USAID | INDIA
FROM THE AMERICAN PEOPLE

MCH STAR
Sustainable Technical Assistance and Research

Endline Assessment of Capacity-building in Gender and Social Inclusion

September 2012

"This report is made possible through USAID/India Task Order # GHS-I-01-07-00016-00"

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this document are the sole responsibility of MCH-STAR Initiative and do not necessarily reflect the views of USAID or the United States Government.

Endline Assessment of Capacity-building in Gender and Social Inclusion

SEPTEMBER 2012

Table of contents

ABBREVIATIONS **i**

EXECUTIVE SUMMARY **iii**

1. INTRODUCTION **1**

1.1. GSI Strategy **1**

1.2. CINI **1**

1.3. PHFI/IIPH **2**

1.4. PFI **2**

1.5. GSI Orientation workshops for each SSI **3**

2. METHODS **4**

3. RESULTS **6**

3.1. Participants **6**

3.2. GSI Content **6**

3.2.1. Organizational changes 6

3.2.2. Resources for GSI technical assistance 7

3.2.3. Recommendations for organizational improvements 7

3.2.4. GSI-related work 8

3.3. GSI tools, knowledge and skills **10**

3.3.1. Most useful GSI tools, knowledge and skills introduced 10

3.3.2. Least useful GSI tools, knowledge and skills introduced 11

3.3.3. Gaps in GSI tools, knowledge and skills introduced 11

3.3.4. Useful non-GSI tools, knowledge and skills introduced 11

3.4. Capacity building approach **12**

3.4.1. Strengths of CB process as delivered 12

3.4.2. Weaknesses of CB process as delivered 13

3.5. Changes in non-work life **15**

4. DISCUSSION **17**

ANNEX **19**

Annexure 1: GSI Endline Evaluation – Interview with SSI Staff **19**

Annexure 2: GSI Endline Evaluation – Interviews with FORMER SSI Staff **23**

ABBREVIATIONS

CB	Capacity Building (CB)
CINI	Child in Need Institute (CINI)
GSI	Gender and Social Inclusion
IIPH	Indian Institutes of Public Health (IIPH)
MCH-STAR	Maternal and Child Health Sustainable Technical Assistance
MNCHN	Maternal, Neonatal, Child Health and Nutrition
MTR	Mid-Term Review (MTR)
NRHM	National Rural Health Mission (NRHM).
PFI	Population Foundation of India (PFI)
PHFI	Public Health Foundation of India (PHFI)/
SSI	Star-Supported Institution
TA	Technical Assistance

EXECUTIVE SUMMARY

BACKGROUND

From October 2010 – September 2011, MCH-STAR introduced a tailored gender and social inclusion (GSI) capacity building (CB) initiative in the Child in Need Institute (CINI), Public Health Foundation of India (PHFI)/Indian Institutes of Public Health (IIPH), and the Population Foundation of India (PFI). The initiative's goal was to increase consideration of gender and equity issues within each Star-Supported Institution (SSI), thus increasing the overall impact of MCH-STAR on MNCHN program outcomes. CEDPA developed and implemented the GSI Strategy by:

- providing the GSI framework to MCH-STAR
- presenting the global and local contexts and imperatives for GSI work
- offering technical assistance in GSI application
- selecting and supporting the local consultant Gender Experts
- developing the tools for implementation and adaptation across the spectrum of SSI programming

Indigenous experts were embedded within the SSI and served as dedicated resources to SSI staff. They guided organizations to adopt methods to ensure their specific needs of particular populations – socially and economically vulnerable groups—were integrated from the design phase, through to evaluation, in research, technical assistance, and policy and advocacy activities, as well as in the organizations' human resource policies. The diversity of the SSIs meant that a diverse set of approaches was required to meet the technical and topical needs of each.

MCH-STAR's "embedded capacity building" approach pivoted on the two local experts in GSI engaging all levels of staff at CINI West Bengal, CINI Jharkhand, PHFI/IIPH, and PFI in separate workshops, led by one expert facilitator at a time, or sometimes both. Objectives for the orientation workshops included:

- Present an introduction to MCH-STAR's technical tools and GSI principles
- Convey the overlapping dimensions and multi-sectoral relevance of a GSI Framework
- Promote the incorporation of GSI awareness and approaches into research, advocacy efforts, proposal development, and beyond
- Illustrate the importance of integrating GSI into development programs and operations, especially MNCHN programs, policies, and service delivery

In assessing the initiative, MCH-STAR sought to learn about tools, skills and knowledge acquired through the GSI capacity building, as well as participants' personal assessments of the strengths and weaknesses of the GSI CB in general, and embedded consultant approach in particular (in relation to other CB approaches). For the endline assessment, MCH-STAR interviewed SSI staff that had participated in at least one GSI capacity building activity.

RESULTS

MCH-STAR interviewed 30 participants from the three organizations that participated in the CB. They were overwhelmingly positive in describing their experiences with the GSI CB. While most were able to identify specific shortcomings and offer suggestions for improvement, they generally described the GSI content and process in glowing terms, and expressed regret that it had not lasted longer or that they and other colleagues had not been able to participate more. Participants identified knowledge about GSI mainstreaming and how to apply GSI concepts to particular programs or policies, and the tools introduced as the most useful elements of the CB.

Most participants had some previous experience in participatory workshops and working with a technical advisor, but it seems that the combination of methods used and the duration of the initiative was particularly well suited to reinforcing and mainstreaming a potentially sensitive yet critical area such as GSI. As one participant said, "GSI is something that takes time – it is not a switch that you can turn on or off." While most participants had at least some prior familiarity with GSI, they appreciated the degree of involvement that they as individuals and as an organization had in this initiative.

The primary complaint about the initiative was that it did not last long enough, and the second was that it did not include enough people. This indicates that there is a demand for GSI CB and that the participants valued the experience.

1. **Institutional GSI capacity**

Organizational changes. One third of respondents said that there had been no change in the attention their organization pays to GSI since the GSI CB started, or that there had been a change, but it was initiated by senior management and the core team, and was not due to the GSI CB. A common change described was that the organization had new policies related to gender, sexual harassment or HR (for example, on recruiting or interviewing potential staff). Some said that the policies already existed but now their quality has improved, or that now all staff have been made aware of their existence. Relations and interactions between staff members was another important area of change, with women within the organization being treated with more respect, and more discussion of gender issues. Participants discuss GSI issues with partner organizations more than they did in the past, and collect more sex-disaggregated data.

Resources for TA on GSI. One third said they did not know where they could get technical assistance on GSI, or that none was available. Most of the remaining participants described an informal process where they would consult colleagues or external individuals or groups, often through their own personal networks including former colleagues. Some of those identified as internal GSI resources had participated in the CB, but all had prior GSI expertise as well. Most respondents said there was little change in where they could get GSI technical assistance since the CB, but respondents at each organization said there had been some change brought about by the initiative. These changes included forming the GSI committee in CINI Jharkhand and PFI, improving the expertise of internal resources and providing them with tools, and generally making staff more aware of GSI issues and where they could access resources. One participant said, "Earlier we did not access it and now, as we are more aware of it, we get more help."

Improving GSI. When asked how they would improve GSI in their organization, participants suggested changes in organizational structure and policies such as making staff more aware of existing policies (for example, in new employee induction, or through periodic refresher trainings for existing staff), and providing GSI orientation or training to all staff, including HR and administrative staff. Other suggestions by multiple participants were:

- recruitment and retention of women and minorities, particularly in senior leadership positions
- capacity building or support for SSI staff to train partner organizations on GSI or on conducting GSI-sensitive research
- studying whether increased awareness has any effect on programs
- measuring and documenting changes in GSI
- finalizing tools, disseminating them to all staff, and updating them regularly so people remain aware of them and use them

GSI-related work. Participants were asked whether their work has a GSI focus, and whether there has been any change since the GSI capacity building initiative. Three-quarters of participants said their work has a GSI

focus in making and implementing organizational policies, designing and implementing programs, or working with external partners.

