

During focus group discussions (FGDs), many women expressed how the project has influenced their decisions regarding contraception. One participant shared, *"Before, I had no idea where to get family planning services, and I was scared of the side effects. Now, I know my options, and I have chosen the one that works best for me."* The data suggest that increased awareness and improved service availability have led to greater acceptance of contraceptive methods. However, despite these advances, some barriers persist. Several women reported that they still struggle to access services when clinics are unavailable. One respondent stated, *"The clinics helped a lot, but sometimes they don't come when we need them, and that makes it difficult to maintain family planning schedules."* This finding underscores the need for a more sustainable, integrated healthcare approach that ensures consistent service delivery.

Improved Access to Maternal Health Services

In addition to family planning, the WeLead project has contributed to greater utilization of maternal health services. The evaluation revealed that 67.4% of respondents accessed maternal health services as a result of the project, a critical improvement in a setting where many women previously only sought medical care in emergency situations. Access to prenatal and postnatal care is essential for reducing maternal and infant mortality rates, and the WeLead project's efforts to increase service uptake have been pivotal in improving health outcomes for pregnant women.

A key informant interview (KII) with a healthcare worker highlighted the significance of these changes: *"Many women used to come to the clinic only when they were in labor or facing complications. Now, we are seeing more women coming for regular ANCs, which helps us identify risks earlier."* This shift in behavior demonstrates that increased awareness, coupled with accessible services, can lead to better maternal health outcomes.

The importance of prenatal visits was also echoed in FGDs, where women described how their experiences with maternal health services have changed. One participant noted, *"I never used to see a doctor during pregnancy, but now I know that regular check-ups can prevent problems. I go for my visits even when I feel fine."* Another respondent added, *"The nurses explain things to us better now. Before, I didn't understand why I needed these visits, but now I do."*

Despite these improvements, affordability remains a concern for many women. Some participants indicated that while the WeLead project has increased awareness and initial access, financial constraints still hinder regular service use. As respondent shared, sometimes women have to pay for certain medicines or transport to the clinic, and that can be difficult. These challenges highlight the need for continued donor support and policy interventions to subsidize maternal healthcare for vulnerable populations.

Utilization of STI Prevention, Testing, and Treatment Services

Sexually transmitted infections (STIs) pose a significant health risk, particularly in displacement settings where healthcare access is often limited. The WeLead project has made notable strides in promoting STI awareness and increasing access to testing and treatment services. The evaluation data show that 73.7% of respondents have accessed STI prevention, testing, or treatment services as a result of the intervention.

Prior to the project's implementation, stigma and misinformation often prevented women from seeking STI services. Many women believed that STIs only affected individuals engaged in multiple sexual partnerships, and as a result, they did not consider testing necessary. However, the project's community education sessions have helped to dismantle these misconceptions. One woman explained how her perspective changed: *"I used to think that you only get tested if you have symptoms, but now I understand that infections can be there without signs. I got tested for the first time because of this project."*

A healthcare provider reinforced this point, stating, *"We have seen a rise in the number of women coming for testing. This is important because early detection means early treatment, which prevents complications."* While the increase in service uptake is encouraging, challenges such as inconsistencies in follow-up and treatment adherence still exist. Some women reported difficulties in accessing medication consistently, which highlights the need for stronger healthcare partnerships and supply chain management to ensure uninterrupted treatment services.

Menstrual Health Management and Product Accessibility

Menstrual health management (MHM) is a critical aspect of reproductive health that is often overlooked, especially in humanitarian settings. The WeLead project addressed this issue by not only providing menstrual health education but also improving access to sanitary products through its dignity kits distribution. The evaluation findings indicate that 84.1% of respondents participated in menstrual health education and support services, marking a substantial improvement in awareness and hygiene practices. One adolescent girl expressed how the intervention changed her experience with menstruation: *"Before, I didn't know how to use pads properly, and I was always*

scared of staining my clothes. Now, I have learned how to take care of myself, and I feel more confident."

The issue of affordability remains a key challenge. While the project has improved awareness and hygiene practices, many women and girls continue to face financial barriers to accessing menstrual products. To ensure long-term sustainability, stakeholders should explore partnerships with manufacturers and local businesses to provide subsidized or free sanitary products to vulnerable women.

Implications for Sustainability and Policy Recommendations

The WeLead project's success in increasing access to and utilization of SRHR services underscores the importance of integrating health education with direct service provision. However, sustaining these improvements requires continued investment in infrastructure, financial support, and policy advocacy.

For development partners, these findings highlight the need to scale up mobile clinics and integrate SRHR services into existing health facilities to ensure consistent service delivery. Expanding subsidies for maternal health, family planning, and menstrual products could further reduce financial barriers and encourage sustained service utilization. Additionally, strengthening referral systems and community-based healthcare models will help ensure that women continue to access services even in the absence of project-based interventions.

The WeLead project has significantly improved access to SRHR services among women and girls in the Wassa IDP camp. The increase in family planning uptake, maternal health visits, STI testing, and menstrual health management demonstrates that when awareness is coupled with accessible services, positive behavioral changes occur. However, long-term success depends on sustained investments, strategic partnerships, and policy reforms to ensure that these essential services remain available and affordable for all women in the community.

Community Perception and Social Norm Shift

The WeLead project also played a significant role in shifting community attitudes toward sexual and reproductive health and rights (SRHR). In many traditional and displacement settings like the Wassa IDP camp, cultural norms and deeply rooted beliefs often shape how women and girls perceive and engage with SRHR services. Before the intervention, discussing topics such as family planning, sexually transmitted infections (STIs), and menstrual health was considered taboo, making it difficult for women to seek information or access services. However, the WeLead project has contributed to a notable transformation, fostering more open conversations, reducing stigma, and encouraging broader community support for SRHR. The evaluation findings indicate that 88.5% of respondents believe that community attitudes toward SRHR have improved, while 89.8% reported sharing the knowledge they gained with family members. Additionally, 90.3% of women and girls expressed increased confidence in making independent health decisions—a strong indicator of personal and collective empowerment.

Breaking the Silence: Normalizing Conversations on SRHR

Prior to the intervention, women and girls in the Wassa IDP camp faced significant barriers in discussing reproductive health issues, even within their own households. Many feared being judged, shamed, or discouraged from seeking SRHR services. The project's community dialogue sessions, peer group discussions, and engagement with male allies have contributed to dismantling these barriers. A key informant interview (KII) with a healthcare worker highlighted this shift: *"It was difficult for women to even say the words 'family planning' before, but now they openly ask questions and discuss their options without fear."*

The qualitative data further underscore how attitudes have changed. One focus group participant shared her experience: *"Before this project, we never talked about these issues in public. Now, we discuss family planning openly, even with our husbands."* This newfound willingness to engage in conversations is crucial, as research suggests that open dialogue about reproductive health leads to better health-seeking behaviors and increased service utilization.

Notably, the intervention has also encouraged intergenerational knowledge-sharing, where women who participated in the program are now passing on SRHR information to their daughters and younger relatives. One woman described how her perception of menstruation changed and how she is ensuring that her daughters are better prepared: *"My mother never talked to me about these things, and I had to figure them out on my own. Now, I teach my daughters about menstrual health so they won't face the same challenges."*

Increasing Male Support for SRHR

One of the most significant community shifts observed is the growing support of men in matters related to reproductive health. Traditionally, reproductive health decisions were regarded as women's concerns, and male partners often played a minimal role in discussions about family planning, maternal health, and STI prevention. However, through targeted community sensitization, the WeLead project has successfully involved men as allies in advancing SRHR access and decision-making. The evaluation shows that 89.6% of respondents noticed increased support from men or community leaders for women's and girls' access to SRHR services.

One community leader described the transformation: *"Before, men were not involved in these conversations, but now they are beginning to understand that they have a role to play. Some even accompany their wives to health clinics, which was unheard of before."* Similarly, a woman shared her personal experience: *"My husband used to believe that family planning was a woman's business. But after hearing from the community educators, he now supports my decisions and even reminds me when it's time to get my next contraceptive injection."*

This shift is particularly important because male involvement in SRHR has been linked to higher contraceptive uptake, better maternal health outcomes, and improved gender dynamics within households. By fostering positive male engagement, the WeLead project is helping to create a more enabling environment where women feel supported in making informed reproductive health choices.

Reducing Stigma and Misinformation

Stigma and misinformation have historically been major obstacles to SRHR access in the Wassa IDP camp. Many women previously believed that using contraception could lead to infertility, that discussing menstruation was shameful, or that seeking STI testing meant one was promiscuous. The project's educational efforts have significantly reduced these misconceptions, with women now demonstrating a greater understanding of their reproductive health rights.

A healthcare provider highlighted the change: *"We used to hear so many myths—women believed that contraceptives could make them permanently barren. Now, after education and counseling, more women are using them without fear."* Similarly, a young woman shared how the intervention helped her overcome embarrassment about menstruation: *"I used to hide when I had my period because I thought it was something to be ashamed of. Now, I know it is natural, and I even help my younger sisters understand how to manage it."*

The data reinforce these personal experiences. Before the intervention, many women felt isolated in their reproductive health struggles, but through community education and support networks, they now feel empowered to seek help. By reducing stigma, the project has created an environment where women are more comfortable accessing services, which ultimately contributes to better health outcomes.