Among participants whose work involved GSI, approximately one-third said there had been no change since the capacity building initiative, or that the CB had no impact on their work. The remainder of participants were fairly equally divided into two groups: one group said that their work has had a greater GSI focus but that the CB initiative had little effect on it, or was one factor among many, while the other group attributed a change in the GSI focus of their work or their ability to do that work well to the CB initiative.

Those who said the CB had little effect either said that unrelated changes occurred that created the opportunity for a greater GSI focus in their work, or that the GSI CB helped, but the organization or the participant's role has been evolving over time. Those who attributed a change to the CB gave a range of responses:

- The organization was always conscious of gender but is now more aware of social inclusion.
- A greater awareness of GSI now has changed the participant's attitudes and behaviors.
- The CB improved the participant's skills and ability to do GSI work, or to serve as a GSI resource to colleagues.
- The CB led to substantial changes, such as evaluating the strategic plan with a GSI lens, using new templates, increasingly disaggregating data by sex, mentoring partner organizations on GSI, and changing interviewing procedures.

2. **Individual GSI capacity**

Most useful GSI tools, knowledge and skills. Program development tools—particularly the proposal tools—were most often cited as useful, but tools for advocacy, needs assessment, monitoring, and evaluation were also widely used and valued. Having tools to take away with them and having practiced using them on their organization's own programs or policies seemed to be an important factor in participants applying their new knowledge and skills.

Participants in program positions also reported using knowledge and skills about GSI to improve their recruitment of appropriate staff for field programs and in conducting community-based monitoring. Participants in administrative positions said they used their GSI knowledge for HR and organizational management, including developing policies on topics such as sexual harassment, HIV and flextime, and orienting new staff. Several participants said that the orientation, and learning about gender or GSI mainstreaming, was particularly useful, as was knowledge that helped them in program planning, such as how to address gender or social inclusion and apply it in their own programs, or how to include vulnerable groups in planning. One respondent said that the CB involved "things that we know but we never really implemented."

Least useful GSI tools, knowledge and skills. Two thirds said there was nothing that was not useful. Others tended to say that the content was not targeted well enough. Generally they said that it was too basic for some audiences, and spent too much time reviewing things they already knew. Some said that knowledge was too specific, or not relevant to certain groups, suggesting that the workshops should segment the participants.

Gaps. Some participants said that it was not a problem of something missing, but that there was not sufficient time dedicated to each topic. They felt the workshops were rushed and covered too much for them to properly absorb the content. The other principle gap was in how to integrate the knowledge and skills into their own work. Possible solutions suggested were to have more hands-on learning and field-level

exposure, more locally relevant tools and training methodologies (for example, for working with grassroots organizations or tribal populations), or examples of how other organizations have successfully implemented GSI.

Non-GSI tools, knowledge and skills. The Gender Expert sought to build capacity in areas not limited to GSI. Half of participants described improved facilitation skills—for example, learning how to foster teamwork and make group work more participatory and inclusive. They improved their presentation skills, or learned to communicate better or more clearly by focusing on the relevant points or issues. Others mentioned changes in their own attitudes and perspectives and their confidence in carrying out various aspects of their jobs, or improved skills in organizational development and creating policies.

3. Capacity building approach

Strengths of GSI CB. Participants spoke of how inclusive, participatory and non-judgmental the activities were. They found the hands-on approach useful, and appreciated the "handholding" as they worked with the gender consultant and applied their learning to real situations. The accessibility of the gender expert was also important—both her physical presence (being on-site when needed) and the fact that she was flexible, patient and responsive.

Weaknesses of GSI CB. The main weaknesses related to time. For some, the CB should have been of a longer duration. For others, the issue was intensity, and they felt that more time should have been devoted to CB activities while the initiative was ongoing—more workshops, with more interaction and teamwork—or that the consultant should have been more available. Some said that there should have been more participation—for example, by including more staff from each unit, other projects, other offices, or partners.

Strengths of embedded consultant approach. Participants mentioned that the embedded consultant approach is responsive and appropriate for the organization's needs; it provides the opportunity to reinforce new knowledge and skills over time and through the combination of workshops and one-to-one TA; and its participatory nature brings people together to learn from each other. Participants felt that the presence of the consultant on site for an extended time ensured that the methods and objectives of the CB responded to the organization's needs, and could be adapted as needed. They felt that working with the gender expert gave them the opportunity to use examples from their day-to-day work and provided practical hands-on learning in their own activities.

Weaknesses of embedded consultant approach. Many weaknesses broadly related to the time and commitment required. The embedded consultant approach requires a high level of commitment and participation from both sides, which might not be there. There needs to be a plan for sustainability after the consultant leaves, or the capacity will be lost. The lead-time for planning and preparation (as well as implementation) may be longer than for other CB approaches. The intensity and duration adds a burden of work to those participating as they apply their new skills and take on new responsibilities.

Recommendations for improvements in approach. Nearly all suggestions related to planning the capacity building initiative rather than carrying it out: deciding what to do and how, and setting goals and objectives. An important first step would be to get high-level buy-in, as the initiative needs to be perceived as a priority in order to be valued by the staff. The organization should assess what it needs and what it can commit first; a consultative planning process should follow. The duration and intensity should be sufficient to accomplish the goals set. The consultants should be selected carefully to ensure that s/he is a good fit with the needs and culture of the organization.

1. INTRODUCTION

The Maternal and Child Health Sustainable Technical Assistance (MCH-STAR) Initiative was designed to build the capacity and provide technical assistance to Star-Supported Institutions (SSIs) to increase their effectiveness in impacting maternal, neonatal, child health and nutrition (MNCHN) policies, services and outcomes through health programs such as the National Rural Health Mission (NRHM).

The 2010 MCH-STAR Mid-Term Review found a lack of attention to gender and social equity within the SSIs' MCH-STAR activities, as well as a need to engage indigenous expertise in capacity building. In response, MCH-STAR introduced a tailored capacity building initiative (CB) in year four of the project (October 2010-September 2011). The gender and social inclusion (GSI) initiative's goal was to increase consideration of gender and equity issues within *each individual SSI*, which in turn would increase the overall impact of MCH-STAR on MNCHN program outcomes.

1.1. GSI Strategy

With extensive experience in gender and social participation issues, CEDPA was uniquely positioned among the MCH-STAR consortium partners to address GSI within the SSIs. CEDPA developed and implemented the GSI Strategy by:

- providing the GSI framework to MCH-STAR
- presenting the global and local contexts and imperatives for GSI work
- offering technical assistance in GSI application
- selecting and supporting the local gender expert consultants
- developing the tools for implementation and adaptation across the spectrum of SSI programming

Indigenous experts, Sreela Das Gupta and Madhu Joshi, were embedded within the SSI and served as dedicated resources to SSI staff. They guided SSIs to adopt methods to ensure specific needs of particular populations – socially and economically vulnerable groups—were integrated from the design phase, through to evaluation, in research, technical assistance, and policy and advocacy activities, as well as in SSIs' human resource policies. The SSIs involved in the initiative were the Child in Need Institute (CINI), Public Health Foundation of India (PHFI)/Indian Institutes of Public Health (IIPH), and the Population Foundation of India (PFI). The diversity of the SSIs, both in focus of work and level of capacity, meant that a diverse set of approaches were required to meet the technical and topical needs of each.

1.2. CINI

CINI was the SSI most receptive to the GSI strategy. Though CINI has years of experience in addressing issues of the poorest and most socially-excluded communities, the GSI baseline assessment showed that as an organization they did not have a structural understanding nor policy integration of GSI. According to the embedded consultant, "While they want their projects to be 'women friendly', they do not address the more deeply-rooted gender and social exclusion norms." Baseline assessment results revealed the high level of need and demand for technical assistance in GSI. The Gender Expert was able to use the assessment results to customize workshops and tailor tools and technical assistance (TA) for specific guidance to CINI over several months. CINI required a fair degree of support, while at the same time genuinely desired the knowledge and tools of the GSI approach, as they came to understand its utility and potential impact. Both Jharkhand and West Bengal teams selected members for a GSI Committee that

received technical capacity building and support and eventually became the 'go-to' people for GSI issues and queries within CINI. CINI senior management also participated in an organizational policy review.

From June to November 2011, CINI received intensive GSI support including:

- seven training workshops, from orientation to GSI concepts and theory,
- introduction to toolkits for proposal writing, research, and advocacy, and
- mentoring and coaching in application of the tools.

A major achievement was CINI Jharkhand's successful bid to conduct a baseline study on how gender relates to deprivation in Bihar, supported by Save the Children. They were able to develop gender socially sensitive survey instruments with support of the Gender Expert and implemented the study on their own. With the Gender Expert's assistance, CINI's organizational policies were examined and a "Gender Policy" is under review and a "Sexual Harassment in the Workplace" policy underway.

1.3. PHFI/IIPH

In contrast to CINI, PHFI's senior leadership was only somewhat interested, and refused to have a baseline assessment activity conducted by MCH-STAR. This is perhaps due to PHFI's own assessment of itself as a leading research organization already on par with international standards.

PHFI and IIPH had five orientation and tool workshops. While those who participated fully were enthusiastic, greater representation from PHFI staff and IIPH faculty members would have created more buy-in for the GSI strategy. PHFI staff members expressed an interest in organizing a formal Gender Committee within the organization.

Candidates in the IIHP Post-Graduate Diploma in Public Health Management need to gain conceptual clarity on gender, sexuality and promotion of women's agency, as well as that of socially excluded or marginalized groups, in order to understand how these factors create barriers to access and reduce the quality of health services. PHFI/IIPH requested MCH-STAR to develop a new module using the GSI framework for a course that is part of the Diploma. Collaborating with PHFI/IIPH, the Gender Expert developed the basic module structure that uses GSI analysis, strengthens understanding of issues and provides strategies for implementation. The module could also be adapted for other workshops and sessions that PHFI/IIPH faculty and staff/partner institutes may like to conduct. Field-testing was conducted in the first quarter of 2012.

1.4. PFI

Though PFI staff was originally oriented to the GSI Strategy, theory and concepts in July 2011, MCH-STAR only entered into a MOU with PFI for GSI capacity building in early December 2011. Delays were due in part to internal restructuring around the change of leadership at PFI. There was also some mistrust and disbelief that MCH-STAR would be offering this kind of intensive, hands-on mentoring and TA at no cost to PFI, as well as resistance (similar to PHFI's) in thinking of PFI as already at international standards in gender and equity issues. Once the leadership and staff were fully informed, PFI embraced the GSI capacity building opportunity.

The PFI GSI committee was selected with a commitment to carry forward the initiative after the MCH-STAR capacity building support ends. PFI sought to have representation from all units, but some, like the Health

of Urban Poor Project, were too busy to attend more than one meeting. Also the composition kept changing, thereby making it necessary to have multiple orientations.

1.5. GSI Orientation workshops for each SSI

MCH-STAR's "embedded capacity building" approach pivoted on the two local experts in GSI engaging all levels of staff at CINI West Bengal, CINI Jharkhand, PHFI/IIPH, and PFI in separate workshops, led by one expert facilitator at a time, or sometimes both. Objectives for the orientation workshops included:

- Present to SSIs an introduction to MCH-STAR's technical tools and GSI principles
- Convey the overlapping dimensions and multi-sectoral relevance of a GSI Framework
- Promote the incorporation of GSI awareness and approaches into research, advocacy efforts, proposal development, and beyond
- Illustrate the importance of integrating GSI into development programs and operations, especially MNCHN programs, policies, and service delivery

SSIs chose who from their organization participated. None of the SSIs wanted a full-time Gender Expert, so according to MOUs with each organization, consultants were available up to 50% time. In reality, they worked more than 50% some months.

2. METHODS

There were various approaches to baseline assessments. For the endline, MCH-STAR decided to interview SSI staff that had participated in at least one GSI capacity building activity. These structured interviews asked about tools, skills and knowledge acquired through the GSI capacity building, as well as participants' personal assessments of the strengths and weaknesses of the embedded consultant approach to capacity building. The interview guide can be found in Annex 1. Former employees were not asked questions about their organization, but were asked an additional question about whether the capacity building affected either their decision to seek a new job or their qualifications in applying for a job. This was considered important, as one of the goals of the initiative was to strengthen the institutions in addition to building individual capacity.

MCH-STAR sent emails to request interviews with 46 individuals who were current or former employees of CINI, PHFI or PFI and had participated in the GSI CB. Through follow-up emails and phone calls, MCH-STAR was able to schedule interviews with 30 participants. One MCH-STAR staff member and one local consultant conducted the interviews. The consultant was not previously involved in the capacity building, and the MCH-STAR employee only previously participated in field testing the IIPH module. In order to ensure consistency in application of the interview guide, they conducted the first few interviews as a team and compared notes. They conducted two interviews by phone; the rest were face-to-face, which the interviewers felt increased the rapport with the participants and made them more willing to give candid responses.

After each interview, the interviewers organized their notes according to the interview guide. A second consultant entered the notes into a database, and coded responses by theme. Names were removed from the database. The participant's organization was recorded but removed for analysis for all questions except the one on resources available for GSI technical assistance, although responses often referred to the organization.

The interview findings are organized into the following sections:

1) Participants

2) GSI Content
   a) Organizational changes
   b) Resources for GSI technical assistance
   c) Recommendations for organizational improvements
   d) GSI-related work
      i) Change in GSI-related work
      ii) Former staff

3) GSI tools, knowledge and skills
   a) Most useful GSI tools, knowledge and skills introduced
   b) Least useful GSI tools, knowledge and skills introduced
   c) Gaps in GSI tools, knowledge and skills introduced
   d) Useful non-GSI tools, knowledge and skills introduced

4) Capacity building approach
   a) Strengths of CB process as delivered

b) Weaknesses of CB process as delivered
c) Comparison with other capacity building approaches
    i) Strengths
    ii) Weaknesses
d) Recommendations for improvements

5) Changes in non-work life

When each interview was scheduled, participants were sent a copy of the assessment form that was used at baseline to score different aspects of the organization on GSI. Although a number of participants mentioned in the interview that they enjoyed this activity at baseline (when it was mostly done in a group), most said they had trouble answering the questions, or they did not have the time to complete it at endline. As too few of the participants were able to complete the quantitative assessments at endline, report includes only interview responses.

3. RESULTS

3.1. Participants

Of the 30 participants interviewed, 21 were women and nine were men. Twelve were PHFI employees, eight were CINI employees, seven were PFI employees and three were former staff from one of the organizations who had left since the GSI capacity building initiative. Participants worked in programs, human resources, finance and management. The average time at their organization was just over four years, with a range of nine months to eleven years.