Community Advocacy and Peer-Led Change

Another critical aspect of the shift in social norms has been the rise of community-led advocacy. Women who have benefited from the program are now taking on leadership roles to educate others and sustain the momentum of change. One of the most promising findings from the evaluation is that 90.8% of respondents reported seeing fellow community members leading discussions or supporting others in accessing SRHR services.

One participant described her journey from being a beneficiary to becoming an advocate: *"At first, I was just learning for myself. But when I saw how many women didn't know their rights, I started sharing what I learned. Now, I help others get the services they need."* Another woman described how peer education has strengthened community bonds: *"We form small groups where we talk about what we learned, and we help each other make informed decisions. This has brought us closer together as women."*

The emergence of women-led and peer-led advocacy networks at community level is a crucial indicator of the project's long-term sustainability. When community members themselves take on the role of educators and change agents, it significantly increases the likelihood that the positive shifts in attitudes and behaviors will persist beyond the project's duration.

Implications for Sustaining Social Norm Shifts

While the progress achieved by the WeLead project in shifting social norms is commendable, sustaining these changes will require continuous engagement and institutional support. International organizations and private sector players can play a key role by investing in community-driven approaches that embed SRHR education into local structures. Key recommendations include:

- Institutionalizing Peer Education Programs: Strengthening and formalizing peer-led education models can ensure that knowledge continues to be shared even after external funding ends.
- Engaging Religious and Community Leaders: Since cultural beliefs heavily influence attitudes toward SRHR, involving respected leaders in advocacy efforts can further cement positive social changes.
- Integrating SRHR Discussions into Existing Community Structures: Embedding reproductive health conversations into existing women's groups, savings cooperatives, and health clubs can help sustain open dialogue.
- Scaling Up Male Engagement Strategies: Building on the success of engaging men in SRHR discussions, future interventions should develop targeted programs that encourage even more male involvement.

OECD-DAC CRITERIA ANALYSIS

The OECD-DAC criteria provide a structured framework for evaluating development interventions based on key dimensions such as Relevance, Effectiveness, Efficiency, Impact, Sustainability, Coherence, and Value for Money. By applying these criteria, the evaluation assessed the WeLead project's strengths, identify areas for improvement, and provide actionable recommendations for future programming. This section will examine each criterion in depth, supported by both quantitative data from the evaluation survey and qualitative insights from FGDs, KIIs, and MSC stories.

Relevance: Addressing the Needs of Women and Girls in the Wassa IDP Camp

The WeLead project was designed to address urgent gaps in sexual and reproductive health and rights (SRHR) among internally displaced women and girls in the Wassa IDP camp. In displacement settings, where health infrastructure is often weak, access to family planning, maternal health, STI prevention, and menstrual health management is limited. Additionally, cultural taboos and misinformation further restrict women's ability to make informed health decisions.

The evaluation findings highlight that the project was highly relevant to these needs. The baseline assessment revealed that before the intervention, less than 50% of women found it difficult to obtain clear and accurate information on SRHR topics. However, post-intervention data show that 88.9% of respondents now feel adequately informed to make decisions regarding their reproductive health, a clear indicator of the project's relevance.

A key informant from the health sector reinforced this point: *"Before WeLead, there was a severe knowledge gap. Many women didn't know where to get family planning services or even that they had a right to them. The project filled that gap by providing accurate information and linking women to services."*

Similarly, a community leader emphasized the intervention's timeliness: *"The camp's healthcare system was stretched thin. WeLead arrived when women were struggling to access even basic maternal care. It was not just relevant—it was necessary."*

Addressing Sociocultural Barriers

One of the biggest challenges in SRHR programming is navigating sociocultural barriers that restrict discussions on reproductive health. In many displacement settings, traditional gender norms limit women's autonomy over health decisions, while deeply ingrained stigma prevents open discussions about contraception, STI prevention, and menstrual health. The WeLead project tackled this issue by embedding SRHR education within trusted community structures, using local facilitators, and engaging men as allies.

The evaluation shows that 88.5% of respondents believe that community attitudes toward SRHR topics have improved, demonstrating that the intervention was not only relevant to individual health needs but also to broader social transformation. A focus group participant explained how this shift has impacted her daily life: *"Before, talking about these issues was shameful. Now, even my husband listens when I talk about family planning. This program didn't just educate us—it changed our whole community."* This community-wide shift in perception demonstrates the relevance of the WeLead project, not just as a SRHR intervention but as a catalyst for broader gender equity and empowerment.

Adaptation to Local Realities

A critical factor in determining relevance is whether an intervention is designed in a way that reflects local realities. The WeLead project incorporated community input through participatory assessments, ensuring that activities were tailored to the unique challenges faced by women in the camp. One example of this adaptability was the use of local resources (government-established health facility) to overcome physical and financial barriers to SRHR services. The evaluation data reveal that:

- 62.2% of women accessed family planning services as a direct result of WeLead
- 67.4% accessed maternal health services they previously could not reach
- 73.7% utilized STI prevention, testing, and treatment services

These figures demonstrate that the intervention was not only relevant in its objectives but also in its implementation approach, ensuring that services were brought directly to those who needed them most.

A community health worker highlighted this strength:
"The fact that WeLead brought services to the women instead of expecting them to find their own way to health centers made all the difference. It showed that the project understood their struggles."

Implications for Future Programming

The WeLead project's strong alignment with the needs of displaced women and girls, its responsiveness to sociocultural barriers, and its adaptability to local constraints all underscore its high relevance. However, continued relevance requires ongoing assessment and flexibility. To further enhance this component, future interventions should consider:

- Expanding the reach of mobile clinics to ensure that women in remote areas consistently access services.
- Deepening male engagement strategies to solidify positive shifts in gender norms.

- Integrating livelihood support with SRHR services, as financial instability remains a key barrier to service access.

Overall, the relevance of the WeLead project cannot be overstated. The intervention directly addressed critical gaps, successfully challenged cultural barriers, and adapted to the realities of displacement, making it a model for SRHR programming in humanitarian settings.

Effectiveness: Achieving Meaningful Outcomes in SRHR

Effectiveness measures the extent to which the WeLead project achieved its intended objectives, particularly in increasing knowledge retention, behavior change, and service utilization among women and girls in the Wassa IDP camp. A successful SRHR intervention is not just about information dissemination—it is about translating knowledge into action, fostering lasting behavior change, and ensuring that services are utilized consistently. The evaluation findings indicate that the WeLead project was highly effective in all these areas, with substantial improvements in reproductive health knowledge, increased uptake of services, and enhanced confidence among women in making independent health decisions.

Improvements in Knowledge Retention and Decision-Making

One of the key goals of the WeLead project was to ensure that women not only received SRHR education but also retained and applied the information in their daily lives. The evaluation findings demonstrate significant progress in this regard. 86.7% of respondents reported feeling adequately informed to make decisions about their reproductive health, marking a notable increase from baseline assessments where many women lacked basic SRHR knowledge.

This improvement in knowledge retention was particularly evident in focus group discussions (FGDs), where women shared how their understanding of reproductive health had evolved. One participant explained: *"Before, I only knew about natural family planning methods, and I didn't trust other options. Now, I understand the different types of contraception and how each works, so I can make the best choice for myself."*

Additionally, many women reported feeling more in control of their reproductive choices, indicating that the project did not just provide information but also empowered beneficiaries to apply that knowledge. A community leader reinforced this point: *"We see women now asking questions at health clinics, something they never did before. They are no longer afraid to demand the care they deserve."*

The ability of women to make independent health decisions is a critical indicator of effectiveness, and the data suggest that WeLead has succeeded in equipping them with the confidence and knowledge necessary to navigate their reproductive health needs.

Increased Uptake of SRHR Services

Another key objective of the WeLead project was to translate knowledge into increased utilization of SRHR services. The evaluation findings indicate a strong correlation between awareness-building and service uptake, with more women actively seeking healthcare than before the intervention.

- 62.2% of respondents accessed family planning services due to the project

- 73.7% utilized STI prevention, testing, and treatment services
- 67.4% received maternal health services
- 84.1% participated in menstrual health management education

These figures highlight a major shift in health-seeking behavior, demonstrating that women are no longer just passive recipients of information but active participants in their healthcare decisions. This trend is also reflected in discussions with beneficiaries. One woman shared how the project encouraged her to seek services she had previously avoided: *"I never thought I would get tested for STIs, but after learning that some infections don't show symptoms, I decided to go for a check-up. I'm glad I did."* This proactive approach to reproductive health is a clear sign that the intervention was effective in bridging the gap between knowledge and action.

Behavior Change and Sustained Impact

One of the strongest indicators of effectiveness is whether an intervention fosters long-term behavior change. The WeLead project's success in this area is evident from the survey findings:

- 90.3% of respondents now feel confident making independent health decisions
- 89.8% have shared SRHR information with family and friends
- 88.5% believe that community attitudes toward SRHR have shifted positively

This data suggests that the project has not only changed individual behaviors but has also contributed to a broader cultural shift. Women are no longer keeping SRHR knowledge to themselves—they are disseminating it within their communities, reinforcing the intervention's long-term impact.

One respondent explained how her role in her household has changed:
"Before, I was scared to bring up family planning with my husband. Now, I discuss it openly, and he listens. This project has given me a voice."

The ripple effect of this newfound confidence extends beyond individual women. A male community leader acknowledged the transformation: *"We are seeing more men supporting their wives in reproductive health decisions. They now understand that these issues affect the whole family, not just women."* By fostering both individual and community-level behavior change, WeLead has ensured that its impact is sustainable beyond the project's duration.

Efficiency: Maximizing Resources for Optimal Impact

Efficiency in development interventions refers to how well resources—financial, human, and logistical—are utilized to achieve project objectives in a cost-effective manner. A program may be highly relevant and effective, but if it consumes disproportionate resources or faces operational inefficiencies, its long-term sustainability and scalability may be compromised. The WeLead project's efficiency can be assessed based on cost-effectiveness, logistical execution, resource allocation, and service delivery mechanisms. The evaluation findings indicate that while the project effectively maximized available resources to deliver significant impact, challenges in service consistency, supply chain management, and financial accessibility for beneficiaries remain areas that require attention.

Cost-Effectiveness: Achieving Impact with Limited Resources

The WeLead project was implemented in a resource-constrained environment, where available funding had to be carefully allocated to achieve maximum impact. The project successfully delivered SRHR education, improved service utilization, and fostered behavioral change with relatively low operational costs, largely due to strategic partnerships, use of community-based facilitators, and mobile clinics that minimized infrastructure expenses. Key efficiency indicators from the evaluation include:

- 62.2% of women accessed family planning services due to the project—demonstrating high service uptake relative to investment.
- 73.7% of respondents utilized STI prevention, testing, or treatment services—suggesting that awareness efforts were successfully converted into action.
- 90.3% of women reported increased confidence in making independent SRHR decisions, highlighting strong returns on investment in community engagement and education.

Human Resource Efficiency: Leveraging Community-Based Approaches

One of the standout aspects of the WeLead project's efficiency was its use of local peer educators and community health workers. Instead of relying solely on external experts, the project trained women from the IDP camp to serve as SRHR facilitators, significantly reducing costs while ensuring cultural relevance and trust-building. The evaluation found that peer-led education was instrumental in knowledge retention and service uptake, with 89.8% of women sharing SRHR information with family members and friends—demonstrating the effectiveness of this community-based model.

A community leader emphasized this strength: *"Women are more likely to listen when the information comes from someone they know and trust. That's why the peer educators were so effective."*

However, some peer educators expressed concerns about workload and compensation, suggesting that while the approach was cost-effective, adequate support and incentives need to be in place to maintain motivation and program quality. One peer educator noted: *"We do this work because we care about our community, but sometimes we struggle ourselves. It would help if we had some financial support or even just supplies to help us in our work."*

Financial Accessibility for Beneficiaries

While the WeLead project efficiently delivered free SRHR education and services, some financial barriers still prevented full utilization of healthcare services. The evaluation found that:

- 10.1% of women faced financial challenges in accessing certain SRHR services, particularly transportation to clinics outside the camp.
- 12.7% reported struggling to afford menstrual hygiene products, even after receiving education on their importance.

A woman explained the challenge: *"We now understand the importance of good menstrual hygiene, but not everyone can afford pads all the time. If there was a way to make them cheaper, more women would benefit."* This suggests that while the project was efficient in using limited funds to

maximize impact, the lack of financial accessibility for beneficiaries remains a barrier to fully realizing the benefits of SRHR education and services. Potential solutions may include:

- Exploring voucher or subsidy programs to reduce the cost of essential SRHR services and products.
- Partnering with social enterprises to provide locally made, affordable menstrual hygiene products.
- Advocating for policy changes that integrate SRHR services into broader health financing schemes, ensuring long-term affordability.

Impact: Transformative Changes in SRHR Access and Gender Norms

Impact assessment examines the broader and long-term changes resulting from the WeLead project, evaluating how the intervention has altered individual behaviors, influenced community dynamics, and contributed to systemic improvements in sexual and reproductive health and rights (SRHR). Impact is not just about immediate outcomes but also about sustained, meaningful transformation that extends beyond the project's duration. The evaluation findings reveal that WeLead has significantly improved women's knowledge, service utilization, and agency in SRHR matters, while also fostering community-wide shifts in gender norms and advocacy for reproductive rights. However, some structural barriers to long-term impact remain, particularly in areas such as service accessibility, economic constraints, and policy integration.

Individual-Level Impact: Women's Empowerment in Health Decision-Making

One of the strongest indicators of impact is women's increased confidence in making independent SRHR decisions. The evaluation found that 90.3% of respondents reported feeling empowered to make their own reproductive health choices, marking a profound shift from the baseline, where many women lacked the autonomy to seek SRHR services without external approval.

A young woman in the camp described how the project changed her perspective: *"Before, I didn't even know I had a say in these things. Decisions about pregnancy or contraception were made for me. Now, I know I have rights, and I can decide for myself."*

Another woman highlighted how this newfound confidence has influenced her household dynamics: "I used to be afraid to discuss family planning with my husband. Now, I bring it up confidently, and he listens. This has changed my life."

This shift is critical because women's ability to make informed health decisions directly impacts maternal health, child spacing, and overall family well-being. Research consistently shows that when women have control over their reproductive health, they experience better health outcomes, reduced poverty levels, and increased economic participation. The WeLead project has therefore not only impacted individual women but has also contributed to broader socioeconomic improvements within the camp.

Community-Level Impact: Changing Gender Norms and Social Support for SRHR

Beyond individual behavior change, the WeLead project has fostered a significant cultural transformation in attitudes toward reproductive health and gender roles. The data reveal that:

- 88.5% of respondents believe that community attitudes toward SRHR have improved.
- 89.8% reported sharing their SRHR knowledge with family members and friends.
- 89.6% noted increased male support for women's reproductive health choices.

One community leader acknowledged this transformation: *"Men in this community used to see reproductive health as women's business. Now, many are learning that it's a family issue. We see more husbands supporting their wives in attending clinics."*

This increase in male engagement is particularly important, as studies indicate that male support enhances women's ability to access and utilize SRHR services, leading to better health outcomes. Traditionally, gender norms in the camp discouraged men from participating in conversations about contraception or maternal health, but WeLead's community dialogue sessions and gender-inclusive programming have helped shift these dynamics.

Additionally, women have started supporting each other in making health decisions, an indicator of growing social cohesion and collective empowerment. Peer-led advocacy networks have emerged, with women taking ownership of SRHR education beyond the formal project structure. This sustained peer support network suggests that the project's impact is likely to persist beyond its official timeline, making it a highly scalable and replicable model for community-led health initiatives.

Health Outcomes: Increased Service Utilization and Preventive Behaviors

The WeLead project's impact is also reflected in measurable improvements in reproductive health service uptake and preventive health behaviors. The evaluation data reveal that:

- 62.2% of respondents accessed family planning services because of the project.
- 73.7% utilized STI prevention, testing, and treatment services.
- 67.4% of pregnant women sought maternal health services earlier than before.

These figures indicate that women are not just aware of SRHR services but are actively using them—a key marker of long-term impact. The shift toward preventive health behaviors—such as early antenatal visits, STI testing, and regular contraceptive use—suggests that the intervention has moved beyond short-term awareness-building to sustained health-seeking behaviors. This prevention-focused approach is crucial in reducing maternal mortality, unplanned pregnancies, and reproductive health complications.

Policy and Systemic-Level Impact: Integration into Local Health Structures

While the WeLead project has successfully driven individual and community-level change, its broader impact on health systems and policy integration remains a work in progress. Interviews with key stakeholders indicate that while local health authorities recognize the project's importance, there is still a need to formalize partnerships to ensure long-term sustainability.

A government health official noted: *"We see the impact of the program, but for it to continue benefiting women, there needs to be more coordination between SWAG and government services at FCT level."*

This observation highlights a common challenge in humanitarian SRHR programming—while projects often deliver significant immediate impact, long-term sustainability depends on their integration into national health policies and funding mechanisms. Recommendations for enhancing systemic impact include:

- Strengthening partnerships with government health services to ensure continuity of SRHR education and mobile clinics.
- Advocating for policy changes that incorporate WeLead's successful approaches into broader national SRHR strategies.
- Expanding financial sustainability models, such as donor collaborations or social enterprise mechanisms, to reduce reliance on short-term external funding.

Without these structural adjustments, there is a risk that the gains achieved through WeLead may diminish once direct project funding ends.

Sustainability: Ensuring Long-Term Continuity of SRHR Gains

Sustainability in development programming refers to the extent to which the positive outcomes of an intervention persist beyond its official duration, without continued external funding or support. For the WeLead project, sustainability is critical to ensuring that women and girls in the Wassa IDP camp continue to access SRHR services, maintain knowledge retention, and advocate for their reproductive rights in the long run. The sustainability of the project depends on several key factors — community ownership, institutional integration, financial viability, and policy support. While the project has laid a strong foundation for long-term impact, challenges remain in ensuring consistent service availability, reducing financial dependence on external donors, and embedding SRHR interventions into formal health and education systems.

Community Ownership: Empowering Women as Long-Term SRHR Advocates

One of the strongest indicators of sustainability is whether communities continue to champion an intervention after external support diminishes. The WeLead project placed a strong emphasis on peer education, community dialogue, and grassroots advocacy, ensuring that knowledge did not remain confined to formal training sessions but instead became embedded in everyday social interactions. The evaluation findings highlight that:

- 89.8% of women reported sharing SRHR knowledge with family and friends, demonstrating that information is being passed down informally.
- 90.8% of respondents observed fellow community members taking leadership roles in promoting SRHR services.
- 76.3% of beneficiaries stated they would continue using SRHR services even if the project ended, suggesting that behavior change has been deeply ingrained.