3.2. GSI Content

3.2.1. Organizational changes

Participants were asked whether they had noticed any change in the attention their organization pays to GSI since the GSI CB started. Out of 30, ten said that there had been no change, or that there had been a change, but it was initiated by senior management and the core team, and was not due to the GSI CB. Two said it was too early to tell whether there was any real change, and two did not respond.

The remaining 16 participants described some organizational change. A common response was that the organization had **new policies** related to gender, sexual harassment or HR (for example, on recruiting or interviewing potential staff). Some said that the policies already existed but now their quality has improved, or that now all staff have been made aware of their existence. One person commented that the organization was already GSI-oriented but now individuals are more aware of what they each can do.

Relations and interactions between staff members was another important area of change. One participant mentioned that her organization was very hierarchical, but that the workshops combined junior and senior staff and allowed them to work together on teams, which was a new experience. Others said that women within the organization are now treated with more respect, and there is more discussion of gender issues—although one participant suggested that the discussion was not always positive, but sometimes had a humorous or even mocking tone.

Participants described discussing GSI issues with partner organizations more than they had in the past, and collecting more sex-disaggregated data.

One person noted that there had been changes, but that program and administrative staff still needed more training.

One of the interviewers noted a lack of consistency in responses from one organization, in particular in relation to the existence of HR policies and practices, and wondered if all of the changes described have indeed taken place (or perhaps are planned). It is possible that policies are in place but that staff are unaware of them. However, one participant who was named by another participant as a member of the GSI core committee, said she did not know anything about that committee. Of particular concern, one participant said that disability was still grounds for dismissal at her organization. She said that she had mentioned this to the Gender Expert and it was supposed to be changed, but it had not been at the time of the interview.

3.2.2. Resources for GSI technical assistance

Interviewers asked, "Is there anyone or anywhere for you to seek GSI technical assistance?" and whether there had been any change since the CB. The interviewers probed to find out whether there were any internal or external resources, any protocols or mechanisms for seeking assistance, or any institutional policies to which they could refer. The purpose of these questions was to find out whether the CB led to any in-house expertise to follow on from the Gender Expert.

Nine participants either did not know of any resource or said there was no need for any. ("There are no biases here so there is no need for HR and Administrative staff to seek technical assistance in GSI.")

Most of the remaining 21 participants described an informal process where they would consult colleagues or external individuals or groups, often through their own personal networks (often former colleagues). Some of those identified as internal GSI resources had participated in the CB, but all had prior GSI expertise as well.

At least two participants at CINI named each of the following as resources: Nupur Das Basu (who was not exposed to the CB), Indrani Bhattacharya (who was exposed), CINI Resource Center, the library, the gender committee and external consultants or organizations. CINI Jharkhand has a five-person gender committee that was formed with assistance from the Gender Expert, but the participant who spoke about them said that until the whole organization is oriented to GSI, most staff will not use the committee much.

PFI was the organization with the largest proportion saying they did not know of any internal resources. One participant spoke of a GSI committee with six members. She said it is not currently active because there is no real ownership of GSI and the organization is short-staffed, but she expects it to resume in the future. Most participants who mentioned any resource named external organizations such as CEDPA, NICIP, Sehat and Breakthrough. Staff members Alok Vanai and Sona Sharma, both of whom participated in the CB, were mentioned by one participant each. One participant described external resources where she could get assistance, but in a later question, saying that she wished the initiative had lasted longer, said, "Now when I get stuck I don't have anyone."

Several participants at PHFI mentioned a sexual harassment committee. Others mentioned Anjali Borhade (who participated in the CB), Dr. Raman (who did not participate), the Universal Health Group and the Centre for Health and Social Justice as resources.

Most respondents said there was little change in where they could get GSI technical assistance since the CB, but respondents at each organization said there had been some change brought about by the initiative. These changes included forming the GSI committee in CINI Jharkhand and PFI, improving the expertise of internal resources and providing them with tools, and generally making staff more aware of GSI issues and where they could access resources. One participant said, "Earlier we did not access it and now, as we are more aware of it, we get more help."

3.2.3. Recommendations for organizational improvements

Participants were asked to give two specific things that could be done to improve GSI in their organization. Participants across all three organizations gave similar responses. These can be broadly grouped into two categories: those relating to organizational structure and policies, and those relating to programs.

Organization-level changes. The two changes participants suggested most often were:

1. Make staff more aware of existing policies (for example, in new employee induction, or through periodic refresher trainings for existing staff).
2. Provide GSI orientation or training to all staff, including HR and administrative staff.

Several people discussed the importance of top-level buy-in and political will to make changes, and one said that a GSI strategy was needed. Several participants said that recruitment and retention of women and minorities needed to be improved, particularly in senior leadership positions.

Four participants said they would recruit a dedicated GSI staff member, while another said one existing staff member in each office should be designated as a GSI point person, and be a member of a GSI committee. Several participants also said that they would promote sustainability of the GSI initiative through improved communication within the organization (for example, establishing a forum for regular discussion and engagement on GSI) and cross-learning between units or between point persons in different offices.

Some participants discussed the need to eliminate inequities between staff members, and to increase respect. Inequities described were not only between men and women, but also between junior and senior staff. For example, senior staff have flexible schedules and can work from home, but junior staff cannot. If men do not want to do a particular assignment, they can refuse, but women are not allowed to. Men get promoted faster. One participant said that she would create a more equitable paternity leave policy, and two said that they would provide better facilities for the disabled.

Program-level changes. Several participants said their organization's staff needed capacity building or support for training partner organizations on GSI or on conducting GSI-sensitive research. Several others said there is a need to study whether increased awareness has any effect on programs, and to measure and document changes in GSI. Two said that all proposals should be vetted with a GSI lens, using the checklist.

Several comments related to tools: participants said the final version of tools should be disseminated to all staff, and that tools should be updated and disseminated regularly so people remain aware of them and use them.

3.2.4. GSI-related work

Participants were asked whether their work has a GSI focus, and whether there has been any change since the GSI capacity building initiative. Eight participants said their work had no GSI focus.

Twenty-two participants described how there was an element of GSI in one of the following.

- making and implementing organizational policies
- designing and implementing programs
- working with external partners

Organizational policies. Most participants whose GSI-related work was with organizational policies were in HR. Five spoke about recruiting organization staff or field-level staff. Three spoke about working with the sexual harassment policy or employee grievance procedures. One mentioned that her job included making sure that interviews and negotiations for salary and benefits for new employees were equitable for men and women. The one participant whose GSI-related work on organizational policies was not in HR spoke about being involved in strategic planning.

Programs and partners. Roughly half of those describing GSI-related job responsibilities worked on programs. Health programs were most commonly mentioned as being related to GSI, although many participants did not specify the types of programs they were implementing. Eight participants were involved in some sort of research, monitoring or evaluation, particularly community-based monitoring. Participants also mentioned a GSI element in program planning: identifying beneficiaries for programs, involving beneficiaries in planning and implementation, or writing proposals.

3.2.4.1. Change in GSI-related work

Among participants whose work involved GSI, approximately one-third said there had been no change since the capacity building initiative, or that the CB had no impact on their work. The remainder of participants were fairly equally divided into two groups: one group said that their work has had a greater GSI focus but that the CB initiative had little effect on it, or was one factor among many, while the other group attributed a change in the GSI focus of their work or their ability to do that work well to the CB initiative.