A young woman who participated in the peer education program explained:
"At first, I was just learning for myself. But after seeing how little other women knew, I started sharing what I learned. Now, I help others get services and answer their questions."

This organic spread of knowledge is crucial for sustainability, as it reduces reliance on external facilitators and ensures that SRHR awareness remains active in the community. However, sustaining

these gains will require continuous engagement with local leaders, religious figures, and men, as certain conservative groups still resist open discussions on SRHR.

A community leader acknowledged this ongoing challenge:
"There are still men who don't support women's reproductive rights. If the project ends, it will be harder for women to stand up for themselves unless we continue these conversations."

To strengthen community ownership, future programming should focus on:

- Institutionalizing women-led SRHR networks within the camp to maintain momentum.
- Training more male allies who can counter resistance from conservative segments.
- Encouraging intergenerational knowledge transfer, ensuring that young girls continue to learn from older women.

Institutional Integration: Embedding SRHR into Local Health and Education Systems

For the WeLead project to remain impactful beyond its duration, SRHR services must be integrated into existing local health systems and educational structures. While mobile clinics and community-led education have been effective in increasing access, long-term sustainability requires permanent structures that can independently provide services and information. The evaluation revealed that:

- 62.2% of respondents relied on mobile clinics for family planning services, raising concerns about what happens when these mobile units are no longer available.
- Only 41.5% of beneficiaries had access to permanent health facilities within walking distance, indicating that service dependence on project-specific mechanisms is high.
- 58.9% of adolescent girls wanted SRHR education to be embedded in school curriculums, underscoring the need for systemic educational reforms.

A healthcare worker emphasized this gap:
"The project helped women access services, but without mobile clinics, many would have nowhere to go. The government needs to establish more permanent SRHR centers inside the camp."

To enhance institutional sustainability, the following strategies should be prioritized:

- Formalizing partnerships with government health agencies such as the FCT Primary Healthcare Development Agency to ensure SRHR services continue through public health facilities.
- Advocating for SRHR integration into school curricula, so younger generations receive continuous education.
- Training local health workers to take over responsibilities previously handled by external facilitators.
- By embedding SRHR into pre-existing national and humanitarian frameworks, the WeLead project's gains can persist beyond donor-funded cycles.

Coherence: Aligning WeLead with Broader SRHR Initiatives and Policies

Coherence in development programming assesses how well an intervention aligns with existing national policies, international commitments, and other related initiatives. It ensures that projects complement, rather than duplicate or contradict, other efforts in the same sector. Coherence is crucial to understanding how this project effectively fits within Nigeria's national SRHR strategies, global reproductive health frameworks, and ongoing humanitarian interventions in displacement settings.

The evaluation findings indicate that WeLead was largely coherent with national and international SRHR priorities, reinforcing broader efforts to improve contraceptive access, maternal health, STI prevention, and gender equality. However, some gaps in coordination with government structures and other humanitarian organizations remain, which may impact the project's long-term integration into national health systems.

Alignment with National SRHR Policies and Programs

At the national level, Nigeria has several policies supporting sexual and reproductive health and rights (SRHR), including:

- The National Reproductive Health Policy and Strategy (2017), which prioritizes access to contraception, maternal health services, and STI prevention.
- The Family Planning Blueprint (2020–2024), which aims to increase modern contraceptive prevalence and reduce unmet contraceptive needs.
- The National Guidelines for Gender-Based Violence Response, which recognize the links between gender-based violence (GBV) and SRHR outcomes.

The WeLead project aligned well with these policies by:

- Expanding contraceptive access through mobile clinics, which contributed to the national goal of increasing modern contraceptive use.
- Promoting maternal health education, reinforcing Nigeria's broader strategies to reduce maternal mortality.
- Incorporating gender-responsive approaches, complementing national GBV prevention guidelines by addressing harmful gender norms that restrict reproductive rights.

Despite this alignment, challenges exist in integrating project-led interventions into national health structures. To enhance policy coherence, it is recommended that:

- SRHR education be incorporated into Nigeria's national school curricula, ensuring that WeLead's awareness-raising efforts continue through formal education channels. This can be actualized by an advocacy engagement led by SWAG in partnership with other partners in the humanitarian econ system
- Referral systems be strengthened between WeLead facilitators and existing government clinics, ensuring women who begin contraceptive use under the project can continue receiving care from national health services.

Consistency with International SRHR Commitments

At the global level, the WeLead project aligns with key international commitments on reproductive health and rights, including:

- Sustainable Development Goal (SDG) 3.7, which calls for universal access to SRHR services by 2030.
- The Family Planning 2030 (FP2030) Initiative, which promotes voluntary family planning access for marginalized populations.
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which advocates for women's reproductive autonomy.

The project contributed to these commitments by:

- Empowering women to make independent reproductive choices, advancing CEDAW's mandate for women's bodily autonomy.
- Increasing family planning uptake, supporting Nigeria's commitments to FP2030 goals.
- Enhancing reproductive health knowledge, reinforcing global efforts to improve SRHR literacy.

Despite this global alignment, a major gap remains in funding coordination. While WeLead has been successful in securing donor support, its financial model is not directly linked to Nigeria's SRHR funding streams, making long-term sustainability uncertain. Future efforts should focus on:

- Advocating for domestic financing of SRHR, reducing dependence on international donors.
- Integrating WeLead's approaches into Nigeria's FP2030 commitments, ensuring continued funding.
- Leveraging multi-sectoral partnerships, collaborating with both public and private entities to diversify funding sources.

Harmonization with Other Humanitarian Interventions in Displacement Settings

Since the WeLead project operates in an internally displaced persons (IDP) camp, it was essential that its interventions complemented, rather than duplicated, existing humanitarian health initiatives. The evaluation findings suggest that WeLead worked effectively alongside other health programs, and positive harmonization was observed in:

- Collaboration with maternal health initiatives, ensuring that women who received pregnancy-related care under WeLead were referred to existing maternal health clinics for delivery services.
- Complementary efforts in gender-based violence (GBV) response, as WeLead's SRHR education reinforced GBV awareness efforts led by other humanitarian organizations.

To improve harmonization, the following strategies are recommended:

- Developing a centralized SRHR health database, ensuring that women receiving services from WeLead remain in the health system beyond the project.
- Creating formal referral pathways, linking WeLead beneficiaries with government and humanitarian health providers.

- Coordinating humanitarian funding efforts, ensuring that SRHR services in IDP settings receive stable, multi-donor funding.

Value for Money: Maximizing Impact Relative to Investment

Value for Money (VfM) assesses whether a project effectively translates financial and human resources into meaningful, cost-efficient, and sustainable outcomes. It considers four key dimensions: Economy (minimizing costs while maintaining quality), Efficiency (optimizing resources for maximum output), Effectiveness (achieving intended outcomes), and Equity (ensuring fair and inclusive service delivery, particularly to vulnerable groups).

For the WeLead project, the evaluation findings suggest that it delivered strong value for money, with significant improvements in SRHR knowledge, service uptake, and gender norm shifts achieved at a relatively low cost. However, challenges related to service continuity, financial sustainability, and integration into government health structures remain, requiring strategic adjustments to enhance long-term cost-effectiveness.

Economy: Managing Costs While Maintaining Service Quality

The WeLead project adopted a cost-conscious approach, ensuring that every dollar spent contributed directly to expanding access to SRHR education and services. Several strategic decisions helped minimize costs without compromising quality:

- Leveraging community-based educators – By training peer educators and engaging local health workers, the project reduced reliance on expensive external consultants while ensuring culturally relevant service delivery.
- Partnering with existing healthcare providers – WeLead collaborated with public health centers and humanitarian medical teams, reducing duplication of efforts and maximizing the use of existing resources.

Equity: Ensuring Fair and Inclusive Service Delivery

Equity examines whether resources were distributed fairly, prioritizing the most marginalized populations. The WeLead project was highly equitable, ensuring that women and girls in the IDP camp—who are among the most vulnerable—received targeted support.

- Adolescent girls (15-19 years old) were specifically reached with menstrual health education—addressing a major gap in SRHR services.
- Women with disabilities participated in SRHR training sessions, ensuring inclusivity.
- Outreach efforts included male allies, breaking gender barriers and promoting shared decision-making.

This inclusive approach ensured that no group was left behind, increasing overall project impact. However, future efforts could strengthen equity by:

- Expanding accessibility measures, such as sign language interpreters and disability-friendly health services.

- Developing tailored SRHR programs for adolescent boys, complementing existing efforts targeting men and women.

Cross-Cutting Themes: Addressing Gender Equity, Social Inclusion, and Community Empowerment

Cross-cutting themes in development interventions refer to overarching factors that influence project effectiveness, equity, and sustainability. For the WeLead project, three major cross-cutting themes played a significant role in shaping outcomes:

- Gender Equity – Ensuring that women and girls have equal access to SRHR services, decision-making power, and protection from gender-based discrimination.
- Social Inclusion – Addressing the unique SRHR needs of marginalized groups, including adolescent girls, persons with disabilities, and displaced populations.
- Community Empowerment – Strengthening collective agency and advocacy, ensuring that women and men work together to sustain long-term SRHR improvements.

This section examines how WeLead influenced these critical development dimensions, integrating quantitative data, qualitative insights, and strategic recommendations to ensure that progress continues beyond the project's duration.

Gender Equity: Advancing Women's Rights and Decision-Making in SRHR

This refers to women's ability to access healthcare, exercise reproductive autonomy, and make informed decisions without discrimination or social barriers. Historically, gender norms in the Wassa IDP camp limited women's control over reproductive choices, reinforcing male dominance in family planning, maternal health decisions, and sexual health discussions. The WeLead project played a crucial role in challenging these norms and promoting gender-equitable access to SRHR services. The evaluation findings show that:

- 90.3% of women reported increased confidence in making independent health decisions, a strong indicator of gender empowerment.
- 89.6% of respondents noted greater male involvement in SRHR discussions and decision-making.
- 88.5% reported a reduction in stigma surrounding women's reproductive choices.

A woman in a focus group discussion described her experience:
"Before, I had to ask my husband's permission for everything related to my health. Now, I make my own decisions, and he respects that."

Similarly, a community leader highlighted the shift in male perspectives:
"Men used to think that SRHR was only a woman's issue. Now, they see that when women are healthy, the whole family benefits."

This transformation was driven by targeted male engagement strategies, including:

- Community dialogues with men on the benefits of family planning and maternal health.
- Husband-and-wife education sessions, fostering joint decision-making.

- Role model advocacy, where progressive male leaders publicly supported SRHR rights.

While these efforts have led to significant improvements, challenges remain in:

- Overcoming resistance among conservative men, who still see SRHR as a threat to traditional authority.
- Ensuring that women's empowerment is sustained beyond project-driven interventions.
- Expanding gender-responsive healthcare services, ensuring that SRHR programs cater to both men's and women's unique needs.

To further advance gender equity, WeLead should:

- Scale up male engagement programs, reinforcing positive masculinity in reproductive health.
- Integrate gender-transformative approaches into future SRHR curricula, ensuring that young boys grow up valuing gender equality.
- Strengthen legal advocacy efforts, ensuring that women's reproductive rights are protected through national policies.

Social Inclusion: Reaching the Most Marginalized Populations

Social inclusion ensures that SRHR services are accessible to all individuals, regardless of age, ability, socioeconomic status, or displacement status. In humanitarian settings like the Wassa IDP camp, certain groups—such as adolescent girls, persons with disabilities, and ethnic minorities—face greater barriers to SRHR access.

The WeLead project was designed to reduce these disparities by implementing inclusive strategies, ensuring that the most marginalized individuals could access information and services. The evaluation shows that:

- 79.2% of adolescent girls received tailored menstrual health education, addressing a key gap in youth-focused SRHR interventions.
- 92.1% of women with disabilities who participated in the program felt that their needs were addressed, highlighting WeLead's focus on inclusivity.
- Women from ethnic minorities expressed increased trust in SRHR services, with 73.4% of participants – who have come from different marginalized communities accessing family planning for the first time.

An adolescent girl described the impact of menstrual health education:
"Before this program, I had no idea how to manage my period properly. Now, I understand hygiene, and I don't feel ashamed anymore."

Key strategies that enhanced social inclusion included:

1. Youth-focused SRHR programs, using peer educators to engage adolescent girls.
2. Culturally sensitive health messaging, ensuring that ethnic minorities felt comfortable accessing services.

Despite these successes, barriers to full social inclusion remain, particularly in:

- Limited access to disability-friendly health infrastructure, making it harder for some women to attend clinics.
- Persistent cultural taboos around adolescent sexuality, limiting young people's ability to seek SRHR services.
- Financial constraints for the poorest populations, making contraception and menstrual products unaffordable for some women.

To strengthen social inclusion, WeLead should:

- Expand youth-friendly SRHR services, ensuring that adolescent girls have sustained access to reproductive health education.
- Develop more disability-inclusive healthcare infrastructure, ensuring that clinics are accessible to women with mobility challenges.
- Introduce financial support mechanisms, such as subsidized menstrual products and free contraceptive services for vulnerable groups.

Community Empowerment: Building Long-Term Capacity for SRHR Advocacy

Community empowerment ensures that women and men can sustain the progress achieved through WeLead, advocating for their own reproductive rights and influencing broader social change. The project successfully fostered grassroots leadership in SRHR, ensuring that beneficiaries became long-term champions for reproductive health and rights. The evaluation revealed that:

- 90.8% of respondents reported seeing fellow community members take leadership roles in SRHR advocacy.
- 76.3% of participants stated they would continue using SRHR services even if external funding ended, highlighting strong behavioral shifts.
- Several community-led SRHR support groups were formed, demonstrating organic capacity-building beyond the project.

A woman who became a community advocate described her motivation:
"At first, I just wanted to learn. But now, I see that other women need help, so I have taken it upon myself to share this knowledge."

To further enhance community empowerment, WeLead should:

- Formalize community health networks, ensuring that peer educators continue training new generations of SRHR advocates.
- Provide small grants for local SRHR initiatives, supporting grassroots efforts beyond the project cycle.
- Strengthen partnerships with women's rights organizations, ensuring that advocacy efforts are sustained through broader social movements.

Comparison of Baseline and Endline Survey Findings

The WeLead project was designed to address gaps identified in the Needs Assessment Study conducted before the intervention. Since a formal baseline study was not conducted, this section compares key findings from the Needs Assessment with those from the Endline Survey, using the same thematic areas to assess changes in knowledge, perceptions, and access to services.

A. Knowledge and Awareness of SRHR and SGBV

Knowledge of Family Planning and Correct Use: The Needs Assessment revealed that awareness of family planning was low, with only 24.6% of respondents reporting that they knew about modern contraceptive methods. The Endline Survey shows a marked improvement, with 68.4% of respondents now demonstrating good knowledge of family planning and its correct use. This suggests that the WeLead project significantly contributed to increasing awareness and correct utilization of contraceptives.

Knowledge of Maternal and Menstrual Health: Before the intervention, the Needs Assessment found that 27.6% of respondents had primary knowledge of maternal health services, with limited awareness of antenatal care benefits. By the Endline, 72.1% of respondents demonstrated good knowledge of maternal health services, including the importance of antenatal care and skilled birth attendance.

Knowledge of SGBV and STI Prevention: Findings from the Needs Assessment indicated that 84.9% of respondents had heard about SGBV, but 46.9% lacked knowledge of specific types of gender-based violence beyond rape. The Endline Survey demonstrates considerable progress, with 91.3% now exhibiting good knowledge of SGBV types, prevention, and response mechanisms.

B. Access and Utilization of SRHR and SGBV Support Services

SRHR Service Utilization: The Needs Assessment showed that only 19.6% of respondents had ever used modern contraceptive methods, and many were unaware of available maternal health services. By the Endline Survey, 62.2% of women had accessed family planning services, and 74.3% had attended at least one antenatal care session. This suggests that increased awareness translated into higher service utilization.

SGBV Reporting and Support Systems: The Needs Assessment found that 79.2% of women were unaware of institutions supporting SGBV survivors, and 97.3% of those who experienced violence did not report their cases. The Endline data shows improvement, with 34.8% of women now aware of reporting mechanisms and community support structures. However, stigma and fear of retaliation remain significant barriers to reporting.

C. Perceptions and Attitudes Towards SRHR and SGBV

Community Perceptions of SRHR: Prior to the intervention, many community members viewed discussions around SRHR as taboo. The Needs Assessment found that only 46.4% of women believed they were at risk of experiencing SGBV. The Endline results show an important shift, with 88.5% of respondents now considering SRHR discussions socially acceptable, and 89.6% reporting increased male support for family planning and reproductive health discussions.

Perceptions of Gender Equity and Social Inclusion: The Needs Assessment found that most women lacked decision-making power regarding their reproductive health. The Endline Survey indicates an improvement in gender dynamics, with 72% of women now actively encouraging others to access SRHR services and engaging in advocacy. Male involvement in SRHR decision-making also increased, suggesting gradual social norm shifts.

LESSONS LEARNED: INSIGHTS FROM WELEAD PROJECT IMPLEMENTATION

Reflecting on the WeLead project's implementation provides an opportunity to identify key successes, recognize challenges, and extract transferable insights for future SRHR interventions. Understanding what worked well, what barriers emerged, and how similar programs can adapt these lessons is crucial for strengthening future reproductive health programming, particularly in humanitarian settings like internally displaced persons (IDP) camps.

This section highlights:

- Key successes and enabling factors that contributed to WeLead's achievements.
- Major challenges and areas for improvement that need to be addressed for greater effectiveness.
- Transferable insights that can inform the design of similar interventions in other contexts.

Key Successes and Enabling Factors

Several critical factors enabled the WeLead project to achieve significant and lasting improvements in SRHR access, awareness, and behavior change. These include:

1. Community-Led Approach and Peer Educators

A major success of the WeLead project was its community-driven implementation strategy, which relied on peer educators and local facilitators to deliver SRHR education. The evaluation found that:

- 89.8% of beneficiaries reported receiving information from a fellow community member, highlighting the effectiveness of this trusted knowledge-sharing model.
- Women felt more comfortable discussing SRHR topics with peer educators than with external health workers, leading to higher participation rates in awareness sessions.

This peer-to-peer learning model is highly scalable, cost-effective, and adaptable to different cultural settings, making it a key success factor.

2. Integration of Male Engagement Strategies

The WeLead project recognized that gender norms shape SRHR access, leading to intentional efforts to engage men as allies in reproductive health. This contributed to:

- 89.6% of respondents reporting increased male support for women's reproductive health choices.
- More men participating in family planning decisions, improving contraceptive uptake and maternal health service use.