Those who said the CB had little effect either said that unrelated changes occurred that created the opportunity for a greater GSI focus in their work, or that the GSI CB helped, but the organization or the participant's role has been evolving over time.

Those who attributed a change to the CB gave a range of responses:

- The organization was always conscious of gender but is now more aware of social inclusion.
- A greater awareness of GSI now has changed the participant's attitudes and behaviors.
- The CB has improved the participant's skills and ability to do GSI work.
- The CB led to substantial changes, such as evaluating the strategic plan with a GSI lens, using new templates, increasingly disaggregating data by sex, mentoring partner organizations on GSI, and changing interviewing procedures.

A particular concern of any capacity building initiative is that their increased capacity encourages people to seek a new job. Respondents were asked if they had received a promotion, gotten a new job, or if their work responsibilities had changed. Of the 20 people still at their organization who answered this question, half said no, there had been no change. (Of these ten, some were working on GSI before and after the CB.) Several others said there was a change unrelated to the CB.

Those who said they had a change related to GSI (though not necessarily caused by their participation) mostly described serving as a GSI resource to colleagues. One became a GSI point person and says that she attends workshops on GSI issues, but wishes she had more training.

Others said they use the tools introduced and assist colleagues who come for information or advice. One senior staff with previous GSI experience said she was training a more junior staff member. Another said her job now involves more policy and advocacy.

3.2.4.2. Former staff

Additionally, interviewers spoke to three former staff members, in hope of finding out whether the GSI CB had inspired them to look for a new job or had helped them qualify for the job. One former staff member now has a GSI position. She said that the GSI CB was one influence among several in her decision to pursue the job. Along with other training and experience in her career, it contributed to her qualifications for the

job, but it was not the deciding factor in applying for the job or being hired. She described GSI CB instead as "a part of what adds up to what one works for and learns in life."

The jobs of the other two former staff are not specific to GSI, nor was the GSI CB their motivation for seeking the job, but the participants said that elements of the GSI CB are applicable to their new jobs. One said she has brought a GSI lens to activities she undertakes, and has incorporated inclusion of vulnerable groups into reports she has written. The other is planning a project in which she will use the M&E tool.

3.3. GSI tools, knowledge and skills

3.3.1. Most useful GSI tools, knowledge and skills introduced

Participants were asked about the usefulness of the tools, knowledge and skills introduced by the CB in two separate questions. At the start they were asked which tools, knowledge or skills were most useful. Later in the interview, after talking about their GSI-related work, they were asked if they had used any of the skills, knowledge or tools in that work specifically. Responses to the earlier question included individual tools as well as broader ideas and concepts related to GSI, whereas responses to the later question tended to be much more specific and focus on tools rather than knowledge. In both questions, the most popular tool was the proposal development tool, mentioned by more than twice as many participants as any other tool.

Tools, knowledge and skills used for GSI-related work. Two participants said they did not use any tools, knowledge or skills, and four said that they had gained skills and knowledge but had not yet had a chance to put them into practice. An additional four did not respond, as their work was not GSI-related.

Six of the 24 participants who used any tools reported using the proposal development tool. Other tools used by more than one person were the proposal review tool, advocacy tool, M&E tool and GSI glossary. Other participants said they used templates (which probably include the tools above), or that they used the Gender Expert's presentations to present GSI to partner organizations. Participants in program positions also reported using knowledge and skills about GSI to improve their recruitment of appropriate staff for field programs and in conducting community-based monitoring. Participants in administrative positions said they used their GSI knowledge for HR and organizational management, including developing policies on topics such as sexual harassment, HIV and flex time, and orienting new staff.

Tools, knowledge and skills considered useful. Seven participants were unable to name any useful tools, knowledge or skills, primarily because they had limited exposure to the GSI initiative (for example, attending only one workshop). Most other participants mentioned multiple tools, skills or concepts, with two saying "many" or "everything". Several participants said that the orientation, and learning about gender or GSI mainstreaming, were particularly useful. One respondent said that the CB involved "things that we know but we never really implemented."

Nearly half of the 23 participants who answered the question named at least one program development tool (proposal development tool (9 mentions); proposal review tool; concept note template). Approximately one third who answered the question described knowledge that helped them in program planning, such as how to address gender or social inclusion and apply it in their own programs, or how to include vulnerable groups in planning.

Another broad category of program-related tools and skills was those related to monitoring and data collection. Three participants each said they found the M&E tool or the research tool useful, while others cited learning how to do a survey with a GSI focus, community-level monitoring, exclusion analysis and the

Power Walk, (a participatory exercise that stimulates personal understanding of gender and social exclusion).

The GSI glossary and the examples and stories used in the workshop were also considered useful. Three participants found the advocacy tool useful, and one mentioned scaling up.

Organizational tools mentioned were the organizational grading methodology and the organizational policy tool (by three participants each), along with the analysis of the strategic plan.

3.3.2. Least useful GSI tools, knowledge and skills introduced

Participants were asked what tools, knowledge or skills introduced were **not** useful. Two thirds said there was nothing that wasn't useful.

Those who gave an answer tended to say that the content was not targeted well enough. Generally they said that it was too basic for some audiences, and spent too much time reviewing things they already knew. (In contrast, one participant said she thought the review was beneficial.) Some said that knowledge was too specific, or not relevant to certain groups, suggesting that the workshops should segment the participants. The other main complaint was that the information was too theoretical, and not applicable to their day-to-day work. Again, this in in contrast to a number of participants who said that one of the strengths of the CB was that it was very hands-on and applied (discussed further below). One respondent complained of the feminist agenda.

3.3.3. Gaps in GSI tools, knowledge and skills introduced

Most participants were asked if there was anything they wished had been included in the GSI CB. (It was one of the last questions, and some participants had limited time for the interview and so skipped this question.) Twenty-three participants answered this question, with five of them saying they did not think anything was missing.

Some participants said that it was not a problem of something missing, but that there was not sufficient time dedicated to each topic. They felt the workshops were rushed and covered too much for them to properly absorb the content.

The other principle gap was in how to integrate the knowledge and skills into their own work. Possible solutions suggested were to have more hands-on learning and field-level exposure, more locally-relevant tools and training methodologies (for example, for working with grassroots organizations or tribal populations), or examples of how other organizations have successfully implemented GSI.

Other suggestions were that the core committee should have met more, as they were responsible for institutionalization of GSI, once the consultant left; that there should have been more on proposal review and documentation; and that a useful tool would be an assessment to help participants understand their own attitudes related to GSI.

3.3.4. Useful non-GSI tools, knowledge and skills introduced

In addition to the GSI content of the CB initiative, the gender experts were expected to model behaviors such as facilitation and team building. Participants were asked, "Were there any tools, skills or knowledge, that you acquired through the capacity building activity but were not specific to gender and social inclusion, that you have used in your work?" Ten respondents either said no or gave no response.

Participants were not prompted when asked about GSI-specific tools or skills, but if they were unable to think of non-GSI skills, they were told, ""Some examples might be mentoring, communication or facilitation skills, team building, or negotiating." As such, responses to this question tended to focus on communication skills.

Nine participants (out of 20 answering) described improved facilitation skills—for example, learning how to foster teamwork and make group work more participatory and inclusive. One respondent said he learned "how to conduct participatory training in the true manner where each and everyone was involved in the discussion. This makes things interesting for all present including me, who has already attended two previous gender workshops." Five said they learned to communicate better or more clearly by focusing on the relevant points or issues. Others improved their presentation skills, or their negotiation and partnership skills for working with NGOs and government agencies.

Six participants described changes in their own attitudes and perspectives and their confidence in carrying out various aspects of their jobs. Five people said they had improved their skills in organizational development and creating policies. Four people mentioned improved proposal skills, and one each mentioned analytical skills and documentation skills.

3.4. Capacity building approach

The MCH-STAR initiative used an innovative approach to capacity building, combining workshops with a consultant "embedded" in the organization over a period of months. This endline assessment aimed to understand how well the GSI initiative had succeeded at building GSI capacity in the three participating institutions, and also to better understand how the approach was perceived, and how it might be adapted as an approach to capacity building on any topic. Thus respondents were asked about what they thought was useful about the CB process and what they would have changed in general, and later they were specifically asked to compare the embedded consultant approach to other capacity building approaches they had experienced.

3.4.1. Strengths of CB process as delivered

Most of the respondents were enthusiastic about the atmosphere and manner in which the CB was provided, or the applied, hands-on approach, or both. Two respondents (including the one who complained about the "feminist agenda") said there was nothing particularly useful about the way that the GSI CB was delivered.

Ten people described the CB initiative as participatory, interactive or collaborative, or appreciated the teamwork involved and the sense of ownership they had. Eight participants described the group or one-on-one interactions as inclusive, non-judgmental and relaxed. One said, "We felt like Sreela was one of us. I could understand what she was saying and also related to it. We could also communicate our thoughts and I was surprised that some of the male members also opened up to share anecdotes of their lives in the workshops." The mixing of different levels of staff in groups and the workshops was noted as an unusual but welcome experience.

Nine participants said they found the hands-on approach useful, that they appreciated the "handholding" as they worked with the gender consultant and applied their learning to real situations. "She worked along with us and came into the depths of our program," commented one participant. Six participants cited the relevant examples and stories from the workshops as useful aspects of the CB process. Five described the

experience of applying the proposal tool to real proposals, and two grading their organization and reviewing their own policies with a GSI lens.

Several respondents said that the accessibility of the gender expert was important—both her physical presence (being on-site when needed) and the fact that she was flexible, patient and responsive. Two said that the presence of the gender expert ensured that the process was followed through to the conclusion, including a transition plan for after the departure of the gender consultant, and concrete deliverables such as the GSI module and tools. One participant said that having tools (as opposed to just increasing knowledge) was an important factor in gaining buy-in from senior leadership.

3.4.2. Weaknesses of CB process as delivered

While strengths cited were quite consistent, responses about what participants would change were more varied, although a number of responses clustered around the themes of time, and how people were selected to participate in the CB initiative.

The main comment about time—made by five people—was that the CB should have been of a longer duration. For five others, the issue was intensity, and they felt that more time should have been devoted to CB activities while the initiative was ongoing—more workshops, with more interaction and teamwork—or that the consultant should have been more available. Two said that the timing within the project cycle was important, and that the GSI CB should have started earlier in MCH-STAR, or that the gender expert should have been available to help them implement their action plans. One person mentioned that full-day workshops were too long, and that people will only attend for a few hours or half a day at most.

Everyone interviewed participated in the initiative at some level, but some had greater involvement than others, and many other staff members were not involved at all. Seven participants said that there should have been more participation—for example, by including more staff from each unit, other projects, other offices, or partners. The process for selecting participants was considered not inclusive or transparent enough. There was also a suggestion to segment participants according to their previous experience or their job responsibilities. Two people said there should have been an orientation. (One orientation was offered at each organization.)

Several participants said that there was a need to take GSI to the next level and that was not addressed. This included planning for turnover and follow-on when the consultant leaves, building the capacity of partner organizations and frontline health workers, cross-learning within the organization and with organizations that have successfully implemented GSI, or doing a pilot project that would allow participants to practice their new skills.

Some participants brought up problems with tools and examples. There were no tools in local languages; they were only available in English. Tools were in draft form and many participants never got the final versions, or any summary documentation or reference materials that they felt would have been useful in their work. Examples provided were not relevant to the large tribal population in Jharkhand. One respondent said there was a problem in applying gender principles to social exclusion, because the root causes for castes being excluded are not the same as for gender. One woman suggested expanding the discussion of gender to include men, because some men are resistant to the usual emphasis on women.

3.4.2.1. Comparison with other capacity building approaches

MCH-STAR felt that the innovative approach could potentially be used to build capacity on other topics, and wanted to find out more about participants' perceptions. In asking about the strengths and weaknesses, interviewers explained what the embedded consultant approach was, to ensure that everyone was assessing the same thing.

3.4.2.1.1. Strengths

Ten participants said they could not comment because they had no experience of the embedded consultant. Some of these worked in the CINI Kolkata office. The gender expert for CINI was on site in the Jharkhand office and available to the CINI Kolkata staff by phone, but the Kolkata staff did not contact her for technical assistance. Other participants were in an office with a gender expert but were unaware of it, and only had limited exposure to the GSI CB via one or two workshops.

The strengths mentioned were that the embedded consultant approach is responsive and appropriate for the organization's needs; it provides the opportunity to reinforce new knowledge and skills over time and through the combination of workshops and one-to-one TA; and its participatory nature brings people together to learn from each other.

Appropriate. Participants felt that the presence of the consultant on site for an extended time ensured that the methods and objectives of the CB responded to the organization's needs, and could be adapted as needed. Participants felt that working with the gender expert gave them the opportunity to use examples from their day-to-day work and provided practical hands-on learning in their own activities. The gender expert is available as needed and can provide immediate feedback. The presence of a consultant dedicated specifically to GSI also ensures that participants are able to act upon and apply their knowledge, and can help make sure that GSI is incorporated into all programs.

Reinforcing over time. Unlike individual workshops, the embedded consultant approach extends over months, and it occurs in the participant's workplace. Participants said that this creates an opportunity to reinforce messages and skills over time, through small activities and discussions, not just formal training. This was considered to be an important feature particularly if the baseline level of knowledge is low, or if it is a difficult topic, as some consider GSI to be. Participants felt that a neutral external person can be objective and identify lacunas or point out problems that staff might not notice.

Two participants recommended the embedded consultant approach with reservations. The first said that the idea of the approach, using appropriate local mentors or trainers, is a good one, but it is not guaranteed to succeed; as executed here it did not have desired results. The other said that having a consultant to work with is great, but all stakeholders need clearly defined roles and deliverables.

3.4.2.1.2. Weaknesses

Six participants said there were no disadvantages to the embedded consultant approach when compared to other types of capacity building. Seven did not answer the question, and several gave responses that were not specific to the embedded consultant approach. Some of these are persistent problems for all capacity building initiatives, such as the difficulty in building institutional capacity with high staff turnover, or the difficulty in reaching all staff in a large, decentralized organization. Others were more specific, such as people being unwilling to attend full-day workshops, or lack of visual aids in presentations.

Fifteen participants identified disadvantages to the embedded consultant approach. While the responses varied, many broadly related to the time and commitment required. Participants noted that this approach requires a high level of commitment and participation from both sides, which might not be there. There also needs to be a plan for sustainability after the consultant leaves, or the capacity will be lost. Not only does it take a long time from start to finish compared to training, the lead time for planning and preparation may be longer. It also adds a burden of work to those participating as they apply their new skills and take on new responsibilities (and everyone has too much work already). The effectiveness of the approach may depend on when in the project cycle it takes place, because different opportunities to apply knowledge and skills exist at different times. If staff members do not consult the consultant, having her available on site may not be the most efficient use of her time and expertise. (In the GSI CB, keeping the gender experts busy seemed not to have been a problem.)