By shifting social attitudes and fostering joint decision-making, WeLead set a new precedent for gender-transformative SRHR programming.

3. Addressing Menstrual Health and Reducing Stigma

Menstrual hygiene management (MHM) was a critical area of intervention, particularly for adolescent girls who often miss school due to period stigma and lack of sanitary products. The evaluation shows that:

- 84.1% of girls received education on menstrual health, reducing misinformation.
- A significant increase in self-confidence among adolescent girls was observed, as they felt more comfortable discussing and managing menstruation.

A teenage girl shared her experience:

"Before this program, I was afraid of getting my period at school. Now, I know how to take care of myself, and I feel more confident."

This success highlights the importance of including menstrual health education in SRHR interventions, particularly in settings where stigma and misinformation persist.

Major Challenges and Areas for Improvement

Despite these successes, several challenges affected the project's efficiency, sustainability, and reach. Addressing these barriers is essential for future program refinements.

1. Financial Barriers to Accessing Services

While SRHR services were largely free under WeLead, some women still struggled with indirect costs, such as:

- Transport to health facilities when mobile clinics were unavailable.
- Affording menstrual hygiene products, which remained financially inaccessible for some groups.

Similar interventions may consider Introducing vouchers, subsidies, or social enterprises for low-cost sanitary products and transportation support.

2. Resistance from Conservative Religious and Cultural Groups

Despite positive male engagement, some religious and cultural leaders resisted SRHR messaging, discouraging women from participating.

A community leader acknowledged this challenge:
"While many men are now supportive, some still see family planning as against our traditions. More dialogue is needed to change minds."

As a potential solution, SWAG should expand partnerships with religious and traditional leaders, ensuring they are engaged early in program design to reduce resistance.

Transferable Insights for Similar Interventions

The WeLead project provides several replicable best practices that can be adapted to other humanitarian, rural, and underserved settings.

- Community-Led Education Is More Effective Than Top-Down Messaging
    - Peer educators and local facilitators are more trusted than external experts.
    - Future SRHR programs should prioritize grassroots advocacy over externally led campaigns.
- Men's Engagement Must Be Systematic, Not an Afterthought
    - Gender norms must be addressed proactively, involving men as early as women.
    - Husband-and-wife counseling models should be scaled up in future SRHR projects.
- Menstrual Health Must Be Integrated into SRHR Programs
    - MHM is a major barrier for adolescent girls and should be treated as a core SRHR component.
    - Providing reusable sanitary products can enhance sustainability and reduce dependence on external funding.

RECOMMENDATIONS

For Implementing Partners: Enhancing Programmatic and Operational Effectiveness

Strengthening Service Continuity and Supply Chain Efficiency: A key challenge identified in the evaluation was irregular supply chain disruptions, leading to missed contraceptive doses and stockouts of menstrual health products. To improve service consistency:

- Develop a fixed schedule for health facilities on FP and communicate it widely through SMS reminders, community radio, and notice boards.
- Establish backup supply chains by partnering with government health facilities, pharmacies, and private sector suppliers to prevent stockouts.
- Digitize inventory management to track contraceptive and STI treatment availability in real-time and forecast demand more accurately.

Expanding Male Engagement and Gender-Transformative Approaches: While WeLead made progress in involving men in SRHR conversations, resistance from some religious and traditional leaders remained a challenge. Future interventions should:

- Develop structured male engagement programs, ensuring that husbands, fathers, and religious leaders are included from the outset.
- Introduce male peer educators, as men are often more receptive to information from their peers.
- Frame SRHR messages in a family well-being context, emphasizing how contraception and maternal health benefit the entire household.

Institutionalizing Youth-Friendly SRHR Services: Adolescent girls faced barriers in accessing SRHR information and services due to cultural stigma. Future programming should:

- Create youth-friendly spaces where adolescents can access nonjudgmental, confidential reproductive health services.
- Integrate SRHR education into school curricula, ensuring that knowledge is sustained beyond project interventions.
- Provide free or subsidized menstrual hygiene products, reducing financial barriers for adolescent girls.

For Donors and Policymakers: Strengthening Funding and Policy Alignment

Securing Long-Term Financing for SRHR in Humanitarian Settings: A major threat to sustaining WeLead's gains is financial dependence on short-term donor funding. Policymakers and donors should:

- Integrate SRHR into national health budgets, ensuring that services remain available beyond external funding cycles.
- Advocate for donor commitments to multi-year funding models, reducing service disruptions caused by year-to-year funding uncertainties.

- Explore innovative financing mechanisms, such as public-private partnerships (PPPs), micro-insurance schemes, and social impact investments to support reproductive health access.

Strengthening Policy Integration and Government Ownership: To ensure sustainability, WeLead's successful approaches should be institutionalized within national policies. Policymakers should:

- Incorporate mobile SRHR service models into national health strategies, particularly for IDP and rural communities.
- Ensure reproductive health laws explicitly protect displaced and marginalized women's rights, preventing policy gaps that limit access.
- Mandate gender-sensitive SRHR education in national school curricula, ensuring all adolescents receive comprehensive reproductive health education.

Enhancing Multi-Sectoral Collaboration for Greater Impact: SRHR challenges intersect with education, gender equality, and economic empowerment. Future funding and policy frameworks should:

- Integrate SRHR into gender-based violence (GBV) and economic empowerment programs, ensuring a holistic approach to women's rights.
- Facilitate stronger coordination between humanitarian agencies, government institutions, and civil society organizations, avoiding duplication of efforts.
- Expand partnerships with the private sector, particularly in areas like menstrual product manufacturing, contraceptive supply chains, and digital health solutions.

For Community and Local Stakeholders: Sustaining Local Ownership

Strengthening Community Health Networks for Local Leadership: To ensure continued knowledge-sharing and service access, WeLead should transition ownership of peer-led education and advocacy efforts to local stakeholders. This can be achieved by:

- Formalizing community health networks, where trained peer educators continue conducting SRHR awareness sessions.
- Providing small grants for community-driven SRHR initiatives, ensuring local ownership beyond donor funding.
- Engaging religious and traditional leaders as SRHR champions, fostering community-wide support for reproductive rights.

Ensuring Economic Accessibility of SRHR Services: Even with increased awareness, economic barriers still prevent women from fully utilizing SRHR services. To address this:

- Introduce community health savings groups, allowing women to pool resources for medical expenses.

- Support income-generating activities for women, increasing financial independence and their ability to access healthcare.
- Advocate for free or low-cost reproductive health services, ensuring that economic status is not a barrier to SRHR access.

Expanding Youth and Men's Engagement in Local SRHR Advocacy: For SRHR gains to be fully sustained, community stakeholders must continue youth and male engagement efforts. To achieve this:

- Establish community-led youth clubs focused on SRHR and leadership, ensuring sustained peer education.
- Create male champion networks, where influential men advocate for reproductive rights in their communities.
- Encourage intergenerational dialogue, where elders mentor younger men and women on positive gender norms.

CONCLUSION: REFLECTING ON THE WELEAD PROJECT'S IMPACT AND FUTURE DIRECTIONS

The WeLead project has played a transformative role in improving sexual and reproductive health and rights (SRHR) awareness, access, and advocacy among women and girls in the Wassa IDP camp. This evaluation highlights significant achievements in increasing SRHR knowledge, enhancing service utilization, shifting community attitudes, and fostering gender-equitable decision-making. However, while the project has been highly effective, sustaining and expanding these gains requires strategic improvements, policy alignment, and strengthened community ownership.

1. Strengthened Knowledge and Service Utilization

- The project successfully increased SRHR knowledge, with over 90% of women reporting improved awareness and decision-making confidence.
- Service uptake improved significantly, with 62.2% of women accessing family planning services and 73.7% seeking STI prevention or treatment.

2. Shifts in Community Attitudes and Gender Norms

- 88.5% of respondents observed a positive shift in community perceptions of SRHR, reducing stigma and fostering open discussions.
- Male involvement in reproductive health increased, with 89.6% of women reporting greater support from their male partners.

3. Strong Programmatic Approaches but Operational Challenges

- The use of peer educators, and male engagement strategies proved highly effective.
- However, service disruptions, supply chain issues, and financial barriers affected continuity, highlighting areas for operational improvement.

4. Need for Long-Term Sustainability and Policy Integration

- The project successfully mobilized communities, but its financial dependence on donor funding remains a concern.
- Greater integration into national health policies and humanitarian coordination mechanisms is needed to ensure continued service availability.

The WeLead project has empowered women and girls with knowledge, improved access to essential reproductive health services, and contributed to positive shifts in gender norms. Its community-driven approach has built a foundation for long-term change, but the sustainability of these gains depends on continued investment, policy alignment, and local ownership. To maximize impact and ensure long-term success, stakeholders should prioritize: strengthening service delivery infrastructure, ensuring clinics and supply chains function reliably, embedding WeLead's successful

approaches into national SRHR programs, securing government ownership, enhancing financial sustainability, exploring multi-sectoral partnerships and alternative funding models, and deepening male and youth engagement, fostering a new generation of SRHR advocates and allies. The lessons from WeLead provide valuable insights for future SRHR programming—not just in displacement settings, but across broader underserved communities. By building on these successes and addressing existing challenges, WeLead can serve as a scalable model for sustainable, gender-transformative reproductive health interventions worldwide.

ANNEX

Informed Consent Form for Participation in the WeLead Project Endline Evaluation

Purpose of the Study - The purpose of this evaluation is to assess the impact of the WeLead project, an initiative designed to improve sexual and reproductive health and rights (SRHR) for women and girls in the Wassa IDP camp. This evaluation will help us understand the outcomes of the project and identify ways to improve similar initiatives in the future.

Procedures - If you agree to participate, you will be asked to complete a survey and/or participate in a discussion. The survey will ask about your experiences with SRHR services, knowledge gained, and overall impact of the project. If selected for a discussion, you will have the chance to share your experiences and thoughts in more detail. Participation will take approximately 20 minutes.

Voluntary Participation - Confidn

Confidentiality - Your responses will be kept strictly confidential. No personal information will be shared in the final report, and your identity will not be revealed. All data collected will be securely stored and accessible only to the evaluation team.

Risks and Benefits- There are no anticipated risks to participating in this evaluation. Your feedback will contribute to improving SRHR services and support for women and girls in your community. Although there are no direct benefits to you, your participation will help inform future projects and policies.

Contact Information

If you have any questions or concerns about this evaluation, please feel free to contact the evaluation team:

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Consent Statement

By signing below, you confirm that:

- You understand the purpose and procedures of this evaluation.
- You voluntarily agree to participate.
- You know you can withdraw from participation at any time without any consequence.

Signature: _____

Date: _____

Printed Name of Participant: _____

Thank you for your time and valuable insights. Your participation is greatly appreciated.

Survey Questionnaire for the Endline Evaluation of the WeLead Project

Instructions: This survey aims to assess the outcomes of the WeLead project on the SRHR of women and girls in the Wassa IDP camp. Your responses will help us understand how the project has supported you and identify areas for improvement. Your participation is voluntary, and all answers are confidential.

Section 1: Sociodemographic Information

1. Age:
    - 15-19
    - 20-29
    - 30-39
    - 40-49
2. Marital Status:
    - Single
    - Married
    - Divorced
    - Widowed
    - Separated but no divorced
3. Highest Level of Education Completed:
    - No formal education
    - Quranic school
    - Primary school
    - Secondary school
    - Vocational training
    - Tertiary education
4. Employment Status:
    - Unemployed
    - Self-employed
    - Employed (formal/informal)
5. Duration of Residence in Wassa IDP Camp:

- Less than 1 year
- 1-2 years
- More than 2 years

6. Have you ever heard about the WeLead project by SWAG?
   - Yes
   - No
   - I'm not sure
7. If yes, did you ever participate in any of the project's activities?
   - Yes
   - No
   - I'm not sure

Section 2: SRHR Services Knowledge and Awareness

8. Please tell me if you have heard of any of these services. (Tick the appropriate box)

Service type	Never heard of it	Heard of it, but don't understand it	Understand it somewhat	Understand it well
Family planning and contraceptive methods (such as pills, implants, and condoms)				
Maternal health services				
Prevention, testing, and treatment for sexually transmitted infections (STIs)				
Support and counselling services for sexual and gender-based violence (SGBV)				
Menstrual health management and education				

9. Where did you first learn about these SRHR services? Please mention all the sources that apply.
   - WeLead project sessions or workshops
   - Healthcare providers or health centers in the camp
   - Family or friends
   - Community or religious leaders
   - Posters, brochures, or other materials in the camp
   - Other sources (please specify): _____

10. Read each statement to the respondent and ask if they agree or disagree. Select Yes if the response is correct (indicating knowledge) and No if it is incorrect (indicating lack of knowledge).

Service type	Yes	No
Family Planning Needs		
Family planning is only necessary for people who want to avoid pregnancy permanently.		
Family planning methods can help people decide the best time to have children based on their health and personal goals.		
The main purpose of family planning is to control and prevent any pregnancies within a community.		
Correct and Proper Use of Family Planning Methods		
Family planning methods are most effective only if used correctly and consistently.		
Using family planning methods only when convenient still provides strong protection against unintended pregnancies.		
Family planning methods need to be understood fully before they can be used effectively.		
Maternal Health		
Regular prenatal check-ups during pregnancy are essential for monitoring both the mother's and baby's health.		
Prenatal care is mostly about treating illnesses after childbirth.		
A pregnant woman should only see a healthcare provider if she experiences pain or discomfort.		
Menstrual Health and Hygiene Management		
Managing menstrual hygiene is only about using products to control discomfort, with no impact on health.		
Good menstrual hygiene practices can help prevent infections and improve overall well-being.		
It is unnecessary to talk about menstrual health in public because it has no effect on a person's physical health.		
Sexual and Gender-Based Violence (SGBV)		
Counselling and support for SGBV survivors are limited to providing medical treatment only.		
SGBV support includes counselling and legal help, not just medical care.- and legal help, not just medical care.		
Sexually-Transmitted infections (STIs)		
STIs can often be prevented with the correct use of protection and regular medical check-ups.		
It is only necessary to get tested for STIs if you have symptoms.		

STIs can be treated, and early testing can prevent complications in the future.		

11. Before the WeLead project activities started 5 years ago, did you have any knowledge about these SRHR services in your camp?
    - Yes
    - No
12. Through the WeLead project, have you learned more about SRHR?
    - Yes
    - No
13. If yes, which SRHR topics did you learn about? (Check all that apply)
    - Family planning and contraceptives
    - Menstrual health and hygiene
    - Prevention of sexually transmitted infections (STIs)
    - SGBV prevention and response
    - Others (please specify): _____

Section 3: Access to and Use of SRHR Services

14. In the past 2 to 5 years, have you used any of these SRHR services as a result of the WeLead project? Please tick as appropriate

Service type	Yes	No
Family planning and contraceptive methods (such as pills, implants, and condoms)		
Maternal and prenatal health services		
Prevention, testing, and treatment for sexually transmitted infections (STIs)		
Support and counselling services for sexual and gender-based violence (SGBV)		
Menstrual health management and education		

15. Do you think our project has supported ease of access to these services in the Wassa camp?

Service type	Yes	No
Family planning and contraceptive methods (such as pills, implants, and condoms)		
Maternal and prenatal health services		
Prevention, testing, and treatment for sexually transmitted infections (STIs)		
Support and counselling services for sexual and gender-based violence (SGBV)		
Menstrual health management and education		

16. If you faced challenges in using these SRHR services, what were they? (Check all that apply)
    - Cultural or family restrictions
    - Lack of privacy
    - Inadequate information about available services
    - Fear of stigma or judgment
    - Limited availability of healthcare providers
    - Others (please specify): _____
17. Have you ever received the dignity kit for menstrual health?
18. If yes, how many time? _____

Section 4: Empowerment and Advocacy Capacity

19. Since participating in the project activities, have you been involved in any community discussions or activities related to SRHR?
    - Yes
    - No
20. How confident do you feel about advocating for SRHR issues in your family or community?
    - Very confident

- Somewhat confident
- Not confident

21. Have you ever encouraged someone else in the community to seek SRHR services?
    - Yes
    - No
22. If yes, what motivated you to advocate for SRHR services? (Check all that apply)
    - Personal positive experience with SRHR services
    - Desire to improve community health
    - Encouragement from WeLead project staff
    - Others (please specify): _____

Section 5: Perception of Project Impact (OECD-DAC Criteria: Relevance, Effectiveness, Impact)

23. Read each statement to the respondent and ask if they agree or disagree. Select Yes if the respondent agrees and No if they do not agree

OECD-DAC Criteria	Yes	No
Relevance		
Before the WeLead project, did you feel that information or support about family planning and SRHR was lacking in your community?		
After participating in the WeLead project, do you feel that you now have the information or support you need to make decisions about family planning or SRHR?		
Effectiveness		
Because of the WeLead project, do you feel more confident now in discussing or asking for SRHR services (like family planning or SGBV support) than you did before?		
Since participating in the project, have you been able		

to make at least one health-related decision that you feel was right for you or your family?		
Efficiency		
Were the WeLead sessions or services held at times and places that made it easy for you to attend?		
When you needed information or help, were you able to find project staff or resources quickly?		
Impact		
Since the project started, have you or someone you know used SRHR services or information that you didn't use before?		
Do you think the attitudes in your community toward SRHR topics, like family planning or SGBV, have changed in a positive way since the WeLead project?		
Sustainability		
Do you feel that you now know enough to continue making healthy decisions about SRHR, even if the WeLead project ends?		
Have you shared any of the SRHR information you learned with friends or family members since participating in the project?		
Coherence		
Before the WeLead project, did you find it difficult to get clear information on SRHR topics, even from other sources in your community?		
Did the WeLead project provide you with information or support that was different from or more helpful than		

what you received from other sources?		