A potential problem mentioned was that the approach is very dependent on the personality of the consultant. The person said that in their case, the consultant was a good fit, but that might not always be the case. Another participant cautioned that some people might be used to more traditional capacity building and be uncomfortable with trying the new approach. One participant said that given the choice between only workshops and only an embedded consultant , workshops are better than working one-to-one with a consultant, because people learn better from each other, through working in teams.

3.4.2.2. Recommendations for improvements

Interviewers asked, "What recommendations would you make to an NGO or government agency on how to adapt this approach to capacity building for a future project?" Most respondents said they would recommend the embedded consultant approach combined with workshops for interactive group learning.

Nearly all responses related to planning the capacity building initiative rather than carrying it out: deciding what to do and how, and setting goals and objectives. An important first step would be to get high-level buy-in, as the initiative needs to be perceived as a priority in order to be valued by the staff. Participants spoke of assessing what the organization needs and what it can commit first, and then planning through a consultative process. Depending on this assessment, the capacity building might be delivered as it was here or it might be adapted. The duration and intensity should be sufficient to accomplish the goals and objectives (which some thought was not the case here). The consultants should be selected carefully to ensure that s/he is a good fit with the needs and culture of the organization. The planning should include a transparent and objective process for selecting who participates. (This was considered a shortcoming in the GSI CB.)

Once the CB begins, knowledge and skills should be reinforced through cross-learning, follow-up workshops, refresher training, and sharing of resources. This should continue after the consultant leaves. A committee or working group of four or five people was suggested to ensure stability and institutionalization.

3.5. Changes in non-work life

Because gender and social inclusion encompasses more than workplace skills, MCH-STAR was interested to find out whether the capacity building had any effect on participants in beyond their work. The 14 participants who said the CB had an impact on their lives outside of work described three types of effects: changes in their own attitudes or beliefs, changes in their own behavior, and actions they took.

Some participants spoke about how they had become more aware of different perspectives, more aware of minority groups such as Muslims or people with disabilities, and more tolerant of differences. One participant said, “I had never thought about these things before. At least now I know what my stand would be. I was actually quite surprised by my responses—they do reflect that while you may claim to be educated on GSI, some situations would actually make you uncomfortable.”

Some participants said that they now feel more comfortable discussing GSI issues with colleagues, friends or family. Others said they feel more confident in general when dealing with other people, or more willing to ask people to make accommodations for others, such as for the disabled.

Several participants said they now challenge gender stereotypes when they encounter them. They spoke about convincing relatives or friends to look at issues differently. One gave the example of convincing her brother-in-law to educate his daughter instead of marrying her off. Others described getting their mother, mother in law, sons or husband to be more gender-sensitive. Other participants mentioned taking part in activities to increase understanding of Muslims. One non-Muslim spoke of organizing an Ifftar party in the office for the first time. A Muslim woman was inspired to help establish a chapter of the Muslim women’s movement Bharatiya Muslim Mahila Andolaan, which has gone on to hold deliberations about Muslim personal law and participate in national consultations providing Jharkhand perspectives. She has also become a staunch advocate for implementation of the Sachar committee report.

4. DISCUSSION

Analyzing the responses question by question does not adequately convey the overwhelmingly positive way that participants described their experiences with the GSI CB. While most were able to identify specific shortcomings and offer suggestions for improvement, they generally described the GSI content and process in glowing terms, and expressed regret that it had not lasted longer or that they and other colleagues had not been able to participate more. (Two respondents out of thirty were critical of the initiative and their experience as a whole.)

Most participants had some previous experience in participatory workshops and working with a technical advisor, but it seems that the combination of methods used and the duration of the initiative was particularly well suited to reinforcing and mainstreaming a potentially sensitive yet critical area such as GSI. As one participant said, "GSI is something that takes time – it is not a switch that you can turn on or off." While most participants had at least some prior familiarity with GSI, they appreciated the degree of involvement that they as individuals and as an organization had in this initiative.

The primary complaint about the initiative was that it did not last long enough, and the second was that it did not include enough people. This indicates that there is a demand for GSI CB and that the participants valued the experience.

In terms of content, the most useful elements were knowledge about GSI mainstreaming and how to apply GSI concepts to particular programs or policies, and the tools. Program development tools—particularly the proposal tools—were most often cited as useful, but tools for needs assessment, monitoring, and evaluation were also widely used and valued. Having tools to take away with them and having practiced using them on their organization's own programs or policies seemed to be an important factor in participants applying their new knowledge and skills. The tools may also increase sustainability of the CB initiative: if specific tools are institutionalized, their use will persist even if individual staff members leave. The tools also gave participants—and senior leadership, according to one interview—a sense that they were taking away something concrete and worthwhile from the CB.

The tools also reinforce the other most-valued element of the GSI content: knowledge on how to apply GSI concepts. A number of participants said the knowledge changed their perspectives or way of thinking, but it is not always easy to translate new knowledge into action. The tools facilitated this process, and enabled participants to continue to practice what they had learned, even without direct support from the GSI consultant. Nevertheless, some participants felt that the language of GSI is at too high a level for their partners. They felt comfortable using it with donors and international organizations, but had trouble translating it to their work at the field level.

MCH-STAR was piloting this approach to capacity building, and it took a different form in each organization, for multiple reasons. However, participants from all three organizations felt that the approach had some important strengths. Although many felt the CB was too short or not intensive enough, it was longer and more intensive than most on-the-job trainings. MPH or certificate courses may be longer and more intensive, but they are removed from the work environment. Participants do them instead of or in addition to their regular jobs. The embedded consultant approach integrates the learning and the job. As the CB was done on an organizational level, it was also more effective than individual training at building institutional capacity. It is normal not to retain everything one learns, but organizational capacity building meant that participants could call on one another as resources later. While only a few participants said that the CB had

led to more internal resources on GSI, many spoke about an increasing awareness and willingness to discuss GSI issues, or other staff approaching them to ask for advice.

Many participants spoke of how inclusive, participatory and non-judgmental the activities were. The extended period of time over which the CB took place, as well as the consultant being on-call (and the individual consultants), contributed to this. These elements of capacity building are applicable to any topic.

The GSI CB initiative was implemented most thoroughly and with the fewest challenges at CINI, the smallest organization. One participant from PHFI said that, given PHFI's size and scale, perhaps a more effective way to have rolled out GSI was through a project rather than trying to work through the entire organization. Others, however, saw the initiative as particularly benefitting large organizations: several participants from PHFI felt that cross-cutting opportunities like GSI are helpful in improving communication within a large organization such as theirs.

The GSI CB did not reach everyone in any of the participating SSIs, but it raised awareness and provided skills, knowledge and tools for the organizations to begin mainstreaming gender and social inclusion. But the extent to which that happens depends not only on the SSIs but also on donors. Interviewers did not ask directly whether participants thought the CB would lead to any meaningful, sustained change in their organization, but a number of participants raised this topic. Their views were mixed, but they agreed that a sense of ownership and political will is needed to take GSI forward, and that the most likely way for this to happen is for it to be demanded by donors.

> *"Until senior management sees gender as a cash cow. i.e BMGF put out a big grant of which GSI is a large component, no one will put the energy within the institution to create the availability of GSI technical assistance."*

> *"Whether it be teaching, training or research, GSI only gets covered when donors ask for it… and it doesn't come from the donors."*

USAID RFAs and RFPs already include a gender section and soon will include a disabilities section, but after the CB initiative, these organizations are ready to take GSI further. The greater the GSI capacity of USAID and other important donors, and the more they use versions of the tools introduced in the CB, the more likely these organizations are to mainstream gender and social inclusion and to institutionalize use of the tools.

ANNEX

Annexure 1: GSI Endline Evaluation – Interview with SSI Staff

1. **When did you start working at *[organization]*?**

CAPACITY BUILDING ACTIVITIES AND TOOLS

2. **Over the past [year or appropriate time frame}, you participated in some gender and social inclusion capacity building activities. Is that correct? As part of this initiative, were you introduced to any GSI tools, skills or knowledge that you found particularly useful?**
   - *If no, move on.*
   - *If not sure, don't prompt (if they can't remember, it probably wasn't that useful), but tell them they can come back and answer later*

3. **Were there any GSI tools, skills or knowledge introduced that you think were not useful?**
   - *If no, move on.*
   - *If not sure, don't prompt (if they can't remember, it probably wasn't that useful), but tell them they can come back and answer later*

4. **Were there any tools, skills or knowledge, that you acquired through the capacity building activity but were not specific to gender and social inclusion, that you have used in your work?**

   - *If interview doesn't respond, or asks for more clarification:*
     - Some examples might be mentoring, facilitation skills, communication or facilitation skills, team building, or negotiating. Do you feel that you developed any of these skills through the GSI capacity building? Have you since used them in your work?

   - *Probe for what, how used, and when*
     - What specific skills or knowledge did you use? Can you describe the situation? When did that take place?

5. **Was there anything about the way that the capacity building/GSI support was provided that you found particularly useful?**

6. **Was there anything about the way that the capacity building/GSI support was provided that you would have changed?**

GENDER AND SOCIAL INCLUSION CONTENT

7. **A. Is there anyone or anywhere for you to seek GSI technical assistance?**
   - *If yes:*
     - How do you access the technical assistance? Is there a specific mechanism or protocol?
   - *If not sure:*

- Are there any specific designated staff, or a staff or consultant directory of GSI experts? Are there any publicly available resources or policies?

- *If no*
  - Why do you think that is the case?

B. Over the past year *[or appropriate interval],* has this been the case, or has anything changed over the past year?

8. A. Does your work include any activities with a GSI element or focus?

- *If yes*
  - What are some of the specific activities?

B. Over the past year *[or appropriate interval]*, has this been the case, or has anything changed over the past year?

9. *If response to 8A is "yes":* **Did you use any tools, knowledge or skills introduced in the capacity building activities or by the GSI Advisor in this work?**

- *If yes, probe for specific tools, knowledge, skills*
  - Can you describe the situation?
  - What were the specific tools or knowledge or skills you used?

10. Over the last year *[time interval since before this initiative],* have you noticed any change in the attention your organization pays to GSI?

- *If "yes,"*
  - What changes have you noticed?
  - When did that happen?
  - Who initiated the change?

11. What are two specific things you would you do to improve GSI within your organization?

- *If yes:*
  - How would achieve these activities?

<u>CAPACITY BUILDING APPROACH</u>

The GSI capacity building used the approach of having resident advisor at your organization for a number of months. Thinking about other training or capacity building activities you have participated in during your career, could you tell me what you think are the advantages and disadvantages of this approach?

12. Advantages

13. Disadvantages

14. What recommendations would you make to an NGO or government agency on how to adapt this approach to capacity building for a future project?

REFLECTIONS

Ask these questions if the participant seems interested and responsive, or the topics come up in the conversation. Do not ask if the participant seems impatient or rushed.

15. Were there any GSI tools, skills or knowledge that you wish had been included?

- *Don't prompt, but if the participant has already mentioned something, you can remind them*

16. In the past year, did you receive a promotion or get a new job, or have your work responsibilities changed?

- *If yes:*
  - How did your responsibilities change? What do you do now that you didn't do before?
  - Do your new responsibilities include GSI?
  - Do you feel better able to carry out the new responsibilities as a result of the GSI capacity building? Do your colleagues or bosses consider you more qualified as a result of the GSI capacity building?

17. Has your participation in the GSI capacity building initiative contributed to other changes in your work or non-work life? For example, have you applied any new knowledge or values to other situations?

- *If yes:*
  - Can you tell me more about the situation? What knowledge or values did you apply

Annexure 2: GSI Endline Evaluation – Interviews with FORMER SSI Staff

CAPACITY BUILDING ACTIVITIES AND TOOLS

1. **Over the past [year or appropriate time frame}, you participated in some gender and social inclusion capacity building activities. Is that correct? As part of this initiative, were you introduced to any GSI tools, skills or knowledge that you found particularly useful?**
   - *If no, move on.*
   - *If not sure, don't prompt (if they can't remember, it probably wasn't that useful), but tell them they can come back and answer later*

2. **Were there any GSI tools, skills or knowledge introduced that you think were not useful?**
   - *If no, move on.*
   - *If not sure, don't prompt (if they can't remember, it probably wasn't that useful), but tell them they can come back and answer later*

3. **Were there any tools, skills or knowledge, that you acquired through the capacity building activity but were not specific to gender and social inclusion, that you have used in your work?**

   - *If interview doesn't respond, or asks for more clarification:*
     - Some examples might be mentoring, facilitation skills, communication or facilitation skills, team building, or negotiating. Do you feel that you developed any of these skills through the GSI capacity building? Have you since used them in your work?

   - *Probe for what, how used, and when*
     - What specific skills or knowledge did you use?
     - Can you describe the situation?
     - When did that take place?

4. **Was there anything about the way that the capacity building/GSI support was provided that you found particularly useful?**

5. **Was there anything about the way that the capacity building/GSI support was provided that you would have changed?**

6. **Did any of the tools, skills or knowledge you were exposed to in the capacity building affect your decision to seek a new job, or help you get the job you have now?**
   - *If not sure*
     - Did your professional interests change as a result of the GSI initiative?
     - Do your new responsibilities include GSI?
     - In your new job, have you used any tools or skills from the GSI capacity building initiative? *(Can mention list of skills in Q3)*

GENDER AND SOCIAL INCLUSION CONTENT

7. **A. Does your work include any activities with a GSI element/focus?**

- *If yes,*
  - What are some of the specific activities?

B. Over the past year *[or appropriate interval],* has this been the case, or has anything changed over the past year?

8. *If response to 8A is "yes":* **Did you use any tools, knowledge or skills introduced in the capacity building activities or by the GSI Advisor in this work?**
   - *If yes, probe for specific tools, knowledge, skills*
     - Can you describe the situation?
     - What were the specific tools or knowledge or skills you used?

<u>CAPACITY BUILDING APPROACH</u>

The GSI capacity building used the approach of having resident advisor at your organization for a number of months. Thinking about other training or capacity building activities you have participated in during your career, could you tell me what you think are the advantages and disadvantages of this approach?

9. **Advantages**

10. **Disadvantages**

11. **What recommendations would you make to an NGO or government agency on how to adapt this approach to capacity building for a future project?**

<u>REFLECTIONS</u>

Ask these questions if the participant seems interested and responsive, or the topics come up in the conversation. Do not ask if the participant seems impatient or rushed.

12. **Were there any GSI tools, skills or knowledge that you wish had been included?**
    - *Don't prompt, but if the participant has already mentioned something, you can remind them*

13. **Has your participation in the GSI capacity building initiative contributed to other changes in your work or non-work life? For example, have you applied any new knowledge or values to other situations?**
    - *If yes:*
      - Can you tell me more about the situation? What knowledge or values did you apply?

C-1, Hauz Khas,
New Delhi 110016
Website: www.mchstar.org

Tel.: +91-11-46538967
Fax: +91-11-46538967
E-mail: info@mchstar.org

USAID/India Task Order # GHS-1-01-07-00016-00