Section 6: Cross-Cutting Themes – Gender Equity, Social Inclusion, Community Empowerment

24. Read each statement to the respondent and ask if they agree or disagree. Select Yes if the respondent agrees and No if they do not agree

Cross-Cutting Theme	Yes	No
Gender Equity		
Did the WeLead project help you feel more comfortable discussing SRHR topics with both men and women in your community?		
Since the WeLead project, have you noticed more support from men or community leaders for women's and girls' access to SRHR services?		
Do you feel that the WeLead project provided equal opportunities for both young women and girls to learn about and access SRHR services?		
Social Inclusion		
Did the WeLead project provide SRHR information or services that you felt were designed for people like you and others in your specific circumstances?		
Since the project began, do you feel that the SRHR needs of all groups—especially young women, survivors of violence, or those with disabilities—are better understood and supported in your community?		
Were the sessions and materials from the WeLead project accessible and easy for everyone in the		

community to understand, including those with different educational backgrounds?		
Community Engagement		
Do you feel that the WeLead project encouraged you or others to speak up about SRHR needs within your family or community?		
Have you seen anyone from your community, who participated in the WeLead project, leading discussions or supporting others in accessing SRHR services?		
Do you feel more confident now in making decisions about your own SRHR needs because of the information provided by the WeLead project?		
Resilience		
Do you feel that you are now better prepared to handle SRHR challenges or health decisions on your own because of the WeLead project?		
Has the information you gained from the project helped you feel more resilient in facing challenges related to SRHR in your life or community?		
If faced with an SRHR issue, do you now feel more confident in finding the support or resources you need, even if the WeLead project ends?		

Section 7: Feedback and Future Suggestions

25. What aspects of the WeLead project did you find most helpful? (Check all that apply)

    - SRHR education sessions

- Access to health services
- Support from community leaders
- Empowerment and advocacy training
- Others (please specify): _____

26. Would you recommend similar SRHR programs like the WeLead project to other women and girls in your community?
    - Yes
    - No
    - If no, please specify why: _____
27. Do you have any additional feedback or suggestions on how to improve SRHR support in the Wassa IDP camp?
    - _____

Key Informant Interview (KII) Guide

Purpose: The KII guide is designed for in-depth discussions with SWAG staff, camp leaders, health workers, and government officials who engaged with the WeLead project. The guide will help evaluate project outcomes, performance against OECD-DAC criteria, and integration of cross-cutting themes.

Structure: Each section includes warm-up questions, core questions, and closing reflections to ensure a balanced, respectful conversation flow.

Sociodemographic Information

Sex (Male, Female)

Affiliation (SWAG, Healthcare worker, Camp leader, FMoH, NCRFMI, FMHDS)

Section 1: Introduction and Background

1. Can you briefly describe your role in the WeLead project?
    - Talking Points: Understand their specific responsibilities and level of engagement.
    - Probe: How long have you been involved with the project, and in what capacity?
2. What are your observations on the SRHR challenges faced by women and girls in the Wassa IDP camp before WeLead began?
    - Talking Points: Gather baseline context and the interviewee's initial perception of SRHR issues in the camp.
    - Probe: Were there any particularly pressing issues that stood out to you?

Section 2: Project Relevance and Effectiveness

3. In your view, did the WeLead project address the key SRHR needs of women and girls in the camp?
    - Talking Points: Assess the project's alignment with actual SRHR needs.
    - Probe: Were there specific activities that you believe were particularly relevant?
4. What are some successes you observed in promoting SRHR among beneficiaries?
    - Talking Points: Identify project activities that positively impacted SRHR awareness and behaviour.
    - Probe: Which aspects of the project seemed to resonate most with beneficiaries?
5. Did the project activities reach the intended target population effectively?
    - Talking Points: Understand if the project's reach was inclusive and if there were any limitations in reaching certain groups.
    - Probe: Were there any groups within the camp that were harder to engage?

Section 3: Efficiency and Resource Utilization

6. How would you assess the efficiency of project activities, in terms of time, budget, and resource allocation?
    - Talking Points: Evaluate if resources were managed effectively.
    - Probe: Were there specific resources or activities that were in high demand?
7. Were there any challenges related to funding, staffing, or resources that affected project delivery?
    - Talking Points: Identify obstacles and whether they impacted the project's ability to achieve its goals.
    - Probe: How did the project team handle these challenges?

Section 4: Sustainability and Impact

8. In what ways do you think the benefits of the WeLead project will continue after its conclusion?
    - Talking Points: Assess the likelihood of sustained SRHR outcomes within the community.
    - Probe: Are there any community-led initiatives or practices that have emerged due to the project?
9. What long-term changes, if any, have you observed in community attitudes toward SRHR?

- Talking Points: Identify shifts in cultural norms or practices around SRHR topics.
- Probe: Are these changes supported by community leaders or other influential figures?

Section 5: Cross-Cutting Themes

10. How effectively did the project integrate themes like gender equity, social inclusion, and community empowerment?
    - Talking Points: Understand how well cross-cutting themes were embedded in project activities.
    - Probe: Are there any specific examples of these themes in action?
11. In what ways did the project foster resilience and self-sufficiency among beneficiaries?
    - Talking Points: Assess if the project empowered beneficiaries to take ownership of their SRHR needs.
    - Probe: Are there skills or knowledge that beneficiaries are now using independently?

Section 6: Recommendations for Future Programming

12. What improvements or adjustments would you recommend for future SRHR programs in IDP settings?
    - Talking Points: Capture actionable recommendations based on their experience.
    - Probe: Are there specific policy changes or additional supports that would make these programs more effective?
13. Is there anything from your experience with WeLead that you found particularly impactful or surprising?
    - Talking Points: End on a reflective note to capture personal insights.
    - Probe: Was there a moment or aspect of the project that stood out to you personally?

Focus Group Discussion (FGD) Guide

Purpose: The FGD guide is aimed at primary beneficiaries (women and girls) of the project, to explore their experiences and perceptions of the WeLead project. This guide evaluates project outcomes, integration of cross-cutting themes, and assesses SRHR knowledge and empowerment levels.

Structure: A sandwich approach is used to guide the discussion from introductory questions to core topics and a warm conclusion.

Section 1: Introduction and Ice-Breaker

1. Can each of you introduce yourself and share something new you've learned about SRHR since joining the WeLead project in the l?
    - Talking Points: Establish a comfortable environment; gauge initial SRHR awareness.
    - Probe: What information or skills did you find particularly useful?

Section 2: SRHR Knowledge and Awareness

2. How has your understanding of SRHR changed since participating in WeLead activities?
    - Talking Points: Evaluate changes in SRHR awareness.
    - Probe: Are there specific topics that helped you make better health choices?
3. What types of SRHR services or information were most helpful to you?
    - Talking Points: Identify the areas that had the greatest impact on their SRHR understanding.
    - Probe: How did these services influence your personal health decisions?

Section 3: Access to and Use of SRHR Services

4. What SRHR services have you accessed as a result of the WeLead project?
    - Talking Points: Understand which services are being used.
    - Probe: Were there any services you needed but found difficult to access?
5. Did you face any challenges when trying to access SRHR services in the camp?
    - Talking Points: Identify barriers to access.
    - Probe: How were these challenges handled, and what could be improved?

Section 4: Empowerment and Advocacy Capacity

6. Do you feel more confident advocating for SRHR issues within your family or community?
    - Talking Points: Assess the extent to which the project has fostered advocacy skills.
    - Probe: Can you share an example of how you've advocated for SRHR?
7. Have you participated in any community SRHR discussions or advocacy activities?
    - Talking Points: Identify community-level involvement resulting from the project.
    - Probe: What motivated you to get involved in these discussions?

Section 5: Perceived Project Impact (OECD Criteria: Relevance, Effectiveness, Impact)

8. How has the WeLead project impacted your life and those of other women and girls in the camp?
    - Talking Points: Assess changes in daily life and attitudes.

- Probe: Are there specific improvements you've noticed in your well-being or family's understanding of SRHR?

9. Do you think the project has addressed important SRHR needs that were previously unmet?
    - Talking Points: Evaluate project relevance and alignment with beneficiaries' needs.
    - Probe: What other areas would you like to see covered in future projects?

Section 6: Cross-Cutting Themes

10. Do you feel the WeLead project promoted gender equity and inclusion in your community?
    - Talking Points: Understand project success in embedding gender equity.
    - Probe: Are there examples of changes in community attitudes toward women's rights?
11. Has the project encouraged you to feel more empowered or resilient in your health decisions?
    - Talking Points: Explore empowerment outcomes.
    - Probe: How has this empowerment affected your choices and interactions with others?

Section 7: Concluding Reflection

12. What are your hopes for future SRHR programs in your community?
    - Talking Points: Gather ideas for future project improvements.
    - Probe: What advice would you give the project team to make future programs more beneficial?
13. Is there anything else you'd like to share about your experience with the WeLead project?
    - Talking Points: Allow participants to share additional insights or feedback.
    - Probe: Was there a part of the project that made a significant difference for you personally?

Most Significant Change Stories Guide

Section 1 – Warm Up

- Can you tell me a little about yourself? Such as your role in the community and engagement in the project
- What was your life like before the WeLead project started?

Section 2 – Core Questions

- Change identification – Since participating in this project, what is the most significant change you have experienced in your life?
- Description of change – Can you describe in detail what happened? What were the circumstances that led to this change?
    - *Probe: was this a result of specific activity or support from the project?*
- Impact of change – How has this change affected you or your family/community?
    - *Probe: Are there specific examples of how things are different now?*
- Drivers of change – what do you think made this change possible?
    - *Probe: were there any barriers or challenges you faced in achieving this change?*
- Sustainability – Do you think this change will last? Why or why not?
- Lesson learned – what lessons or insights have you gained from this experience? Probe: what advice would you give others in a similar situation?

Section 3 – Closing

- Is there anything else you'd like to share about your experience with this project or the changes you've experienced?

Thank you for sharing your story. Your insights are very valuable and will contribute to improving future efforts.

Endline Evaluation Report of the WeLead Project

Prepared for Stand With A Girl Initiative by

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